

Owner of Plaintiff  
GBE 8945X

## 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	03/08/2020 14:57
Date Of Accident	31/07/2020 21:00
Exact Location Of Accident	TPE TWDS SLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8945X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AO SERVICEPRO PTE LTD
Co Reg No	2XXXXX795M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350

Exact Purpose for which vehicle was being used at time of accident

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	1900085966-01
Cover Note Number	

### Driver

Name of Driver	ISHAK BIN ISMAIL
NRIC No	SXXXX317A
Date Of Birth	04/02/1963
Occupation	OUTDOOR
Date Of Driving Pass	04/07/1987
Driving Experience	33 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92964890
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 261A PUNGGOL WAY #07-341
Postcode	821261
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT: T/20200801/2011.

#### 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	SLV122Z
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	MICHAEL GOH HECK YANG
NRIC/Passport Number	SXXXX027J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**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:

3/8/20

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

*[Handwritten Signature]*

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

SKETCH PLAN

Uppr.	✓	△	✓	TPE (CTE/SLE)
Chous	✓		✓	
Road	✓	△	✓	
East	✓	△	✓	
	✓	B	✓	

080

A: GBE 8945X  
B: SLV 122

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report: - 7/2020 0801/2011

DECLARATION

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



Policyholder's Signature

Date & Time: 3/8/20

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



AIG Asia Pacific Insurance Pte. Ltd.  
AIG Building  
78 Shenton Way  
#07-16

**MOTOR ACCIDENT INTERVIEW FORM**

NAME (DRIVER) : Ishak Bin Ismail  
VEHICLE NUMBER : G1BE 8943X  
DATE/TIME OF ACCIDENT : 31/07/2020 @ 2:00 hr  
PLACE OF ACCIDENT : TPE towards SLB  
THIRD PARTY VEHICLE (IF ANY) : SLV 122Z

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WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

P1B towards Pongoi

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NO

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Collision - Head to rear SLV 122Z

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

Yes, I have injury, and lodge the police report

Ishak Bin Ismail

Name:

I Affirmed The Above Information Is Given To My Best Knowledge.

## Sketch Plan #4 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20200801/2011

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

1 of 3

Report No. T/20200801/2011

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/08/2020 09:53		Vide Report No.: G/20200731/0272		Station Diary No.: 21	
<b>Informant's Particulars</b>					
Name of Informant: ISHAK BIN ISMAIL			Address: APT BLK 261A PUNGGOL WAY #07-341 SINGAPORE 821261		
ID Type / ID No.: NRIC NO / S1590317A			Contact No.: Home/Office: Mobile: 92964890		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 04/02/1963	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: SENIOR OPERATION EXECUTIVE			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/07/2020 21:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 TAMPINES EXPRESSWAY SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Policeman Controlled		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE8945X	Van				Seriously Damaged	1
SLV122Z	Car				Seriously Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan #5 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20200801/2011

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

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Report No. T/20200801/2011

CONTINUATION OF REPORT

Driver			
Name	ISHAK BIN ISMAIL		ID No. S1590317A
Related Vehicle	NIL		Contact No. 92964890
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

**Brief Details.**

On 31 July 2020 around 9pm, I was driving my van GBE8945X along TPE expressway towards SLE expressway with my 9 years old grandson. The expressway was a 2 lane road and the first lane was closed due to another road traffic accident, so I travelled on the second lane road. While, I was slowly driving on the second lane road the car SLV122Z suddenly collided with the left rear side of my van and I felt a huge impact from my back. I came out from my van and my grandson was traumatized.

The LTA officers who was controlling the traffic due to the accident that happened earlier helped me to call for Traffic Police assistance and Ambulance. Ambulance arrived and make a check on me and my grandson and they managed to calm my grandson down. I felt pain on the back of my shoulder and neck area. I decided not to be conveyed by the ambulance as the pain was still manageable and I could go to the hospital after that if my pain worsen. My grandson did not suffer any injuries.

The rear left bumper and tail lights of my van was badly damaged.

Sketch Plan #6 Pg. 1



SINGAPORE  
POLICE FORCE



T/20200801/2011

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

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Report No. T/20200801/2011

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: F / Sgt 2 LAI TECK YONG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/08/2020 09:53
Officer In Charge Of Case: TP / GIT / Sgt 2 PHUA TIAK YEE Contact No.: 65472077	Classification Of Case:
Authentication Stamp NP168	 Signature: Singapore Police Force