

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	04/09/2019 12:32
Date Of Accident	03/09/2019 16:35
Exact Location Of Accident	X-JUNC OF LOYANG AVE & LOYANG WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE920U
Insured/Policyholder	
Name Of Registered Owner	KST AUTO RENTAL PTE LTD
Co Reg No	-
Email Address	KSTTEAM@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67415520

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994113/100864283-00000
Cover Note Number	

Driver

Name of Driver	MOHAMMED AZLI BIN AZMAN
NRIC No	S8941776G
Date Of Birth	18/11/1989
Occupation	OUTDOOR
Date Of Driving Pass	08/04/2011
Driving Experience	8 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88222406
Fax Number	
Contact Number	
Email Address	YIIEDAR@OUTLOOK.COM

Address	BLK 470 SEGAR ROAD #03-228
Postcode	670470
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER(COMPANY)
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
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	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190904/2014

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT RECORDED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS9259T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZHANG ZHONGHE
NRIC/Passport Number	S8309530Z
Contact Number	97558240
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MOHAMMED AZLI BIN AZMAN
Approximate Age	
Injuries Sustain	BACK STRAIN
Injured person in which vehicle?	GBE920U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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 purposes(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:

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

Accident Sketch Plan

SKETCH PLAN

A- GBE9JOU
B- SJ59J59T



LOYANG WAY

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20190904/2014

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

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

Signature 04/09/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

001-8287 8288 (Mon-Fri, 9am-5pm)

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190904/2014

2 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No: T/20190904/2014

CONTINUATION OF REPORT

Driver			
Name	MOHAMMED AZLI BIN AZMAN	ID No.	S8941776G
Related Vehicle	GBE920U (Van)	Contact No.	88222406
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/09/2019	Date Discharge	04/09/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Zhang Zhonghe	ID No.	S8309530Z
Related Vehicle	SJS9259T (Car)	Contact No.	97558240
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

Brief Details.

On the 3/9/2019, at about 1639hrs, I was driving in my vehicle GBE920U along Loyang Avenue. I was on the right lane, and vehicle SJS9259T, was on the most left lane. Approaching the junction to Loyang Way, I wanted to make a left turn, as my lane could either go straight, or turn left. As I was making the left turn, the vehicle SJS9259T, on the most left lane, did not make the compulsory left turn, and went straight ahead, causing a collision between our vehicle.

My vehicle suffered damages to the front-left. My signal lights were not working, part of my bumpers came loose and off, and my vehicle suffered many scratches and dents.

I also received medical treatment and was given 3 days MC for the strain on my back suffered from this accident.

I wish to lodge this report as this vehicle caused the accident, damaged my vehicle and caused injury to me.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Police Report



**SINGAPORE
POLICE FORCE**



T/20190904/2014

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8928999

1 of 3

Report No: T/20190904/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/09/2019 02:51			Video Report No.:		Station Diary No.: 16
Informant's Particulars					
Name of Informant: MOHAMMED AZLI BIN AZMAN			Address: APT BLK 470 SEGAR ROAD #03-228 SINGAPORE 670470		
ID Type / ID No.: NRIC NO / S8941776G			Contact No.: Home/Office: Mobile: 88222406		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 18/11/1989	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/09/2019 16:35	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 LOYANG AVENUE LOYANG WAY X Junction				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE920U	Van				Seriously Damaged	0
SJS8259T	Car					0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190804/2014

2 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677736
Tel No: 1800-8929999

Report No: T/20190804/2014

CONTINUATION OF REPORT

Driver			
Name	MOHAMMED AZLI BIN AZMAN	ID No	S8941776G
Related Vehicle	GBE920U (Van)	Contact No	88222405
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/09/2019	Date Discharge	04/09/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Zhang Zhonghe	ID No	S8309530Z
Related Vehicle	SJS9259T (Car)	Contact No	97558240
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

Brief Details.

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Police Report



**SINGAPORE
POLICE FORCE**



T/20190904/2014

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929889

3 of 3

Report No: T/20190904/2014

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:

J /

Sgt 2 NG WEE CHEW

Signature:

Signature Of Informant:

Not applicable

Signature Of Informant:

Date/Time:

04/09/2019 02:51

Officer In Charge Of Case:

TP / AEIT /

SS: 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Classification Of Case:

Authentication Stamp

NP163