

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	02/12/2019 15:37
Date Of Accident	30/11/2019 18:40
Exact Location Of Accident	PIE TWDS CHANGI B4 KPE EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMA9788S
Insured/Policyholder	
Name Of Registered Owner	SUHAIMI BIN HANAFI
NRIC No	S7300063G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97433404
Alternative Phone No	OTHERS-97433404
Vehicle Particulars	
Manufacturer	AUDI
Model	A3 SEDAN
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNCV20100000662
Cover Note Number	
Driver	
Name of Driver	SUHAIMI BIN HANAFI
NRIC No	S7300063G
Date Of Birth	01/01/1973
Occupation	INDOOR
Date Of Driving Pass	31/08/1995
Driving Experience	24 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97433404
Fax Number	
Contact Number	OTHERS-97433404
EEmail Address	NOEMAIL

Address	BLK 561 CHOA CHU KANG NORTH 6 #02-98
Postcode	680561
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	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)	5
Passenger 1	NAME: : CHEN ZIWEI GENDER: : MALE
Passenger 2	NAME: : DAFFODIL CHAN WAI PENG GENDER: : FEMALE
Passenger 3	NAME: : TIAN YEW HAY GENDER: : FEMALE
Passenger 4	NAME: : CHAN POH CHUEN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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	SHC8619C
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	SUHAIMI BIN HANAFI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SMA9788S
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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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:
NRIC/FIN No.:

Individual Statement

SKETCH PLAN

PIE TOWARDS
CHANGI BEFORE
KPE EXIT.

(A) SMA 978RS
(B) SHC 8619C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE towards Changi on lane 4 of 5 lanes.
Weather was clear, traffic was heavy. I was moving slowly while
suddenly, I felt an impact from the rear. I alighted and realised
vehicle B could not stop in time and collided onto my vehicle.

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:

02/12/19

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

Accident Photo



Accident Photo



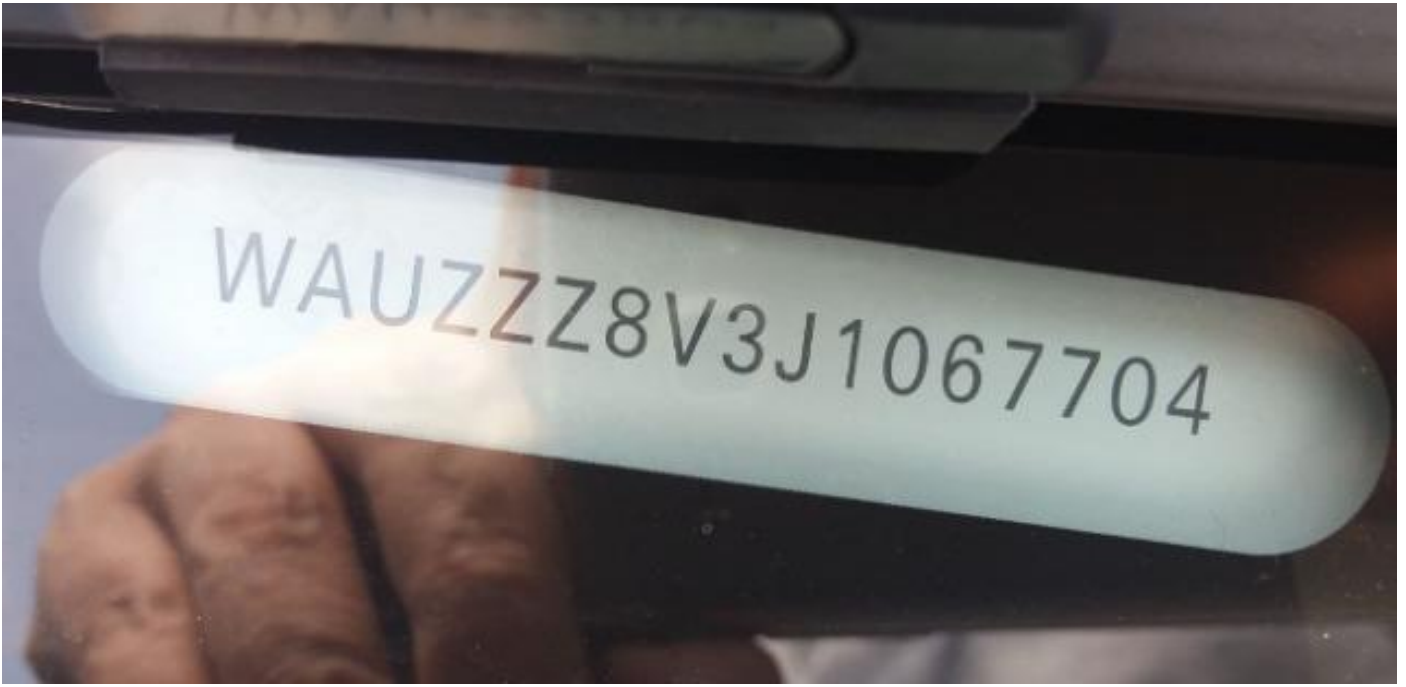
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/2019/203/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

