

## 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	15/11/2019 16:19
Date Of Accident	15/11/2019 09:25
Exact Location Of Accident	LOH AH SOO TWDS PAYA LEBAR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC1278K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ORANGE CARS
Co Reg No	53314768M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	999994037
Cover Note Number	

### Driver

Name of Driver	MOHAMED FAIZAL BIN MOHAMED SAREF
NRIC No	S8619202J
Date Of Birth	17/07/1986
Occupation	OUTDOOR
Date Of Driving Pass	20/02/2009
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97484278
Fax Number	
Contact Number	OFFICE-97484278
Email Address	NOEMAIL

Address	BLK 889B WOODLANDS DRIVE 50 #08-239
Postcode	732889
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 - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : NURULHUDA BINTE ZAHAREN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 54 PIPIT ROAD #01-82/84 , <b>POSTCODE:</b> 370054 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7449999 - <b>FAX NO:</b> 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191115/2101.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDJ96Z
Vehicle Make/Model/Colour	MERCEDES-BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 MOHAMED FAIZAL BIN MOHAMED SAREF  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SGC1278K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name NURULHUDA BINTE ZAHAREN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SGC1278K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

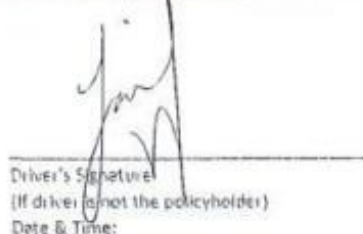
#### IMPORTANT NOTICE

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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:

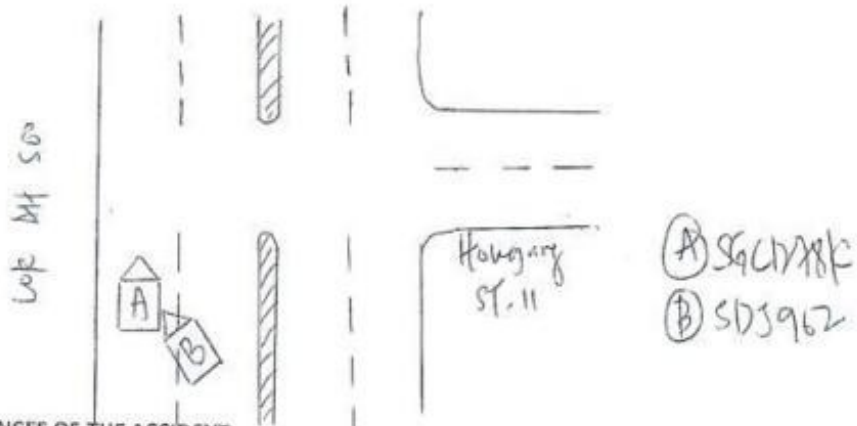
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 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 Person's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_

# Accident Sketch Plan



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along Lor Ah Soo going towards Pagar Lebar Rd.

Suddenly vehicle B change lane and hit onto the rear right portion of my vehicle.

Whole accident was captured by my vehicle built-in video recorder.

Please refer to the Police Report No.: T/20191115/2101

## DECLARATION

I/We declare that 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/20191115/2101

1 of 4

Report No. T/20191115/2101

Police Station Of Origin:  
MacPherson NPP  
54 Pict Road #01-82/84 SINGAPORE  
370054  
Tel No. 1800-7449999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/11/2019 14.51	Vide Report No.:	Station Diary No.: 39
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### Informant's Particulars

Name of Informant: MOHAMED FAIZAL BIN MOHAMED SAREF			Address: APT BLK 889B WOODLANDS DRIVE 50 #08-239 SINGAPORE 732889		
ID Type / ID No.: NRIC NO / S8619202J			Contact No.:		Mobile: 97484278
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 17/07/1986	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class:		Date of Expiry:

### General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/11/2019 09.25	Type of Location: Straight Road
Location: Along Road 1 LORONG AH SOO			
Towards Paya Lebar Road			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	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
5DJ96Z	Car					0
5GC1276K	Car				Slightly Damaged	1

### Details of Person Involved

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

# Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
MacPherson NPP  
54 Pipl Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

Report No. T/20191116/210

Police Sta  
MacPherson  
54 Pipl Road #  
370054  
Tel No: 1800-7449999

## CONTINUATION OF REPORT

<b>Driver</b>		<b>ID No.</b>		S8619202J
Name	MOHAMED FAIZAL BIN MOHAMED SAREF		Contact No	97484278
Related Vehicle	SGC1278K (Car)		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL		Date Treatment	NIL
Date Treatment		NIL	Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
<b>Passenger</b>		<b>ID No.</b>		S8710400A
Name	NURULHUDA BINTE ZAHAREN		Contact No	96974493
Related Vehicle	SGC1278K (Car)		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL		Date Treatment	NIL
Date Treatment		NIL	Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL

### Brief Details.

On 15/11/2019 at about 0925hrs, I was driving my vehicle (SGC1278K) along Lor Ah Soo towards Paya Lebar Road direction.

I was going straight on lane number 2 when a vehicle (SDJ96Z) which was travelling on lane number 1 changed lane to lane number 2 and side swipe against my vehicle. After the collision, the other vehicle did not stopped, and instead continued to move off.

I then tried to catch up with the vehicle and told the driver to stop at the side of the road. The driver then stopped at the side of the road. The driver and I got down of our vehicles and had a conversation regarding the accident, however the driver claimed that she did not collide into my vehicle and did not caused the damage, subsequently the driver then moved off with her vehicle. The driver did not provide me with her particulars.


I wish to state that my girlfriend and I did not sustain any injury due to the accident. Due to the accident, the rear right side of my vehicle sustained some scratches and dent.

There is a camera installed in my vehicle and the camera had captured the happening of the accident.


No government property was damaged. No pedestrian was involved. No ambulance or police came down to scene.



Police Report

 **SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
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54 Pilt Road #01-82/84 SINGAPORE  
370054  
Tel No. 1800-7449999

  
T201911152101

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Report No. T201911152101

CONTINUATION OF REPORT



Police Report



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
MacPherson NPP  
54 Piplt Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999



T/20191115/2101

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Report No: T/20191115/2101

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:  
G /  
Sgt 2 LIM ZHENG HONG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt TAN JEOK LENG  
Contact No: 65476144

Authentication Stamp  
10-156

Signature Of Informant

Date/Time:  
15/11/2019 14:51

Classification Of Case:

Accident Photo



Accident Photo





Accident Photo







Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

