

## 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	05/09/2019 10:02
Date Of Accident	01/09/2019 22:50
Exact Location Of Accident	CHANGI NORTH CRESCENT TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR6179S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84847346
Alternative Phone No	OFFICE-84847346

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E CVT (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	YES
Policy Number	999994316
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD ABDUL GHAFAR BIN PADILAH
NRIC No	S9543733H
Date Of Birth	28/11/1995
Occupation	OUTDOOR
Date Of Driving Pass	12/10/2017
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84847346
Fax Number	
Contact Number	OTHERS-84847346
Email Address	NOEMAIL

Address	BLK 747 WOODLANDS CIRCLE #05-702
Postcode	730747
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 - U-TURN
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?	NO
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)	2
Passenger 1	NAME: : MUHAMMAD KHAIRULNIZAM BIN ZAINI GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	AIRPORT POLICE DIVISION
Police Station Address	<b>ROAD:</b> 35 AIRPORT BOULEVARD , <b>POSTCODE:</b> 819645 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65460000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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 Witness 1

Name	FOONG KEEN
Phone Number	UNKNOWN
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC9898L
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN LOKE MENG DENNIS
NRIC/Passport Number	S6841214E
Contact Number	94500225
Address	BLK 272 TAMPINES STREET 22 #08-04
Postcode	520272
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## Accident Sketch Plan

### SKETCH PLAN

Refer to attached drawing

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1 September 2019 @ 2250hrs; I was driving along Changi North Crescent and I noticed a civilian car trying to make an illegal return. At that point of time, there was a gap between the vehicles, hence I continued driving however the civilian car drove and hit the right side of my vehicle. There were scratches on my car and I noticed there was scratches at the left side of the civilian's vehicle front bumper.


Booth Report 7/250902/2019

### DECLARATION

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



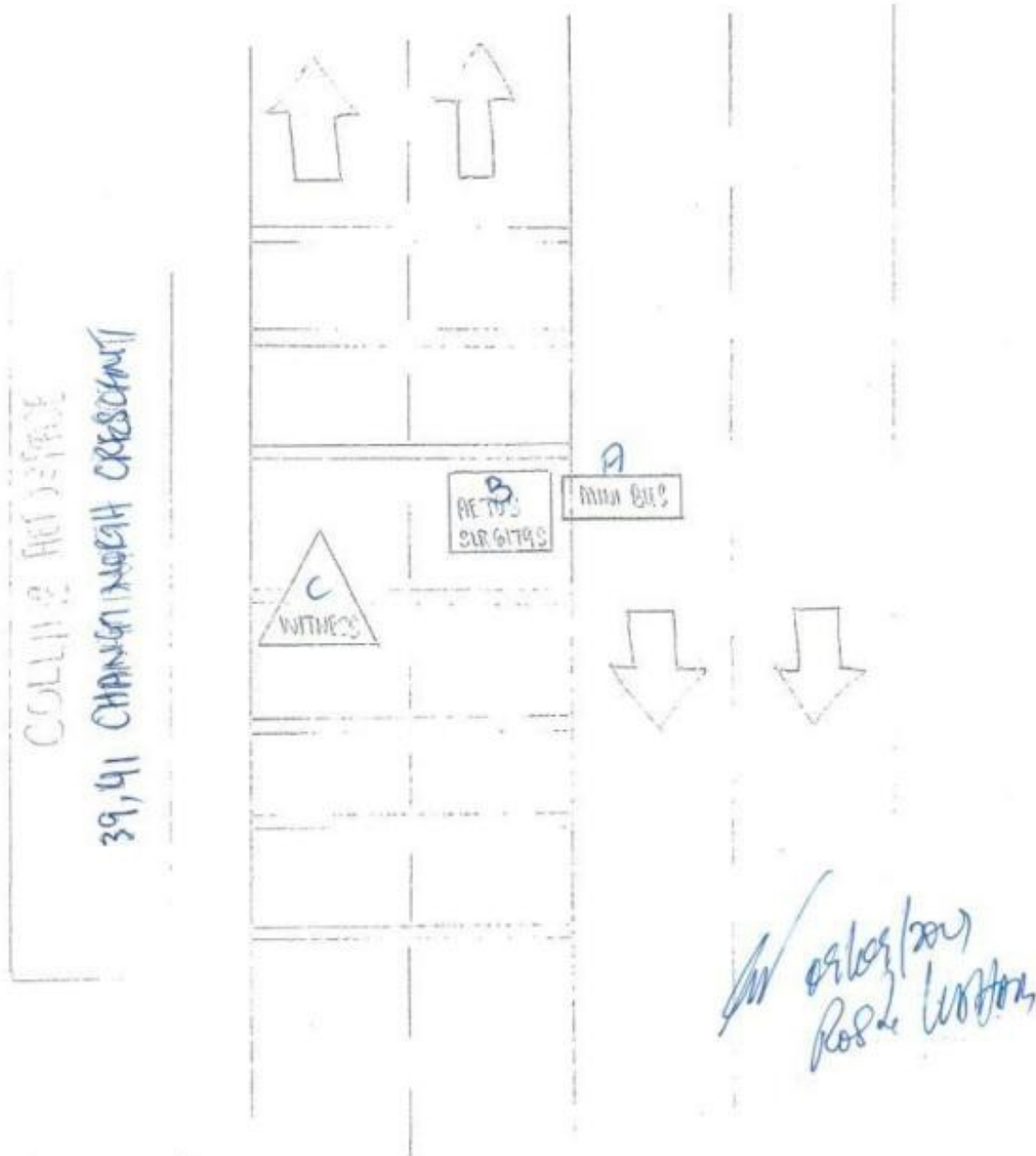
Policyholder's Signature  
Date & Time:

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

  
Insuring Officer's Signature  
Name:  
NRCA No.:

# Accident Sketch Plan

TOWARDS CHANGI AIRPORT



- LEGEND :
- △ - WITNESS  
(SMN 7344 J)
  - A - RETOC  
(SLR 6179S)
  - B - MINA BUS  
(PC 9898L)

# Accident Sketch Plan



SINGAPORE  
POLICE FORCE



T/20190902/2229

Police Station Of Origin:  
Airport Police  
35 Airport Boulevard SINGAPORE 819645  
Tel No: 1800-5460000

1 of 3

Report No. T/20190902/2229

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/09/2019 23:15		Vide Report No.:		Station Diary No.: 8	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD ABDUL GHAFFAR BIN PADILAH			Address: APT BLK 747 WOODLANDS CIRCLE #05-702 SINGAPORE 730747		
ID Type / ID No.: NRIC NO / S9543733H			Contact No.: Home/Office: Mobile: 84847346		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 28/11/1995	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: AETOS SECURITY OFFICER			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 01/09/2019 22:50	Type of Location: Straight Road
Location: Along Road 1 CHANGI NORTH CRESCENT  In front of Collins Aerospace Lamp Post Number: 47				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
PC9898L	Bus/Coach/Minibus				Slightly Damaged	0
SLR6179S	Car				Slightly Damaged	1

## Details of Person Involved

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

# POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190902/2229

Police Station Of Origin:  
Airport Police  
35 Airport Boulevard SINGAPORE 819645  
Tel No: 1800-5460000

3 of 3

Report No: T/20190902/2229

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: APD / Sgt 2 HO JIAN HUI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 02/09/2019 23:15
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No : 65476151	Classification Of Case:

Authentication Stamp  
NP18B

SINGAPORE  
POLICE FORCE

SIGNATURE

# POLICE REPORT

## SKETCH PLAN


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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) this 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  
(GIA's Use)

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

  
Reporting Centre Person's Signature  
Date:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

