

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	24/12/2019 15:32
Date Of Accident	21/10/2019 13:35
Exact Location Of Accident	ALONG CLEMENCEAU AVE
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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

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	
Email 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	NO 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	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)	1

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	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191222/2089

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	SLQ8988R
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)

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?	
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: _____


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

Unable

to

Provide

Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time : 21/10/2017 13:35

Accident Location : Along Road 1, Clemenceau Avenue

Please Refer To Police Report No : T/20191222/2089

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

DECLARATION

✓ We declare the foregoing particulars are true in every respect.

* 1992-93 年度, 500 万。

IMPORTANT NOTE:
This has been allowed by the marketing that, in the world but you will be sure that you have called the insurance company. There is a **FOURTEEN (14) DAYS** grace period, for which you must pay the full amount of the population insurance from the day of the contract.

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/20191222/2089

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

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Report No. T/20191222/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/12/2019 19:55		Vide Report No.:		Station Diary No.: 37	
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.:		Mobile: 83116920	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 51	Date of Birth: 22/03/1968	Type of Informant: Driver		
Race: Malay		Language: English		Institution / School Name:	
Occupation: DELIVERY DRIVER		Driving Licence Information: Class: 2B,3,4		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 21/10/2019 13:35	Type of Location: T-Junction
Location: Along Road 1 CLEMENCEAU AVENUE Along Clemenceau Ave				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving vehicle collision unknown				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH313G	Van					0
SLQ8988R	Car					0

Details of Person Involved

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

POLICE REPORT



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T/20191222/2089

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

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Report No. T/20191222/2089

CONTINUATION OF REPORT

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

Brief Details.

On 21/10/2019 at about 1335hrs, I was driving my company's van no. GBH313G travelling along Clemenceau Ave. I did not realize I collided onto another vehicle no. SLQ8988R. I do not know the damage of my vehicle as on the same day, I had a major accident with a SBS bus which resulted me in a coma for 2 days.

I wish to state that I do not have knowledge of an accident with SLQ8988R and I do not have in-vehicle camera in my vehicle.

POLICE REPORT



SINGAPORE
POLICE FORCE

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



T/20191222/2089

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Report No. T/20191222/2089

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 TEO HAOLUN, MAURICE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
22/12/2019 19:55

Officer In Charge Of Case:
TP / HRT /
SRI KALESWARI PALANI
Contact No: 65476902

Classification Of Case:

Authentication Stamp
NP158

SIGNATURE

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

