# **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 witholding 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.

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   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 20/02/2021 14:35 (SGT) Date of Accident 19/02/2021 14:30 (SGT) Exact Location of Accident Jurong West Ave 2, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMX8029K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner AZMI BIN KASSIM NRIC No. SXXXX153B Email Address LILY.LOI@OW.SG Mobile Phone No (Phone) +65-96342471 Alternative Phone No +65-96342471

VEHICLE PARTICULARS

Manufacturer Honda Model Freed 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 car

INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy Policy Number

Cover Note Number 7210011584

DRIVER

Name of Driver AZMI BIN KASSIM NRIC No SXXXX153B Date Of Birth 27/03/1961 Occupation Indoor

Date Of Driving Pass 18/01/1985 Driving experience 36 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-96342471 Alt. Phone Number +65-96342471 Email Address LILY.LOI@OW.SG Address BLK 829 JURONG WEST ST 81 #07-308 Address complement Postcode 640829 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name KASSIM BIN SULTAN Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? Police Station Name Nanyang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007929999 Alt. Police Station Phone No (Fax) +65-67912972 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20210219/2069 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

YP5926R

Vehicle Model

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

#### SKETCH PLAN

#### 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.
- 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.
- 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.
- The 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 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:
  - 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.:

	toad on werk,	(A) SMX 8029 K (B) YP 5926 R
	B	Junay West Ave 2
CRIBE CIRCUMSTANCE	ES OF THE ACCIDENT	
Refer to P	olice Report No: T	/20210219/2069
CLARATION		
CLARATION Ve declare the foregoing po	articulars are true in every respect.	H

































Police Station Of Origin:

Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE

Tel No: 1800-7929999

Report No. T/20210219/2069

1 of 3

REPORT OF A TRAFFIC ACCIDENT

Station Diary No.: Date/Time Report Made: Vide Report No.:

19/02/2021 15:27					
Informa	nt's Partici	ulars			
Name of Informant: AZMI BIN KASSIM			Address: APT BLK 829 JURONG WEST STREET 81 #07-308 SINGAPORE 640829		
ID Type / ID No.: NRIC NO / S1481153B		53B	Contact No.: Home/Office: Mobile: 96342471		
Nationality: SINGAPORE CITIZEN		'EN	Email:		
Sex: Male	Age: 59	Date of Birth: 27/03/1961	Type of Informant: Driver		
Race: Malay			Language: Institution / School		
Occupation: retired			Driving Licence Information: Class: 3 Date of Expiry:		

Seneral Infor	mation of the Accide	nt		the state of the s
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 19/02/2021 14:3	Type of Location Straight Road
	EST AVENUE 2	D-10-6		Band Speed Limit
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collis Between Mov	sion: ving Vehicles - Side St	wipe - Same Direction		Anyone conveyed by ambulance: No

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SMX8029K	Car	HONDA	FREED HYBRID 1.5G AUTO	White	Slightly Damaged	0
YP5926R	Lorry				Slightly Damaged	0

Details of V	ehicle Insurance	THE RESERVE	Carrier State	Marie Marie
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



T/20210219/2089

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 2 of 3 Report No. T/20210219/2069

Tel No: 1800-7929999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMX8029K	AIG ASIA PACIFIC INSURANCE PTE.	7210011584	29/01/2021	28/01/2022

Details of Perso	Application of the last of the		THE STATE OF THE S		The same	
Any Pedestrian I						
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver						THE STREET
Name	AZMI BIN KASSIM		ID No		S1481153B	
Related Vehicle	NIL			Conta	ict No.	96342471
Hospital/Clinic	NIL		Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	harge	NIL		
No. of Days granted Medical Leave NIL			Degree of	Injury	NIL	

#### Brief Details.

On 19/02/2021 at around 1430, I was travelling along jurong west ave 2 towards jurong west ave 4 in my vehicle Honda freed SMX8029K and everything was in order. However there was construction along the roadside on the left which gradually shifted into the lane of the road, causing the 3 lane road to turn into a 2 lane road. While I was travelling past this point, I failed to notice a lorry YP5926R which was travelling on my left. When the lorry was reaching the construction area, it did not slow down however sped up to attempt to overtake me in my lane before the lane gradually closed into a 2 lane road. I failed to notice the lorry up till the point it had swerved into my lane and at this point I was unable to react in time, causing the rear right of the lorry to hit into the front left side of my vehicle. The lorry driver however did not stop the vehicle and continued along the road, despite my attempts to horn at the lorry driver.

The lorry stopped further up the road because of a traffic light, at this point I got out of my vehicle to confront with the driver. The Chinese driver only informed me that he was sorry and failed to provide further reasons for his actions. I managed to call the company to which they informed me to lodge a traffic accident report before lodging an insurance claim. My car has a slight scratch on the front left side of the vehicle. The lorry does not have any visible damages. This is the first time such an incident has happened to me.





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999 3 of 3 Report No. T/20210219/2069

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 / Sgt 1 DANNY IRFAN BIN ROSLAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/02/2021 15:27
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:
Authentication Stamp NP168  Authentication Stamp SINDAPORE SOLICE FORCE SIGNATURE SIGN	JRE