

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	07/09/2020 10:09
Date Of Accident	03/07/2020 19:00
Exact Location Of Accident	ALONG ANG MO KIO AVENUE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD9404J
Insured/Policyholder	
Name Of Registered Owner	ACEPAC RENTAL
Co Reg No	52916615A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-64536256

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT (AMS)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSES
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

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999993986/100865669-00000
Cover Note Number	

Driver

Name of Driver	SHARIN ARI BIN HANAFI
NRIC No	S9106195C
Date Of Birth	18/02/1991
Occupation	OUTDOOR
Date Of Driving Pass	04/11/2013
Driving Experience	6 YEARS AND 7 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-87492116
Fax Number	
Contact Number	
E-Mail Address	SHARINARI91@GMAIL.COM
Address	BLK 153D YISHUN STREET 51 #08-331
Postcode	764513
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	CHAIN 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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : FRED A FERINA BTE MOHD FIRDAUS Gender: : Female
Passenger 2	Name: : MUHAMMAD JALI BIN RASHID Gender: : Male

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 CASSIA LINK , POSTCODE: 397618 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Please refer to Sketch Plan & Police Report: T/20200904/2017

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP6121P
Vehicle Make/Model/Colour	ISUZU
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WANG JIAN WEI
NRIC/Passport Number	G2678426W
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKT947H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HONG YING
NRIC/Passport Number	S7772101J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SHARIN ARI BIN HANAFI
Approximate Age	29
Injuries Sustain	
Injured person in which vehicle?	SMD9404J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 153D YISHUN STREET 51 #08-331
Postcode	764513

DETAILS OF INJURED PERSON 2

Name	FREDA FERINA BTE MOHD FIRDAUS
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMD9404J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	MUHAMMAD JALI BIN RASHID
Approximate Age	

Injuries Sustain

Injured person in which vehicle?

SMD9404J

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

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 compliance with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:

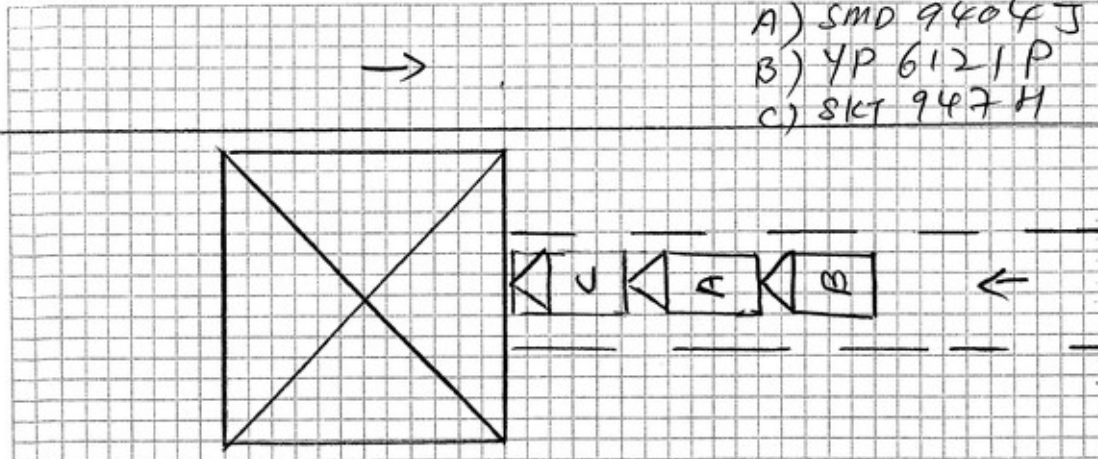
07 SEP 2020


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

07 SEP 2020


Reporting Centre Personnel's Signature
Name: Tricia Coom
NRIC/FIN No.:
07 SEP 2020

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT
T/20200904/2107

DECLARATION

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

Policyholder's Signature: *Seet*
Date & Time: 07 SEP 2020



Driver's Signature: *[Signature]*
(If driver is not the policyholder)
Date & Time: 07 SEP 2020

Reporting Centre Personnel's Signature: *[Signature]*
Name: Tracia Low
NRIC/FIN No.: 07 SEP 2020

GIARMC SketchPlanForm_V3

Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9106195C



Name

SHARIN ARI BIN HANAFI

Race

MALAY

Date of birth

18-02-1991

Country of birth

SINGAPORE

Sex

M

S9106195C

3577095



NRIC No. S9106195C



Date of issue

10-05-2006

APT BLK 513D YISHUN STREET 51 #08-331
SINGAPORE 764513

NRIC No: S9106195C

Date 27/11/2017 (R)

