

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	23/10/2020 17:11
Date Of Accident	22/10/2020 07:35
Exact Location Of Accident	BISHAN ST 22
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG3706Z
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD TAHAR BIN GHALIB
NRIC No	SXXXX077J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97545127
Alternative Phone No	OFFICE-97545127

Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3 1.6A
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	2100483886-04
Cover Note Number	

Driver

Name of Driver	HASLINDA BINTE ABDUL HAMID
NRIC No	SXXXX116G
Date Of Birth	01/09/1977
Occupation	INDOOR
Date Of Driving Pass	23/10/1998
Driving Experience	21 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98468970
Fax Number	
Contact Number	OFFICE-98468970
EEmail Address	NOEMAIL

Address	BLK 254 BISHAN STREET 22 #08-448
Postcode	570254
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 - CHANGE/CROSS LANE
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)	3
Passenger 1	NAME: : MOHAMAD IRFAN BIN MOHAMAD TAHAR GENDER: : MALE
Passenger 2	NAME: : PUTRI IRDINA BINTE MOHAMAD TAHAR GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20201022/2035.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS6693L
Vehicle Make/Model/Colour	MERC-BENZ
Details Of Properties	
Vehicle Category	BUS

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

DETAILS OF INJURED PERSON 1

Name HASLINDA BINTE ABDUL HAMID
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLG3706Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MOHAMAD IRFAN BIN MOHAMAD TAHAR
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLG3706Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name PUTRI IRDINA BINTE MOHAMAD TAHAR
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLG3706Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident 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 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.:

Accident Sketch Plan

SKETCH PLAN



A = 5LG3706Z
B = 5B56693L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1. VEHICLE A, WAS STATIONARY ON LANE 1 AS VEHICLE B WANTS TO
OVERTAKE INTO MY LANE. SUDDENLY, VEHICLE B RAN ON TO
THE LEFT PORTION OF MY VEHICLE.

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.

Police Report



**SINGAPORE
POLICE FORCE**



T/20201022/2035

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No: T/20201022/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/10/2020 13:03	Vide Report No.:	Station Diary No.: 44
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Informant's Particulars

Name of Informant: HASLINDA BINTE ABDUL HAMID			Address: APT BLK 254 BISHAN STREET 22 #08-448 SINGAPORE 570254		
ID Type / ID No.: NRIC NO / S7724116G			Contact No.: Home/Office: Mobile: 98468970		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 43	Date of Birth: 01/09/1977	Type of Informant: Driver		
Race: Malay			Language: English	Institution / School Name:	
Occupation: Housewife			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/10/2020 07:35	Type of Location: Straight Road
Location: BISHAN STREET 22				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBS6693L	Bus/Coach/Minibus	MERCEDES BENZ	CITARO O530	Multi-Colored		0
SLG3706Z	Car	KIA	FORTE K3 1.6A	Red	Slightly Damaged	2

Police Report



**SINGAPORE
POLICE FORCE**



T/20201022/2035

2 of 3

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

Report No: T/20201022/2035

CONTINUATION OF REPORT

Brief Details.

On 22/10/2020 at about 0735hrs, I was driving my vehicle SLG3706Z along Bishan St 22 towards Bishan Road direction. Together in my vehicle was my 2 children and I was driving along the right lane at the point of time. There was an SBS bus, SBS6693L driving along the left lane at the point of time. I saw the bus signaled right as he wanted to cut into my lane. As such, I stopped my vehicle for him to pass. However, as the bus moved off and merged into my lane, it collided onto the front left of my vehicle. The bus driver did not stop and continued driving away. I stopped the bus at the next nearest bus stop to take down his particulars and also inform him about the accident which had occurred.

I am lodging the report as the bus driver drove off his vehicle without stopping despite collision with my vehicle. I have an in-car camera installed in my car and I can share the footage for investigations if required.

Police Report



**SINGAPORE
POLICE FORCE**



T/20201022/2035

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

3 of 3

Report No: T/20201022/2035

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: E / Sgt 2 PUA JIAN YAN, JEREMIAH 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/10/2020 13:03
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:
Authentication Stamp: NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

