

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	13/07/2022 09:30 (SGT)
Reported by	Driver
Date of Accident	08/07/2022 17:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	RAFFLES BOULEVARD TOWARDS RAFFLES AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX8022C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ASIA CAR LEASING PTE LTD
Company Reg No	2XXXXX397C
Email Address	simon@asiacarrental.com.sg
Mobile Phone No	(Phone) +65-62855766
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vellfire
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	2494

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	SKX8022C

DRIVER

Name of Driver	MOHAMAD AMIN BIN ATAN
NRIC No	SXXXX742I
Date Of Birth	12/12/1965
Occupation	Outdoor

Date Of Driving Pass	19/12/1989
Driving experience	32 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91077415
Alt. Phone Number	-
Email Address	simon@asiacarrental.com.sg
Address	BLK 51 NEW UPPER CHANGI ROAD
Address complement	#04-1506
Postcode	461051
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
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 - Head to Rear
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	NADIATUL NABILA M. AMIN
Gender	Female

PASSENGER 2

Name	SELMA NYLA MD. HUYPAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Paya Lebar Neighbourhood Police Post
Police Station Address	Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220709/2035.

NOTES: GEARS SYSTEM IS DOWN ON 12/07/2022.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK4080K
Vehicle Manufacturer	Yamaha
Vehicle Model	Fzn150
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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

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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.
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.



Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



A = SKX8022C

Raffles Boulevard
towards Raffles
Avenue

Describe Circumstances of the Accident

Refer to Police Report

Police Report No. : T20220709/2035.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 13/7/22

Witnessed by Reporting Centre Personnel






























**SINGAPORE
POLICE FORCE**


T/20220709/2035

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Report No. T/20220709/2035

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/07/2022 13:15		Vide Report No.: A/20220708/0113		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: MOHAMAD AMIN BIN ATAN			Address: APT BLK 51 NEW UPPER CHANGI ROAD #04-1506 SINGAPORE 461051		
ID Type / ID No.: NRIC NO / S17107421			Contact No.: Home/Office: 94559450 Mobile: 91077415		
Nationality: SINGAPORE CITIZEN			Email: simon@asiacarrental.com.sg		
Sex: Male	Age: 56	Date of Birth: 12/12/1965	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: FREELANCE DRIVER			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: 08/07/2022 17:10	Type of Location: T-Junction
Location: RAFFLES BOULEVARD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK4080K (Not Accurate)	Motorcycle	YAMAHA	FZN150	Black	Seriously Damaged	0
SKX8022C (Not Accurate)	Car	TOYOTA	VELLFIRE 2.5 CVT S/R	Black	Slightly Damaged	2



**SINGAPORE
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114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999



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Report No. T/20220709/2035

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMAD AMIN BIN ATAN	ID No.	S1710742I
Related Vehicle	NIL	Contact No.	94559450
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 08/07/2022 at about 1710hrs, along Raffles Boulevard towards Raffles Avenue, I was travelling in my rented vehicle SKX8022C on lane 4 at the above-mentioned location and when I was turning left into the entrance of Pan Pacific Singapore; (Lane 5 is the Bus Lane), suddenly I heard a loud bang and felt a great impact.

When I alighted, I realized it was a bike (Hermis. HP: 81830461. Vehicle no. FBK4080K) which collided onto the rear left hand side portion of my vehicle. After the accident, some passerby motorist asked if ambulance was needed in which we said yes. The motorist of bike FBK4080K was conveyed to hospital and the Traffic Police was called (Vide report number: A/20220708/0113)

I am lodging this report for insurance claims as directed by the rental company.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999



T/20220709/2035

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Report No. T/20220709/2035

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.

SN C25

Signature Of Officer Recording The Report:

F /

Other LOA: **LOA WING CLAYTON**

Signature:

Singapore Police Force

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SR STAFF SGT JOFILIANO BIN MOHAMED

ALI

Contact No.: 65476960

Signature Of Informant:

Date/Time:
09/07/2022 13:15

Classification Of Case:

NP168

