

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	14/08/2019 12:01
Date Of Accident	13/08/2019 12:50
Exact Location Of Accident	BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD4645L
Insured/Policyholder	
Name Of Registered Owner	KENT AUTO SERVICES
Co Reg No	52974332M
Email Address	KENTKH530@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-97547573

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA-2.4 AERAS (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	P2204317
Cover Note Number	

Driver

Name of Driver	AMAT BIN SURANI
NRIC No	S1559018A
Date Of Birth	20/01/1962
Occupation	INDOOR
Date Of Driving Pass	12/07/2001
Driving Experience	18 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81471598
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 406 ANG MO KIO AVENUE 10 #02-711 SINGAPORE
Postcode	560406
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JKL9741 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JKL9741
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name AMAT BIN SURANI
Approximate Age
Injuries Sustain
Injured person in which vehicle? SKD4645L
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

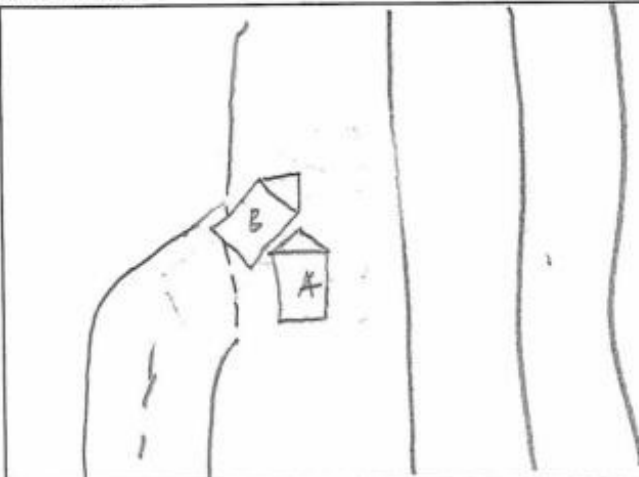
14/8/19
11am

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

pmen


Sketch Plan #2


SKETCH PLAN



Vehicle
A - SKD 4645L
B - JKL9741

Legend


Vehicle


Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your Insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Common Statement

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 13/8/19	Time 1:50	2 Exact location of accident Bukit Timah Road	3 Injuries even if slight No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
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4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)	Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
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Registration No. (VEHICLE A) SKD 4645 L

6 Insured / policyholder (see insurance cert.)
Name Kent Auto Services
Address
NRIC / Passport no. 5974332M
Tel no. (from 9am till 5pm) 97547573
HP

7 Vehicle
Make, type Toyota Estima
Aeris 2.4A

8 Insurance company
AXA ☐ C ☐ TPFT ☒ TPO
Does the policy cover damage to vehicle A?
No ☒ Yes ☐
Policy No. P2204317

9 Driver ☐ Same as Owner
Name Amat Bin Surani
NRIC / Passport no. S1559018A
Class of licence
HP 81471597
Gender Male ☒ Female ☐

12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Bicyclist
<input type="checkbox"/>	Collided into Motorcyclist
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Cross Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Major/Minor Hit
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lightning
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/>	Hit by Falling Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Trail

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) JKL 9741

6 Insured / policyholder (see insurance cert.)
Name
Address
NRIC / Passport no.
Tel no. (from 9am till 5pm)
HP

7 Vehicle
Make, type

8 Insurance company
☐ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available)

9 Driver (See driving licence)
(if different from Insured B above)
Name
NRIC / Passport no.
Class of licence
HP
Gender Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred
Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

