

## 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	29/07/2020 12:12
Date Of Accident	24/11/2019 13:30
Exact Location Of Accident	ALONG WOODLANDS NORTH PLAZA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ7357Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SSL LIMOUSINE PTE. LTD.
Co Reg No	2XXXXX894E
Email Address	GARYONG66@ICLOUD.COM
Mobile Phone No	(LOCAL) +65-87806034
Alternative Phone No	OFFICE-87806034

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-2.8 D (A)
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1929991900
Cover Note Number	

### Driver

Name of Driver	ASNI BIN ABDULLAH
NRIC No	SXXXX051B
Date Of Birth	12/02/1977
Occupation	OUTDOOR
Date Of Driving Pass	27/05/2013
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87806034
Fax Number	
Contact Number	OTHERS-87806034
Email Address	GARYONG66@ICLOUD.COM

Address	BLK 2 JALAN KUKOH #04-147
Postcode	163002
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?	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS DIVISION HQ
Police Station Address	<b>ROAD:</b> 1 WOODLANDS STREET 12 , <b>POSTCODE:</b> 738622 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT L/20200318/7035

#### 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	SLN1030R
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)

## Accident Sketch Plan

### SKETCH PLAN

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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:

ADRIANA TRANSPORT & LOGISTIC SERVICES  
91 ROSEWOOD DRIVE, #01-105 S(737793)  
adriana@transport-services2018@gmail.com  
UEN: 201806934D

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

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

### SKETCH PLAN

- unable to provide sketch -

I am not the driver on the stated date and time. I am the owner of Adrianna Transport & Logistic Services.

refer to police report No. L/20200318/7035

I/We STATELIFE certify the foregoing particulars are true in every respect.



**ADRIANNA TRANSPORT & LOGISTIC SERVICES**  
91 ROSEWOOD DRIVE, #01-105 S(737793)  
adriannatransportservices2018@gmail.com  
TEL: 261806934D

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

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



L/20200318/7035

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## POLICE REPORT (NP299)

Report No. L/20200318/7035

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No 1800-4660000

Date/Time Report Made 18/03/2020 17:51	Vide Report No.	Station Diary No.
Name Of Informant ASNI BIN ABDULLAH	Address APT BLK 2 JALAN KUKOH #04-147 SINGAPORE 163002	
ID Type / ID No. NRIC NO / S7710051B	Contact No. Home/Office	Mobile: 87806034
Nationality SINGAPORE CITIZEN	Email Address adriannatransportservices@gmail.com	
Occupation Working proprietor (transport, storage and courier)	Sex Male	Age 43
Institution/School Name	Date of Birth 12/02/1977	Race Malay
Date/Time Of Incident 24/11/2019 13:30 - 24/11/2019 13:35	Location Of Incident 883 WOODLANDS STREET 82 #0-0 WOODLANDS NORTH PLAZA SINGAPORE 730883	

### Brief details.

I, Asni Abdullah c/o of Adrianna Transport & Logistic Services, leased vehicle (GBJ7357Z) from SSL Limousine Pte Ltd. My contract driver Muhammad Faisal Bin Hashim (S8701754J) started work as driver on 21st November 2019. He produced his driving licence a copy of police report as attached. We received a lawyer letter from Advance Law LLC that vehicle (GBJ7357Z) was involved in a accident. The Traffic Police called to informed me that Muhammad Faisal Bin Hashim (S8701754J) was caught in

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/03/2020 17:51
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



L/20200318/7035

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20200318/7035

a police roadblock as he did not have a valid driving licence. I dropby to Traffic Police HQ on 10th March to have my statement taken by TP IO Francis (DID65476229)

I am filing this report for insurance and record keeping. I was not not aware that his driving licence is a fake

<b>Subjects Involved</b>			
<b>Victim</b>			
Person Name	ASNI BIN ABDULLAH		
ID Type	NRIC NO	ID No	S7710051B
Gender	Male	Age	43
Race	Malay	Language	English
Occupation	Working proprietor (transport, storage and courier)	Address Type	
Address	APT BLK 2 JALAN KUKOH #04-147 SINGAPORE 163002	Mobile No	87806034
Is Informant A Victim?	Yes		
<b>Person Name</b> ASNI BIN ABDULLAH (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/03/2020 17:51
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo

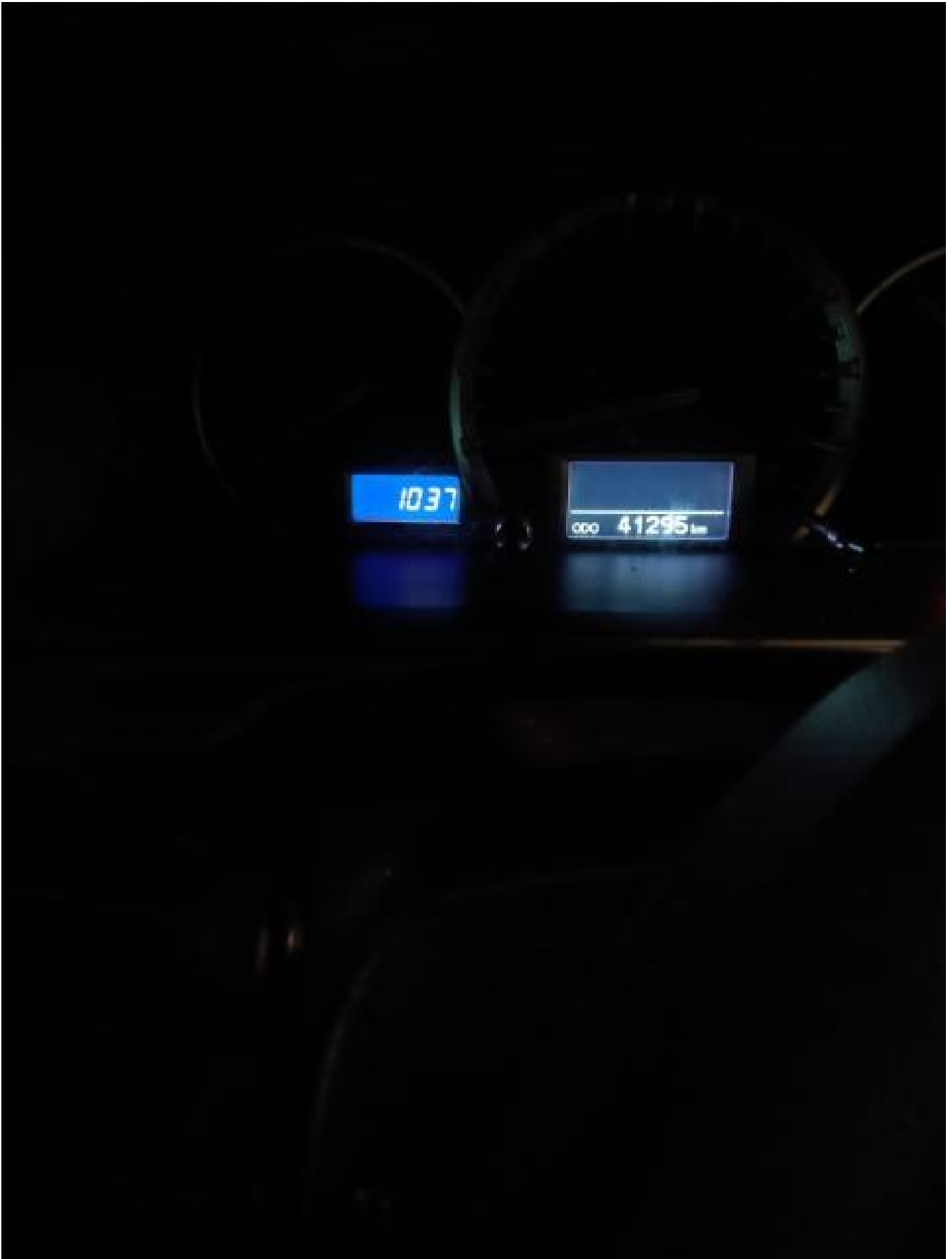




Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo

