

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	29/10/2019 17:41
Date Of Accident	27/10/2019 20:50
Exact Location Of Accident	ALONG JURONG WEST AVENUE 2 LAMP POST NO:65
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6042J
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90298127
Alternative Phone No	OFFICE-90298127

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 MICROBUS 2.5 4DR 5AT ABS
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?	YES
If No, Please state action to be taken	
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	999994313
Cover Note Number	

Driver

Name of Driver	MUHAMMAD HIDAYAT BIN ABDUL RAHMAN
NRIC No	S8847173C
Date Of Birth	27/11/1988
Occupation	OUTDOOR
Date Of Driving Pass	02/03/2013
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90298127
Fax Number	
Contact Number	OTHERS-90298127
Email Address	NOEMAIL

Address	BLK 449 TAMPINES STREET 42 #06-80
Postcode	520449
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	COLLIDED INTO PROPERTY
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20191027/2106

Attachment(s)

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

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)

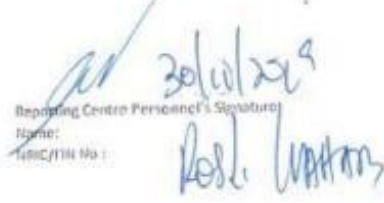
I understand, acknowledge, agree and consent that:

- (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 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 making 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:

28/10/19
1445 hrs.


Reporting Centre Personnel's Signature
Name:
EMIC/ITH No.:

Accident Sketch Plan



Accident Sketch Plan

SKETCH PLAN

REFER TO ATTACHED SKETCH

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I left Customs Operations Command (COC) at 2040 hrs to return to base. It was a very bad weather at that time of point, and also poor visibility due to the heavy rain. Location happened at the intersection of Tsimoy West Ave 2 by Seawong Rd, category P16 towards Chanyi, (junction under Houghth Flyover). My vehicle was at a traffic light junction waiting to move off as it was red light. When the red light turn to green, it moved off and while turning right, out of sudden, the van entered abruptly and I tried to transfer steer wheel but the van gave way and it eventually hit lampost number 65. There is no visible damage to the lampost. The Actos van front left headlight and front bumper was damage. No other vehicles were involved and no other injuries. Seawong truck came at 2220 hrs (Plate no. YN 9355 Y). Left scene at about 2230 hrs. Police report was lodge at Closest District (Report No. T/20191027/2106)

DECLARATION

I hereby declare that the information provided is true and correct.



Signature of the declarant
Date: 28/10/19

Signature of the declarant
Date: 28/10/19

28/10/19
1445 hrs.

30/10/2019
Res. [Signature]

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191027/2106

1 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20191027/2106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/10/2019 23:44		Vide Report No.:		Station Diary No.: 138	
Informant's Particulars					
Name of Informant: MUHAMMAD HIDAYAT BIN ABDUL RAHMAN			Address: APT BLK 449 TAMPINES STREET 42 #06-80 SINGAPORE 520449		
ID Type / ID No.: NRIC NO / S8847173C			Contact No.: Home/Office: Mobile: 90298127		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 27/11/1988	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: AETOS POLICE OFFICER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 27/10/2019 20:50	Type of Location: Bend
Location: Along Road 1 JURONG WEST AVENUE 2				
Lamp Post Number: 65				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Lamp Post			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No:	Type	Make	Model	Color	Condition	No of Passenger
PC6042J	Van				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**



T/20191027/2106

2 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20191027/2106

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD HIDAYAT BIN ABDUL RAHMAN	ID No.	S8847173C
Related Vehicle	PC6042J (Van)	Contact No.	90298127
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/10/2019 at about 2050hrs, I was driving along Jurong West Ave 2 towards PIE (Changi). As I was driving, my van suddenly skidded and I tried to counter steer twice but to no avail. I then lost control and hit onto a lamppost. The lamppost number is 65. No damage on the lamppost. My front left headlight was damaged. I had informed my supervisor and was advised to make a Police report.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191027/2106

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3

Report No. T/20191027/2106

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 65474865 stating the report number as reference

Signature Of Officer Recording The Report:
D /
Sgt 2 MUHAMMAD SYAHMI BIN SENIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/10/2019 23:44

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No: 85476151

Classification Of Case

Authentication Stamp:
HP105



Accident Photo

10/29/2019

IMG-20191028-WA0015.jpg



Accident Photo

10/29/2019

IMG-20191028-WA0012.jpg



Accident Photo

10/29/2019

IMG-20191028-WA0013.jpg



Accident Photo

10/29/2019

IMG-20191028-WA0014.jpg



Accident Photo

10/29/2019

IMG-20191028-WA0016.jpg



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Accident Photo

10/29/2019

IMG-20191028-WA0029.jpg



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Accident Photo

10/29/2019

IMG-20191028-WA0030.jpg



Accident Photo

10/29/2019

IMG-20191028-WA0031.jpg



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