14 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)	
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)			
Insured	1 Occupation (if more than one, state all)		Email:
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship of Driver with owner		state the vehicle number and name of insurer of driver's own vehicle (where applicable)
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify		
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no.		
Of which vehicle are you the owner?	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)		
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass
	20/1/62	Indoor	Outdoor
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability		Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	9 Full details of all driving convictions including pending prosecutions in the last 36 months		Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input type="checkbox"/>
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle
			Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>
			Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage
			Insurer's name and address (if known)
Police action	12 Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station		
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom?		
Accident details	14 Weather conditions	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others	
	15 Road surface	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others	
	16 Speed of vehicles	A km/hr B km/hr	
	17 What warnings were given by driver or other party?		
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	19 What lights were displayed on your vehicle/the other vehicle(s)?		
Declaration	20 If your vehicle is commercial, state weight of load carried at time of accident		
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)		
	22 State number of Passengers (including Driver)		
	I/We declare the foregoing particulars are true in every respect		
Policyholder's signature		Date	
Driver's signature (if driver is not the policyholder)		Date	

POLICE REPORT PAGE 1



**SINGAPORE
POLICE FORCE**



T/20190813/2156

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190813/2156

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/08/2019 18:17		Vide Report No.: J/20190813/0074		Station Diary No.:	
Informant's Particulars					
Name of Informant: AMAT BIN SURANI			Address: APT BLK 406 ANG MO KIO AVENUE 10 #02-711 SINGAPORE 560406		
ID Type / ID No.: NRIC NO / S1559018A			Contact No.: Home/Office: Mobile: 81471598		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 20/01/1962	Type of Informant: Driver		
Race: Javanese			Language: Malay		Institution / School Name:
Occupation: FULL-TIME GRAB DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/08/2019 12:50	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH ROAD				
UNDER OLD RAILWAY BRIDGE AFTER KING ALBERT PARK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JKL9741	Car	TOYOTA		Green	Slightly Damaged	1
SKD4645L	Car	TOYOTA	ESTIMA	Silver	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT PAGE 2



SINGAPORE
POLICE FORCE



T/20190813/2156

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190813/2156

CONTINUATION OF REPORT

Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	JKL9741 (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	AMAT BIN SURANI		ID No. S1559018A
Related Vehicle	SKD4645L (Car)		Contact No. 81471598
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	13/08/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

I am working as a full-time Grab driver. On 13/08/2019 at about 12.50pm, I was driving my car, SKL4645L silver Toyota Estima, travelling on the extreme left lane along Bukit Timah road towards Upper Bukit Timah Road. Upon approaching King's Albert Park, suddenly there was this Malaysia Toyota green car bearing registration number JKL9741, appeared from my left side. Immediately I slowed down my car and apparently the said Malaysian car did not slow down to give way but instead trying to squeeze through. At this juncture I then could hear scratching sound. I decided to pull over and upon making a check, I discovered scratches and dents found on the front left tyre rim as well as on the bumper. The said Malaysian car rear right portion has some dents and scratches. Two male subjects came out from the said Malaysian car. When I started to feel pain on my arms and rear part of my body, I then then decided to call for ambulance. Traffic Police and ambulance came shortly. All particulars were taken down by the Traffic Police officers. I decided to seek medical treatment at Mount Alvernia Hospital subsequently in the afternoon where I was given five days of Outpatient Sick Leave. I am lodging this Traffic Accident Report for insurance claim purpose. I wish to state that there is no vehicle in-car camera inside my car.

POLICE REPORT PAGE 3



SINGAPORE
POLICE FORCE



T/20190813/2156

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190813/2156

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sr Staff Sgt ZAINAL ABIDIN BIN AMAT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI ONG CHEE HIEN

Contact No.: 65476437

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:

13/08/2019 18:17

Classification Of Case:




SN-168

SIGNATURE

DRIVER NRIC & LICENSE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1559018A



Name
AMAT BIN SURANI

Race
JAVANESE

Date of birth
20-01-1962

Country of birth
SINGAPORE

Sex
M

4885821

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1559018A**

Name
AMAT BIN SURANI

Birth Date: **20 Jan 1962**

Issue Date: **13 May 2011**

10019601720

4885821



NRIC No. **S1559018A**



Date of issue
19-09-2012

APT BLK 406 ANG MO KIO AVENUE 10 #02-711
SINGAPORE 660406

NRIC No. **S1559018A** Date: **12/08/2015**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	30 Nov 1984
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	12 Jul 2001

MP 428A

Licence No. **S1559018A**

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

