

## 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	10/12/2019 13:53
Date Of Accident	08/12/2019 06:30
Exact Location Of Accident	KALLANG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN7208U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FIRST AUTO LIMOUSINE PTE LTD
Co Reg No	201509301D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-96860332

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLA200-1.6 URBAN (R18 LED) (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	999994051
Cover Note Number	

### Driver

Name of Driver	JOHN MANOHAR ROBIN JOSEPH
NRIC No	S8377827Z
Date Of Birth	17/10/1983
Occupation	INDOOR
Date Of Driving Pass	11/10/2002
Driving Experience	17 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-81574203
Fax Number	
Contact Number	
E-Mail Address	JOHNROBINJOSEPH@HOTMAIL.COM
Address	BLK 458 PASIR RIS DRIVE 4 #04-327 SINGAPORE
Postcode	510458
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 - CROSS JUNCTION
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?	NO
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: : PAX 1 Gender: : Male

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

#### 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	SJP3043D
Vehicle Make/Model/Colour	
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)

## 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:

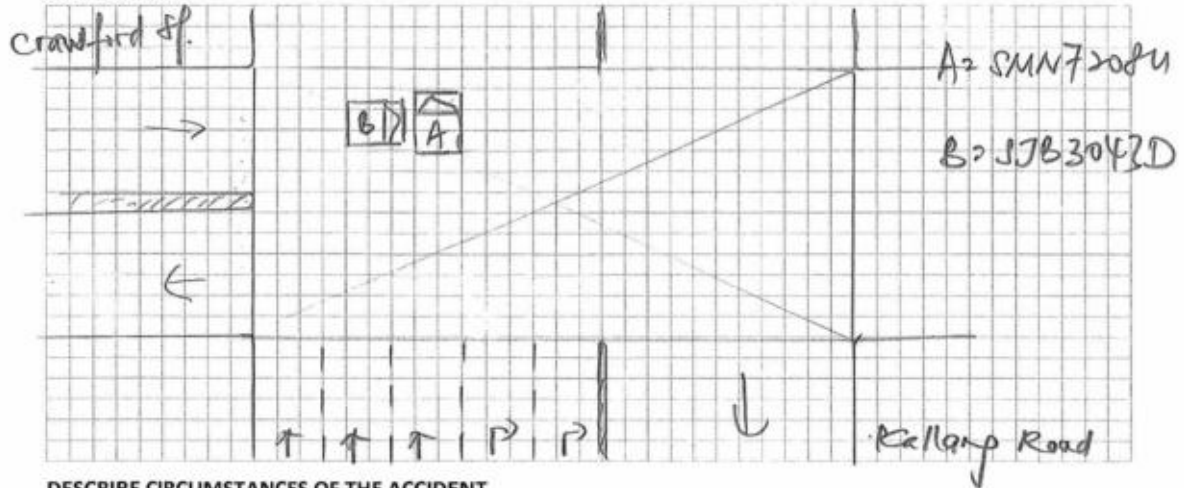
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

10/12/19  
12:22pm

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

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# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO THE POLICE REPORT ATTACHED

## 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.:

GIATMC SketchPlanForm\_V3



**SINGAPORE  
POLICE FORCE**



T/20191208/7015

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

1 of 3

Report No. T/20191208/7015

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/12/2019 22:26		Vide Report No.: A/20191208/0051		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: JOHN MANOHAR ROBIN JOSEPH			Address: APT BLK 458 PASIR RIS DRIVE 4 #04-327 SINGAPORE 510458		
ID Type / ID No.: NRIC NO / S8377827Z			Contact No.: Home/Office: Mobile: 81574203		
Nationality: INDIAN			Email: johnrobinjoseph@hotmail.com		
Sex: Male	Age: 36	Date of Birth: 17/10/1983	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Customer Affairs Manager			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/12/2019 06:30	Type of Location: X-Junction
Location:  KALLANG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP3043D	Car					0
SMN7208U	Car					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20191208/7015

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

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Report No. T/20191208/7015

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	JOHN MANOHAR ROBIN JOSEPH	ID No.	S8377827Z
Related Vehicle	SMN7208U (Car)	Contact No.	81574203
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
<b>Driver</b>			
Name	AHMAD SYAZARUAN	ID No.	S86603246
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.**

I WAS DRIVING ALONG KALLANG ROAD TOWARDS JALAN SULTAN AND NEAR ICA BUILDING TRAFFIC LIGHT I MISSED THE TRAFFIC LIGHT AS I WAS TIRED AND THE CAR FROM CRAWFORD STREET TOWARDS LAVENDER STREET HIT THE LEFT SIDE OF MY CAR. TRAFFIC POLICE AND AMBULANCE WAS ACTIVATED TO THE SPOT AND NO INJURIES WERE REPORTED.



**SINGAPORE  
POLICE FORCE**



T/20191208/7015

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

3 of 3

Report No. T/20191208/7015

**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 /  
TAN JUN YAN  
Contact No.: 65476311

Authentication Stamp  
NP168

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

Date/Time:  
08/12/2019 22:26

Classification Of Case:



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S8377827Z**

Name: **JOHN MANOHAR ROBIN JOSEPH**

Birth Date: **17 Oct 1983**  
Issue Date: **02 Jul 2018**

002819242G

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8377827Z**

Name: **JOHN MANOHAR ROBIN JOSEPH**

Race: **INDIAN**  
Date of birth: **17-10-1983** Sex: **M**  
Country of birth: **INDIA**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$

EFFECTIVE DATE: **02 Jul 2018**

NP 426A



8882627

88377827Z

Nationality: **INDIAN**  
Date of issue: **10-10-2007**

APT BLK 458 PASIR RIS DRIVE 4 #04-327  
SINGAPORE 510458  
NRIC No: **S8377827Z** Date: **27/08/2012** No: **7150679**

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

