

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	08/11/2019 10:17
Date Of Accident	07/11/2019 07:40
Exact Location Of Accident	ALONG KJE TOWARDS BKE (WOODLANDS) AT LANE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC4416T
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96976008
Alternative Phone No	OFFICE-96976008

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
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	999994313
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FAHMI BIN MASHWARI
NRIC No	S9030909I
Date Of Birth	28/08/1990
Occupation	OUTDOOR
Date Of Driving Pass	14/04/2015
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96976008
Fax Number	
Contact Number	OTHERS-96976008
Email Address	NOEMAIL

Address	BLK 261 JURONG EAST STREET 24 #02-467
Postcode	600261
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	CHAIN COLLISION
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	4
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	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191107/2146

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	SHC459A
Vehicle Make/Model/Colour	HYUNDAI IONIQ
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	POH CHER KIM
NRIC/Passport Number	S0095573F
Contact Number	93691245
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver) 2
Passenger 1
NAME: :
GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBG8502E
Vehicle Make/Model/Colour TOYOTA DYNA
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver KWEK TECK HWA
NRIC/Passport Number S1425988J
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLJ3328R
Vehicle Make/Model/Colour TOYOTA WISH
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver NG HUA KUAN
NRIC/Passport Number S7785338C
Contact Number 91088546
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name MUHAMMAD FAHMI BIN MASHWARI
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? GBC4416T
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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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, dispose 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:

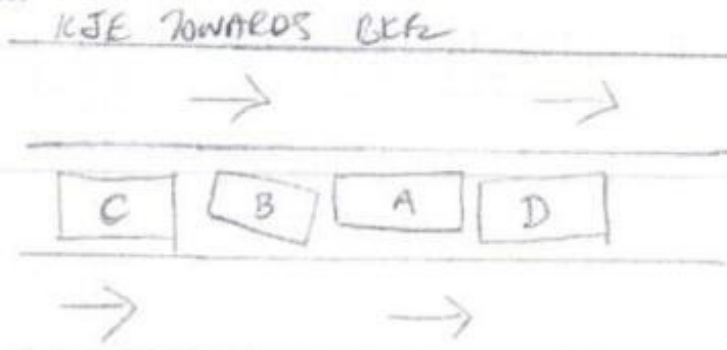



Driver's Signature
(if driver is not the policyholder)
Date & Time:


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

Accident Sketch Plan

SKETCH PLAN



A) GBC 4416T
B) SHC 459A

C) GBC 8502E
D) SLJ 3328R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

QUS REFER TO POLICE REPORT
7/20/9/107/2146

DECLARATION

I/We declare the foregoing information is true in every respect.

[Signature]
Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(if driver is not the policyholder)
Date & Time:

[Signature]
Reporting Centre Person's Signature
Name:
NRC/FIN No:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191107/2145

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

1 of 4
Report No: T/20191107/2145

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/11/2019 18.07	Vide Report No.: J/20191107/0059	Station Diary No.: 114
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Informant's Particulars

Name of Informant: MUHAMMAD FAHMI BIN MASHWARI			Address: APT BLK 261 JURONG EAST STREET 24 #02-467 SINGAPORE 600261		
ID Type / ID No.: NRIC NO / S90309091			Contact No.: Home/Office: Mobile: 96976008		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 28/08/1990	Type of Informant: Driver		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/11/2019 07:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 KRANJI EXPRESSWAY BUKIT TIMAH EXPRESSWAY along KJE towards BKE (Woodlands), in between Woodlands Road exit and BKE exit, at lane 3				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 90 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC4416T	Van	NISSAN	NV200	White	Slightly Damaged	0 A
GBG8502E	Lorry	TOYOTA	DYNA	White	Slightly Damaged	0 C
SHC459A	Car	HYUNDAI	IONIC	Yellow	Totally Damaged	1 B
SLJ3328R	Car	TOYOTA	WISH	White	Slightly Damaged	0 D

POLICE REPORT



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T/20191107/2146

Police Station Of Origin:
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Tel No: 1800-8999999

2 of 4
Report No. T/20191107/2146

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD FAHMI BIN MASHWARI	ID No.	S9030909I
Related Vehicle	GBC4416T (Van)	Contact No.	96976008
Hospital/Clinic	ICON MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: NIL
Date Treatment	07/11/2019	Date Discharge	07/11/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	KWEK TECK HWA	ID No.	S1425988J
Related Vehicle	GBG8502E (Lorry)	Contact No.	NIL
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	POH CHER KIM	ID No.	S0095573F
Related Vehicle	SHC459A (Car)	Contact No.	93691245
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

POLICE REPORT



**SINGAPORE
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T/20191107/2146

Police Station Of Origin:
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3 of 4
Report No. T/20191107/2146

CONTINUATION OF REPORT

Driver			
Name	NG HUA KUAN	ID No.	S7785338C
Related Vehicle	SLJ3328R (Car)	Contact No.	91088546
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 07/11/2019 at about 0740hrs, I was driving my van along Kranji Expressway going towards Bukit Timah Expressway (Woodlands Exit). The traffic was slow moving at the said exit.

As I was driving, the front vehicle came to a stop as it was jam. I also managed to stop. From the rear mirror, I noticed the yellow taxi also managed to brake in time. Subsequently, the next thing I know, I felt an impact from the back of my vehicle. At the same time I was still stepping my brake pedal. My van then hit the front vehicle.

I was lost at the same time. I then looked around before I alighted from my vehicle. That is when I realized I was involved in a chain accident.

There was a lorry hit the taxi from the back, the taxi subsequently hit onto me rear of the van, which my vehicle then hit the front car.

The front car had only slight scratched and dent at the back of the vehicle.
My van front side had scratches and slight dent. The rear of my vehicle was dented.
The taxi behind me both front and rear plate number was broken. Front bumper was dented and front bonnet was dented. The rear windscreen was broken, rear boot and rear bumper damage. The passenger was conveyed to hospital.
The lorry which hit the taxi had its front left bumper dented and left side headlamp cover broken.

Traffic Police and ambulance came to scene.

Subsequently, I seeked treatment for my neck pain and was given 3 days of MC. There is no in-car camera installed in my van. There is in-car camera inside the front car of mine and the taxi behind me.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191107/2145

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4 of 4

Report No: T/20191107/2145

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:

D /
Sgt 2 MUHAMMAD SYAZWAN BIN ROSELI-
PANE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/11/2019 18:07

Officer In Charge Of Case:

TP / GIT /
Sr Staff Sgt RAZIZ BIN TAHAR
Contact No.: 65476200

Classification Of Case:

Authentication Stamp

NP108

SN 34

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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