

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	21/12/2019 08:45
Date Of Accident	21/10/2019 13:55
Exact Location Of Accident	SELEGIE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH313G
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Insured/Policyholder

Name Of Registered Owner	BS INDUSTRIAL & CONSTRUCTION SUPPLY PTE LTD
Co Reg No	1XXXXX852K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97532564

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	WORKING

Are you claiming under your own insurance policy for repair to your vehicle?	YES
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If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700093577-01
Cover Note Number	

Driver

Name of Driver	ABDUL RASHID BIN GANI
NRIC No	SXXXX583C
Date Of Birth	22/03/1968
Occupation	OUTDOOR
Date Of Driving Pass	14/06/1995
Driving Experience	24 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83116920
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 37 CIRCUIT RD #05-443
Postcode	370037
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	YES
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	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

REFER TO POLICE REPORT T/20191118/2059

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	SBS8373Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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	ABDUL RASHID BIN GANI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBH313G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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, 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:
13/12/2019


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


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

Accident Sketch Plan

SKETCH PLAN

A: GBH313G

6: 3658373y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time : 21/10/2019 13:55

Accident Location : Along Road 1. Selegie Road.

Please Refer to Police Report NO: T/20191118/2059

☐ Reporting Only ☒ Own Damage ☐ Third Party ☐ Claim at other workshop (OO/TP)

DECLARATION

We declare the foregoing particulars are true in every respect.

* IMPORTANT NOTE:

Any text herein submitted by the advertiser that is the equivalent of a link is subject to our own policy. Our Database Store has more of a **FOURTEEN (14)** days notice policy, the item must be made about 14 days before the date of the event.

Policyholder's Signature

Date: Time:

13/12/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

POLICE REPORT

13-12-19:09:22AM:

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**SINGAPORE
POLICE FORCE**



T/20191118/2059

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

1 of 3

Report No. T/20191118/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2019 12:39	Vide Report No.: E/20191021/0079	Station Diary No.:
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Informant's Particulars

Name of Informant: ABDUL RASHID BIN GANI	Address: APT BLK 37 CIRCUIT ROAD #05-443 SINGAPORE 370037
ID Type / ID No.: NRIC NO / S6811583C	Contact No.: Home/Office: Mobile: 83116920
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 51 Date of Birth: 22/03/1968	Type of Informant: Driver
Race: Malay	Language: Institution / School Name:
Occupation: OTHERS	Driving Licence Information: Class: 2B,3,4 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/10/2019 13:55	Type of Location:
Location: Along Road 1 SELEGIE ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume: Light		
Type of Collision:	Anyone conveyed by ambulance: Yes			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH313G	Van					0
SBS8373Y	Bus/Coach/Mi nibus					0

Details of Person Involved

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

POLICE REPORT

13-12-19:09:22AM:



**SINGAPORE
POLICE FORCE**



T/20191118/2059

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

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Report No. T/20191118/2059

CONTINUATION OF REPORT

Driver			
Name	ABDUL RASHID BIN GANI	ID No.	S6811583C
Related Vehicle	GBH313G (Van)	Contact No.	83116920
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	21/10/2019	Date Discharge	11/11/2019
No. of Days granted Medical Leave	30	Degree of Injury	Serious

Brief Details.

AT THE ABOVEMENTIONED DATE AND TIME,

I WAS DRIVING ALONG SELEGIE ROAD. I HAD A CRAMP ON MY RIBS AND STARTED COUGHING BLOOD.

I LOST CONTROL OF MY VAN AND HIT THE BACK OF THE BUS.

THAT IS ALL.

POLICE REPORT

13-12-19:09:22AM;



**SINGAPORE
POLICE FORCE**

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



T/20191118/2059

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3 of 3

Report No. T/20191118/2059

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:
TP /
MUHAMMAD MOINUR RAHMAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476232

Authentication Stamp
NP163

Signature Of Informant:

Date/Time:
18/11/2019 12:39

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: M

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





CHASSIS NO: JN1MC2E26Z000645
U.L.W : 1800 KGS
M.L.W : 3300 KGS
P. CAP : F: 1 DRIVER, 2 OTHERS
R: 00
TYRE SIZE : F: 195 x 15R 8PLY
R: 195 x 15R 8PLY(S)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

