

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	06/01/2020 15:59
Date Of Accident	05/01/2020 14:10
Exact Location Of Accident	JUNC OF PASIR RIS DR 3 & ELIAS RD OPP STRATUM COND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	S5030TE
Insured/Policyholder	
Name Of Registered Owner	OZGUR KILLIC
NRIC No	GXXXX651L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84444872
Alternative Phone No	OTHERS-84444872

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	GRANDIS
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800105260-01
Cover Note Number	

Driver

Name of Driver	FARIDAH BEGUM BINTE NOOR MOHAMED
NRIC No	SXXXX291C
Date Of Birth	25/08/1979
Occupation	INDOOR
Date Of Driving Pass	05/04/2001
Driving Experience	18 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96430835
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	279 BEDOK SOUTH AVE 3 #08-33
Postcode	465458
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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)	3
Passenger 1	NAME: : OZGUR KILLIC GENDER: : MALE
Passenger 2	NAME: : SON GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANAH MERAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 NEW UPPER CHANGI ROAD #01-1514 , POSTCODE: 461051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4499999 - FAX NO: 62447251
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20200105/2078

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7248X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI

Name of Driver	KHENG KIM TJOEAN
NRIC/Passport Number	SXXXX298D
Contact Number	84523868
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. The 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 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.

X

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



**SINGAPORE
POLICE FORCE**



T/20200105/2078

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Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

Report No. T/20200105/2078

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	OZGUR KILIC	ID No.	G0966651L
Related Vehicle	S5030TE (Car)	Contact No.	84444872
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	FARIDAH BEGUM BINTE NOOR MOHAMED	ID No.	S7925291C
Related Vehicle	S5030TE (Car)	Contact No.	96430835
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	KHENG KIM TJOEAN	ID No.	S2166298D
Related Vehicle	SHC7248X (Taxi)	Contact No.	84523868
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 05/01/2020 at about 1410hrs, I was driving my husband's vehicle (S5030TE) along Pasir Ris Drive 3. My husband was seated at the front passenger seat while my son was seated at the back passenger seat. The road along Pasir Drive 3 consist of 3 lanes and my vehicle was on the extreme left lane as I wanted to turn left to Elias Road.

When the traffic light along Pasir Drive 3 had turn green, I noticed the vehicle ahead of me did not move to make a left turn as there were pedestrians crossing along Elias Road hence I waited for the vehicle to move. While my vehicle was in a stationary position, I felt an impact coming from the rear right of my

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200105/2078

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51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

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Report No. T/20200105/2078

CONTINUATION OF REPORT

vehicle. My husband then went out of the vehicle to make a check on the damages and he noticed dents and scratch marks on the rear bumper. My husband also noticed that the rear bumper was slightly dislodged. The taxi driver subsequently approached me and acknowledge that he was at fault. My husband and I then took photos of the accident scene. We then exchange particulars

My husband then contacted his insurance agent and who advised him to take the photos of the accident scene, to download the in car camera footages and to lodge a police report since the vehicle is a diplomatic vehicle. The taxi driver also informed us to liaise with Comfort Delgro for anything further. The both of us then left the said location as no towing was needed.

During the accident, nobody was injured hence ambulance services was not required. Furthermore, no police was called in during the accident.

I wish to state that the vehicle belongs to my husband who holds a diplomatic card from Turkey. In addition, the vehicle has an in car camera which had captured the footage of the accident.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20200105/2078

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Police Station Of Origin:
Tengah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

Report No: T/20200105/2078

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	OZGLUR KILIC	ID No.	G0966851L
Related Vehicle	S5030TE (Car)	Contact No.	84444872
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	FARIDAH BEGUM BINTE NOOR MOHAMED	ID No.	S7925291C
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Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	KHENG KIM TJOEAN	ID No.	82166298D
Related Vehicle	SHC7248X (Taxi)	Contact No.	84523858
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
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Police Report



**SINGAPORE
POLICE FORCE**



T/20200106/2078

Police Station Of Origin:
Tanjah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 481051
Tel No: 1800-4499999

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Report No. T/20200106/2078

CONTINUATION OF REPORT

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Police Report



SINGAPORE
POLICE FORCE



T202001052078

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51 New Upper Changi Road #01-1514
SINGAPORE 481051
Tel No: 1800-4499999

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Report No: T202001052078

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 3 MUHAMMAD KHAIRI BIN MOHAMMAD KUSBARI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/01/2020 16:21
Officer In-Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: 
Authentication Stamp NP168	