Driving License



Insurance Certificate



HOTLINE TEL: (65) 6419-3000

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

COMPREHENSIVE COMMERCIAL MOTOR	OWN DAMAGE EXCESS	S\$2,000.00 (1)
CERTIFICATE NO. 999993986/100865669-00000	WINDSCREEN EXCESS	S\$100.00
	(for policies with effect from 1st November 2002)	
	SUM INSURED	S\$1.00
	INSURING WITH COE/PAF	YES
1) VEHICLE REGISTRATION NO.	SMD9404J	
2) NAME OF INSURED	ACEPAC RENTAL	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	22 Nov 2019	
4) DATE OF EXPIRY OF INSURANCE	21 Nov 2020	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *		

Any person who is driving on the Insured's order or with their permission.
~~This Policy will indemnify the Policyholder or any authorised driver only if he/she is 22 to 65 years old with at least 2 years relevant driving experience.~~

When the Vehicle is used for the carriage of passenger for hire or reward, such authorised driver must be registered with an intermediary which facilitates the carriage of passengers for hire or reward.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE *

Use for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired.
Use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired.
This Policy does not cover

- 1) use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing;
- 2) use whilst drawing a trailer except the towing (other than for reward) of anyone disabled using a mechanically propelled vehicle; and
- 3) use for any purpose in connection with Motor Trade.

In the event of an accident claim, the repair can be carried out at Any workshop.

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY UNITED OVERSEAS BANK LTD

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.



I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 6 Nov 2019

AIG ASIA PACIFIC INSURANCE PTE. LTD.

503982-000
KHC HOLDINGS PTE. LTD.
389A BALESTIER ROAD
SINGAPORE 329796


Authorised Representative

ORIGINAL

SSCOSK

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Police Report



**SINGAPORE
POLICE FORCE**



T/20200904/2107

1 of 3

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

Report No. T/20200904/2107

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/09/2020 19:43		Vide Report No.:		Station Diary No.: 69	
Informant's Particulars					
Name of Informant: SHARIN ARI BIN HANAFI			Address: APT BLK 513D YISHUN STREET 51 #08-331 SINGAPORE 764513		
ID Type / ID No.: NRIC NO / S9106195C			Contact No.: Home/Office: Mobile: 87492116		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 18/02/1991	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: CAR BOOMER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/09/2020 19:00	Type of Location: Straight Road
Location: ANG MO KIO AVENUE 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKT947H	Car				Slightly Damaged	1
SMD9494J	Car				Seriously Damaged	2
WP6121P	Lorry				Slightly Damaged	2

SM794043



**SINGAPORE
POLICE FORCE**



T/20200904/2107

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No. T/20200904/2107

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SHARIN ARI BIN HANAFI	ID No.	S9106195C
Related Vehicle	SMD9494J (Car) <i>SMD9494J</i>	Contact No.	87492116
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	04/09/2020
No. of Days granted Medical Leave	30	Degree of Injury	NIL

Brief Details.

On 3rd September at about 1900hrs, I was driving at Ang Mo Kio Avenue towards CTE. I was driving along the second lane when I came to a stop due to the traffic light. As my vehicle was stationary, a lorry just rammed into my car from the back. The impact was quite hard that it causes my car to move forward and causes my vehicle to hit the car in front.

The impact was quite hard that it took me a while for me to realise what was happening. I felt a severe pain in my ortho spine at that point. I had two passengers at the back which was my friends. Both of my friends also suffered from a severe spine injury. One of the guy could not move. A few moments later I went out of my vehicle to see what was happening.

I went out of the vehicle and got details from the lorry driver and the driver which I had hit. The lorry had two passengers and both of them were not injured. The vehicle at the front had one passenger and the passenger was not hurt as well. I decided to call an ambulance as my friend and I was in severe pain.

My vehicle has a deep dent at the boot of the car and my bonnet has a crack.

I am lodging this report as advised by the traffic police that is in charge of my case.



**SINGAPORE
POLICE FORCE**



T/20200904/2107

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

3 of 3

Report No. T/20200904/2107

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 FATIN NURDIYANA BINTE MUHAMMAD
SHUKOR

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
04/09/2020 19:43

Classification Of Case:

[Handwritten signature]

Chassis Number



Odometer Reading



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

