

# 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 Submission .....	02/12/2020 12:20 (SGT)
Date of Accident .....	28/11/2020 20:30 (SGT)
Exact Location of Accident .....	Near Hougang Ave 7, Singapore
Additional Location Information .....	HOUGANG AVE 7
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLX9957L
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### INSURED/POLICYHOLDER

Is company? .....	-
Name Of Registered Owner .....	-
- .....	-
Email Address .....	-
Mobile Phone No .....	-
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Grace
Variant .....	-
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 - Claiming third party
Vehicle Category .....	Private hire

### INSURANCE COMPANY

Name of Insurance Company .....	AIG
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	2070066851
Cover Note Number .....	-

### DRIVER

Name of Driver .....	-
Date Of Birth .....	-
Occupation .....	-
Date Of Driving Pass .....	-

Driving experience ..... -  
 Gender ..... -  
 Mobile Number ..... -  
 Alt. Phone Number ..... -  
 Email Address ..... -  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Is the driver the policyholder? ..... -  
 If No, Relationship of the Driver with the Insured ..... -  
 Does Driver Own Other Vehicles? ..... -  
 Vehicle Registration Number of Other Vehicle Owned by Driver ..... -  
 Insurance Company of Other Vehicle Owned by Driver ..... -

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Collision - Cross Junction  
 Weather Conditions ..... Clear  
 Road Surface ..... Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? ..... No  
 Number of vehicles involved in the accident ..... 2  
 Was anybody injured in the Accident? ..... Yes  
 Was any injured conveyed to hospital by ambulance? ..... No  
 Was any other material or property damaged? ..... Yes  
 Number of Passengers (Including Driver) ..... 2  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... Yes  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201128/2116.

#### 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 ..... SLQ415E  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... -  
 Contact Number ..... -  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -

Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

## INJURED PERSONS DETAILS

INJURED 1

Name of injured person ..... ABDUL HOSSAIN MD ASSIR UDDIN  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BODY  
Injured person in which vehicle? ..... SLX9957L  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

**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.

**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.

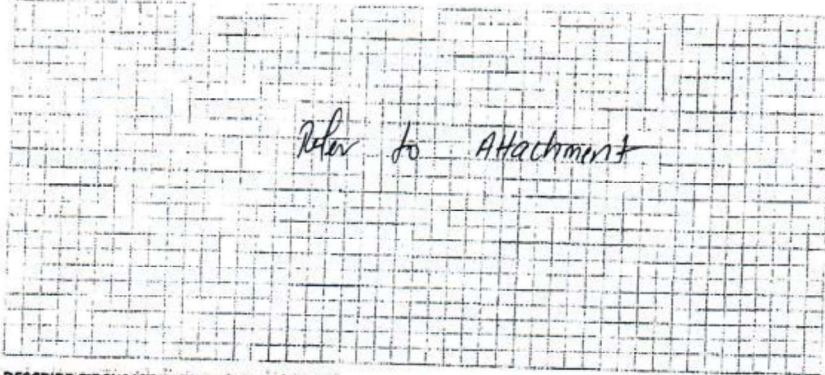
Policyholder's Signature  
Date & Time:

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

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

FORM 1 - 4/07/2010 (Rev. 1/07)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to TP Report  
T/2020/128/2116

DECLARATION

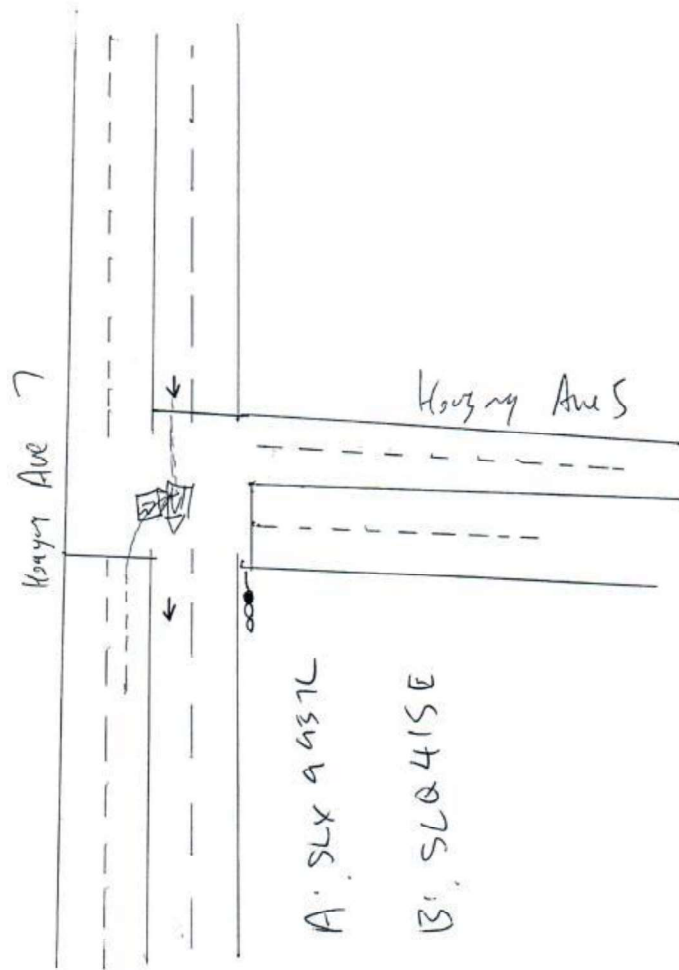
I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature  
Date & Time:

Signature of Driver's Representative, Via

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

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

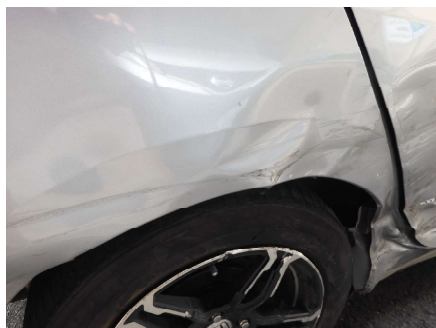




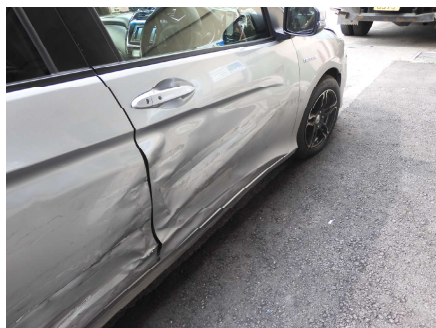





























**SINGAPORE  
POLICE FORCE**


T/20201128/2116

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Report No. T/20201128/2116

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/11/2020 22:50	Vide Report No.:	Station Diary No.: 84
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**Informant's Particulars**

Name of Informant: ABUL HOSSAIN MD ASSIR UDDIN			Address: APT BLK 852 JURONG WEST STREET 81 #09-305 SINGAPORE 640852		
ID Type / ID No.: NRIC NO / S7785709E			Contact No.: Home/Office: Mobile: 91146272		
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 43	Date of Birth: 01/01/1977	Type of Informant: Driver		
Race: Bangladeshi			Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/11/2020 20:30	Type of Location: T-Junction
Location:  HOUGANG AVENUE 7				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 40 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLQ415E	Car				Slightly Damaged	1
SLX9957L	Car	HONDA	GRACE HYBRID 1.5DX AUTO	Silver	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20201128/2116

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

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Report No. T/20201128/2116

**CONTINUATION OF REPORT**

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLX9957L	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070066851	19/04/2020	18/04/2021

**Details of Person Involved**

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	ABUL HOSSAIN MD ASSIR UDDIN	ID No.	S7785709E
Related Vehicle	NIL	Contact No.	91146272
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
<b>Driver</b>			
Name	YAP KIM HENG	ID No.	S0573058I
Related Vehicle	NIL	Contact No.	NIL
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.**

On the 28/11/2020 at about 2030 hrs, I was driving along Hougang Ave 7 to drop a passenger at her location. So while at the junction of Hougang Ave 7 and Hougang Ave 5, the green light was on for me to proceed straight when another car (SLQ415E) turned right and collided on to the right hand side of my car. My car sustained damages on the right front and back door while the other car sustained damages on the front right headlight. Due to the impact, my passenger complained of pain on her leg and back. I am lodging this for the Grab company's reference and insurance purposes. I also want to state that I felt uneasy and complained of soreness on my shoulder due to the impact and wanted to see a doctor.



**SINGAPORE  
POLICE FORCE**



T/20201128/2116

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649482  
Tel No: 1800-7929999

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Report No. T/20201128/2116

**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:

J /  
SC2 CALEB VINCENT CABASISI CAMAG

Signature Of Informant:

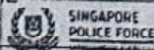
Signature Of Interpreter:  
Not applicable

Date/Time:  
28/11/2020 22:50

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Classification Of Case:

Authentication Stamp  
NP168



SIGNATURE

