

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	17/09/2019 15:58
Date Of Accident	17/09/2019 10:05
Exact Location Of Accident	SUNTEC CITY APPROACHING ROUNDABOUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV7923H
Insured/Policyholder	
Name Of Registered Owner	ALLSWELL MOTOR TRADERS
Co Reg No	53192889J
Email Address	ACCOUNT5@ALLSWELLMOTOR.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-66791146

Vehicle Particulars

Manufacturer	TOYOTA
Model	VOXY HYBRID-1.8 X CVT (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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994368
Cover Note Number	

Driver

Name of Driver	SAHUDIN BIN MOHD YUSOFF
NRIC No	S1474907A
Date Of Birth	05/09/1961
Occupation	OUTDOOR
Date Of Driving Pass	04/10/1991
Driving Experience	27 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90481552
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 702 CHOA CHU KANG ST 53 #10-42
Postcode	680702
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER & LEASEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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	20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286
Police Station Address	ROAD: 20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER WITH ATTACHED

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	SH6194S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM CHEE TONG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	SAHUDIN BIN MOHD YUSOFF
Approximate Age	
Injuries Sustain	BACK PAIN
Injured person in which vehicle?	SH6194S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

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) 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.



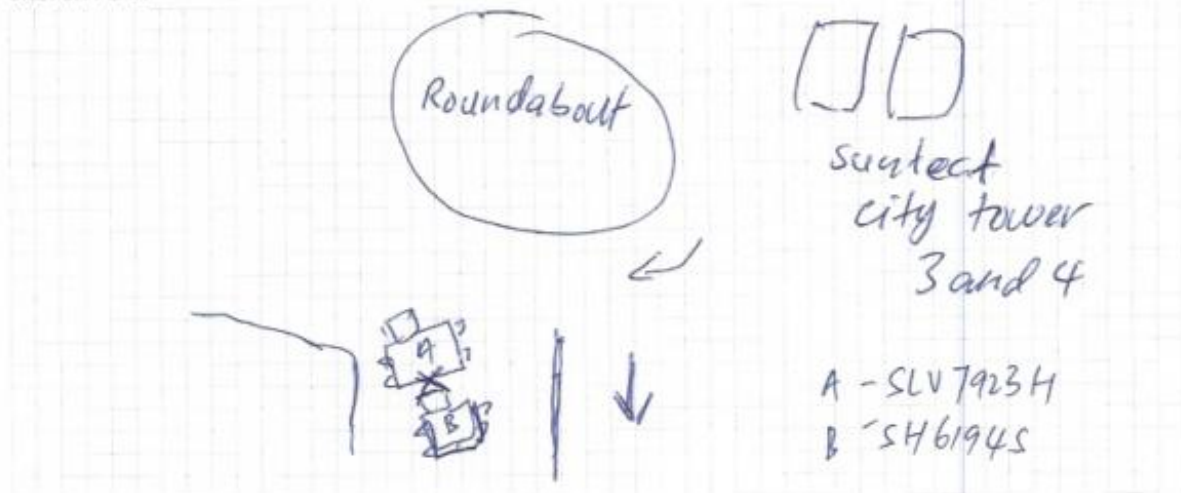
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Suntec city tower toward the roundabout area. Arriving at the give way sign area, I stopped and look out.

After a few second, I felt shocked and discovered that behind car knocked my back part of my car.

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:

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

Police Report



**SINGAPORE
POLICE FORCE**



T201909110153

Police Station Of Origin
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 680285
Tel No: 1800-7659999

1 of 3

Report No: T201909110153

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 17/09/2019 18:48	Video Report No.	Station Diary No. 132
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Informant's Particulars

Name of Informant SAHJIDIN BIN MOHD YUSOFF			Address APT BLK 702 CHOA CHU KANG STREET 52 #10-42 SINGAPORE 680702		
ID Type / ID No. NRIC NO / S1474907A			Contact No. Home/Office Mobile: 90481552		
Nationality SINGAPORE CITIZEN			Email		
Sex Male	Age 58	Date of Birth 05/09/1961	Type of Informant Driver		
Race Malay			Language English		Institution / School Name
Occupation GRAB DRIVER			Driving Licence Information: Class: 2B, 2A, 3 Date of Expiry		

General Information of the Accident

Type of Accident	Injury Others	Drink Drive No	Date/Time of Accident 17/09/2019 10:05	Type of Location Roundabout
Location Along Road 1 TEMASEK BOULEVARD Roundabout next to Surtec City				
Weather Clear		Road Surface Dry		Road Speed Limit
Traffic Flow One Way		Traffic Control Not Controlled		Traffic Volume Light
Type of Collision Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SH6194S	Car				Slightly Damaged	0
SLV7923H	Car				Slightly Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



152010001702153

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Report No: 1/2019001702153

Police Station Of Origin
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 680286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Driver			
Name	SAHUDIN BIN MOHD YUSOFF	ID No	S1474907A
Related Vehicle	SLV7923H (Car)	Contact No	90481552
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	17/09/2019	Date Discharge	17/09/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 17/09/2019 at 1005hrs, I was driving on the left most lane along Temasek Boulevard where I approached a roundabout. I stopped my vehicle at the give way line. After 4 seconds, I felt an impact on the back of my vehicle. I went out to make a check and discovered that taxi SH6194S collided onto the back of my vehicle. Minor damages on both vehicles however I injure my back due to this incident.

Police Report



SINGAPORE
POLICE FORCE



T201909170153

3 of 3

Report No. T201909170153

Police Station Of Origin:
Choa Chu Kang N.P.C.
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 680286
Tel No. 1800-7650669

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 J NUR RAGIB BIN RASMAN

Signature Of Informant

Signature Of Interpreter

Not applicable

Date/Time

17/09/2019 18:46

Officer In Charge Of Case

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No. 65475438

Classification Of Case

Authentication Stamp

AP188

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