1 of 4

Report No: T/2019/203/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2019 09:33		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SUHAIMI BIN HANAFI			Address: APT BLK 561 CHOA CHU KANG NORTH 6 #02-98 SINGAPORE 680561		
ID Type / ID No: NRIC NO / S7300063G			Contact No.: Home/Office: Mobile: 97433404		
Nationality: SINGAPORE CITIZEN			Email: suhaimi1173@gmail.com		
Sex: Male	Age: 46	Date of Birth: 01/01/1973	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Graphic designer			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No.	Date/Time of Accident 30/11/2019 18:40	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
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
SHC8615C	Car					0
SMA9788S	Car	AUDI	A3 SEDAN 1.0 TFSI S TRONIC (LED)	Grey		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMA9788S	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800073487	22/08/2018	21/08/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20191203/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

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Report No: T/20191203/7001

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SUHAIMI BIN HANAFI	ID No.	S7300063G
Related Vehicle	SMA9788S (Car)	Contact No.	97433404
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/11/2019	Date Discharge	30/11/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Passenger			
Name	TIAN YEW HAY	ID No.	NIL
Related Vehicle	SMA9788S (Car)	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
Passenger			
Name	CHAN POH CHUEN	ID No.	NIL
Related Vehicle	SMA9788S (Car)	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

Police Report



**SINGAPORE
POLICE FORCE**



T/20191203/7001

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

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Report No. T/20191203/7001

CONTINUATION OF REPORT

Passenger			
Name	DAFFODIL CHAN WAI PENG	ID No.	NIL
Related Vehicle	SMA97885 (Car)	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
Passenger			
Name	CHEN ZHIWEI	ID No.	NIL
Related Vehicle	NIL	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

Brief Details

On 30th November 2019 at about 18:40hrs, I was travelling along PIE towards Changi on lane 4 of 5 lanes, the weather was clear. I was moving slowly while suddenly, I felt an impact from the rear. I alighted and realised vehicle SHC9619C could not stop in time and collided onto my vehicle. I am driving my vehicle as a grab driver on the accident date with 4 passengers.

I am lodging this report for insurance claim purposes.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20191203/7001

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Report No. T/20191203/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP/18

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
03/12/2019 09:33

Classification Of Case:

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6724 0010 Fax (65) 6724 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119158840 Vehicle Registration No: SMA 9788S
Name (as shown in NRIC) : SUHAIMI BIN HANAFI NRIC/FIN/Passport No : S7300063G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 561 CHOA CHU KANG NG #02-98 Singapore (650561)
Contact (Tel) : _____ Mobile No. : 9743 3404
Email Address : _____
Date of Accident : 30.11.2019 Time of Accident : 18:40hrs
Place of Accident : PIE TOWARDS CHANGI BEFORE KPE EXIT
Insurance Company: FWD SINGAPORE PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ATTACHED POLICE REPORT NUMBER: T/20191203/7001

SUHAIMI BIN HANAFI

Policyholder / Driver's Signature
Date: 03.12.2019

shw 03/12/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: