

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	07/10/2019 14:59
Date Of Accident	04/10/2019 20:35
Exact Location Of Accident	UPPER BUKIT TIMAH ROAD TOWARDS HILLVIEW FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV2619T
Insured/Policyholder	
Name Of Registered Owner	MARIC CAR RENTAL PTE LTD
Co Reg No	201620648G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91248816
Alternative Phone No	OFFICE-91248816

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE-1.6 (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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994148
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SALIHIN BIN JORAIMI
NRIC No	S8630190C
Date Of Birth	14/10/1986
Occupation	OUTDOOR
Date Of Driving Pass	30/01/2013
Driving Experience	6 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91248816
Fax Number	
Contact Number	OTHERS-91248816
Email Address	NOEMAIL

Address	BLK 289B COMPASSVALE CRESCENT #03-337
Postcode	542289
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	3
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB5586M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	MUHAMMAD SALIHIN BIN JORAIMI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJV2619T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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. 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.



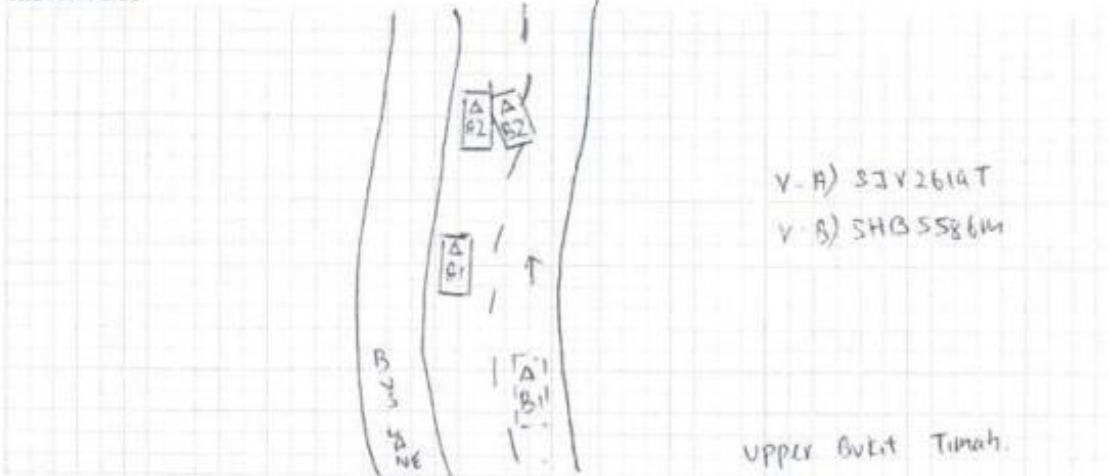
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Kesh*
NRIC/FIN No: *2015*

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' SJV261AT was travelling on the stated value. I was travelling straight in my lane. Suddenly a vehicle 'B' on the right came at a very fast speed after the corner over taking my lane without signalling and he bend ~~at~~ tried to avoid a vehicle in front, vehicle 'B' swerve towards my lane, the middle lane had collided against my vehicle front right portion. After the collision, vehicle 'B' did not stop at all instead he accelerate his vehicle and went ahead. I manage to stop him and we exchange particulars. There was two passenger in my vehicle when the accident happened. After the collision my front alignment is off.

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**



T/20191006/2010

1 of 3

Report No: T/20191006/2010

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/10/2019 01:15	Vide Report No.:	Station Diary No.: 20
--	------------------	--------------------------

Informant's Particulars

Name of Informant: MUHAMMAD SALIHIN BIN JORAIMI			Address: APT BLK 289B COMPASSVALE CRESCENT #03-337 SINGAPORE 542289		
ID Type / ID No.: NRIC NO / S8630190C			Contact No.: Home/Office: Mobile: 91248816		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 14/10/1986	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Private Hirer 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: 04/10/2019 20:35	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 UPPER BUKIT TIMAH ROAD				
Towards Hillview Flyover				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
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
SHB5586M	TAXI	TOYOTA		Maroon	No Damage	0
SJV2619T	Car	HYUNDAI		Black	Slightly Damaged	2

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191006/2010

2 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20191006/2010

CONTINUATION OF REPORT

Driver			
Name	LIM SEAH PEE	ID No.	S0191693I
Related Vehicle	SHB5586M (TAXI)	Contact No.	97201297
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	MUHAMMAD SALIHIN BIN JORAIMI	ID No.	S8630190C
Related Vehicle	SJV2619T (Car)	Contact No.	91248816
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE LTD.	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	05/10/2019	Date Discharge	05/10/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 04/10/2019 at about 8.35 pm, I was driving my vehicle bearing registration plate no. SJV2619T travelling along lane 2 of Upper Bukit Timah Road towards Hillview Flyover when a taxi bearing registration plate no. SHB5586M suddenly come from my right side at a very fast speed without signaling after the corner bend and tried to squeeze through between lane 1 and 2 of the road as there is another vehicle travelling in front of the said taxi.

While the taxi trying to squeeze through, it collided onto the front right portion of my vehicle and it did not stop. However, I managed to chase after the taxi and he stopped at the end of the flyover. Thereafter, I exchanged particulars with the taxi driver and as I was in a rush to send my 2 passengers, I left first. The taxi driver knew that he collided onto my vehicle and apologized to me when he alighted from his taxi.

On 05/10/2019, I went to seek medical treatment at Sengkang General Hospital due to the accident as I felt pain on my right ankle and I was given 4 days of medical leave. One of my passenger (female, Tel: 94520273) can be my witness to the accident.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191006/2010

3 of 3

Report No. T/20191006/2010

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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:

F /
Staff Sgt LEE SHAO WEI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/10/2019 01:15

Officer In Charge Of Case:

TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65476219

Classification Of Case:

SN 085

Authentication Stamp
NP168



Signature:

Singapore Police Force

LETTER

Maric Car Rental Pte Ltd

VEHICLE LEASE AGREEMENT

Agreement Date: 2 Apr 2019 (Renew)

Referrer Name: Referrer

NRIC: _____

Car plate no.: _____

Company **Maric Car Rental Pte Ltd**

Having its registered office at:
9 Tagore Lane #03-04, Singapore 787472
(hereinafter known as "The Owner")

Rental Begins on: 2 Apr 2019

Time Out & Sign: 1230PM

Office No: **6452 4300**

Office hour: **10 am - 7 pm**

Date & Time In: _____

Signed by Staff: _____

Hirer's Name: Muhammad Salihin Bin Joraimi IC: S8630190C

Address: APT BIK 117 Pasir Ris Street 11 #02-531 S(510117)

(hereinafter known as "The Hirer")

The Hirer agrees that the Owner shall let and the Hirer shall take the vehicle described below or a replacement vehicle provided by the Owner (hereinafter known as "the Vehicle") upon the terms and conditions hereinafter appearing.

1. DESCRIPTION OF VEHICLE

1. Make & Model: Hyundai Avante 1.6
2. Registration No: SDV2619T
3. Mileage: _____
4. Contact No: 9124 8816
5. Bank Account: _____
6. Email: _____

2. RENTAL PERIOD: 6 month (Until 23 Oct 2019)

3. DEPOSIT AMOUNT: \$500

4. FIRST WEEK RENTAL STARTS ON 4 Apr 2019 AMOUNT \$285.91 (5 days Wish)
\$100 (2 days Avante)

5. RENTAL FEE: \$5 350 per week

a. Rental Fee includes the following items:

- Unlimited mileage;
- Service and maintenance;
- Road Tax and Radio License;
- Motor Insurance Coverage (Excess applicable);
- 24-hours breakdown and emergency service (in Singapore only); and

Hirer's Initial: [Signature] Owner's Initial: [Signature]

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

