#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

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	ACCIDENT STATEMENT						
Date Of Report	08/04/2020 15:44						
Date Of Accident	30/03/2020 00:00						
Exact Location Of Accident	ALONG KRANJI EXPRESSWAY						
Country/State of Loss	SINGAPORE						
DETAILS OF OWN VEHICLE							
Vehicle Registration Number	GBH2885J						
Insured/Policyholder							
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD						
Co Reg No	2XXXXX651D						
Email Address	MOHAMADERMISHERWANI.OTHMAN@ECOLAB.COM						
Mobile Phone No	(LOCAL) +65-87224300						
Alternative Phone No	OFFICE-87224300						
Vehicle Particulars							
Manufacturer	NISSAN						
Model	NV200						
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES						
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	999994313						
Cover Note Number							
Driver							
Name of Driver	MOHAMAD ERMI SHERWANI BIN OTHMAN						
NRIC No	SXXXX885I						

NRIC No SXXXX885I

Date Of Birth 07/01/1982

Occupation OUTDOOR

Date Of Driving Pass 17/12/2004

Driving Experience 15 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87224300

Fax Number

Contact Number OTHERS-87224300

EMail Address MOHAMADERMISHERWANI.OTHMAN@ECOLAB.COM

Address BLK 635B SENJA ROAD

#06-261

Postcode 672635

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 NO COLLISION

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

ambulance?

1

Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO

NO 1

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name 20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286

Police Station Address ROAD: 20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286,

POSTCODE: 689286, COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

PLEASE REFER TO SKETCH AND POLICE REPORT J/20200404/2018

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

#### **Accident Sketch Plan**

#### SMEDGHIRLAN

#### IMPORTANT PLAN

- 2. Please report our redly the details of the autiliant to speed up the claims pre-
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- a Consent under the Personal Data Protection Act (PDPA)

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### **Accident Sketch Plan**

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#### POLICE REPORT



Report No. J/20200404/2018

1 of 1

#### POLICE REPORT (NP299)

Police Station Of Origin Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

Date/Time Report Made Vide Report No. Station Diary No. 04/04/2020 12:59 Name Of Informant Address MOHAMAD ERM) SHERWANI BIN OTHMAN APT BLK 635B SENJA ROAD #06-261 SINGAPORE 672635 ID Type / ID No. Contact.No. NRIC NO / \$82018851 Home/Office Mobile 87224300 Email Address

Nationality SINGAPORE CITIZEN Occupation Sex Date of Birth Age Race **TECHNICIAN** 38 Male 07/01/1982 Malay Institution/School Name Language Date/Time Of Incident Location Of Incident 30/03/2020 00:00 KRANJI EXPRESSWAY SINGAPORE

Brief details.

On 4/4/2020 at around 11.15AM I received an email from my company informing me of an accident claim against me. I would like to state that the accident was claim to be on 30/3/2020 at an non specific timing along KJE. However, I am not aware of such incident and no traffic police had contacted me regarding the accident. I am now lodging this report for record purposes as advised from my company.

Signature Of Officer Recording The Report:	Signature (	Signature Of Informant:	
J / Sgt 3 YAO MING YANG, CASIMIR		12.	
Signature Of Interpreter: Not applicable	Date/Time: 04/04/2020		
Officer In-Charge Of Case: J / Nanyang N.P.C / Insp ONG PEI QING JOLYNN Contact No.: 63167666	, Classification	on Of Case:	
Authentication Stamp		-	































