

## 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	03/02/2020 17:45
Date Of Accident	02/02/2020 03:40
Exact Location Of Accident	TRAFFIC JUNCTION BUANGKOK GREEN TO SENGKANG EASTRD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG7385C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ATAN LEASING PTE LTD
Co Reg No	-
Email Address	ANDREW@COSMOAUTOMOBILES.COM.SG
Mobile Phone No	(LOCAL) +65-84280141
Alternative Phone No	OFFICE-84280141
<b>Vehicle Particulars</b>	
Manufacturer	CITROEN
Model	GRAND C4 PICASSO 1.61
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
<b>Insurance Company</b>	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VFX/P2357270
Cover Note Number	
<b>Driver</b>	
Name of Driver	HAMZAH BIN SUPA'AT
NRIC No	SXXXX500C
Date Of Birth	03/02/1988
Occupation	OUTDOOR
Date Of Driving Pass	26/04/2007
Driving Experience	12 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84280141
Fax Number	
Contact Number	
EEmail Address	ANDREW@COSMOAUTOMOBILES.COM.SG

Address BLK 160 SIN MING DRIVE AUTO CITY #08-07 S(575722)

Postcode

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 - 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) 4

Passenger 1  
NAME: : PASSENGER  
GENDER: : MALE

Passenger 2  
NAME: : PASSENGER  
GENDER: : MALE

Passenger 3  
NAME: : PASSENGER  
GENDER: : MALE

### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4849999 - FAX NO: 62181399

Was notice of intended Prosecution given? NO

If Yes, against whom?

### Circumstances of Accident

refer attached police report.

### 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 SHC5779T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category	TAXI
Name of Driver	PEE NGIAP HENG
NRIC/Passport Number	SXXXX235J
Contact Number	90610812
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMG7385C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMG7385C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**SKETCH PLAN****IMPORTANT NOTICE**

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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.:

SKETCH PLAN

SEMIKANG EAST ROAD

SEMIKANG EAST ROAD

BANGKOK ROAD

BANGKOK ROAD

A = SMG 73850

B = SHC 9779 T

A

B

C

D

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

AS PER POLICE REPORT

### 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.: \_\_\_\_\_



**SINGAPORE  
POLICE FORCE**



T/20200202/2015

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

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Report No: T/20200202/2015

**CONTINUATION OF REPORT**

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	HAMZAH BIN SUPA'AT	ID No.	S8803500C
Related Vehicle	SMG7385C (Car)	Contact No.	84280141
Hospital/Clinic	Intermedical 24-Hr Clinic	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	02/02/2020	Date Discharge	02/02/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Name	PEE NGIAP HENG	ID No.	S1253235J
Related Vehicle	NIL	Contact No.	90610812
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 am the above mentioned person and also a Grab driver.

On 2/2/2020 at about 3:40am, I was driving a private hire car, C4 Citroen bearing license plate number: SMG7385C. At that point of time I had 3 passengers in the car. I was driving along Buangkok Green and at the traffic light junction of Buangkok Green and Buangkok Drive, I came to a stop as it was a red light. At the moment my car was stationary, I heard a loud bang and realised a taxi had bumped into the rear of my car.

Right after that, I turned to check on my passengers and they said they were alright without injuries. All of us alighted and I noticed that the taxi driver was still buckled in his seat groaning in pain. I then called for ambulance and within 5 minutes, the ambulance arrived. 2 traffic police officers arrived about 10 minutes later. The taxi driver was not conveyed to hospital and we exchanged particulars after the ambulance and police officers left. The police officers told us that no investigation would be initiated and that if there were any injuries, to lodge a police report for insurance claims.

As I felt some pain at the back of my shoulder and neck area, I went to a clinic straight after. I went to Intermedical 24-hr clinic located at Block 525 Ang Mo Kio Avenue 10 #01-2407 and was given 3 days MC. I am lodging this report for the purpose of doing insurance claims.