

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 Actual 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 14/08/2019 12:14 (SGT)
Reported by -
Date of Accident 13/08/2019 12:50 (SGT)
Exact Location of Accident BUKIT TIMAH ROAD
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKD4645L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KENT AUTO SERVICES
Company Reg No 52974332M
Email Address KENTKH530@GMAIL.COM
Mobile Phone No -
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model ESTIMA 2.4 AERAS (A)
Variant -
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 - Claiming third party
Vehicle Category Private hire
Transmission -
CC -

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Policy Number / Cover Note Number P2204317

DRIVER

Name of Driver AMAT BIN SURANI
NRIC No S1559018A
Date Of Birth 20/01/1962
Occupation Indoor

Date Of Driving Pass	12/07/2001
Driving experience	18 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Office) +65-81471598
Alt. Phone Number	-
Email Address	NOEMAIL
Address	BLK 406 ANG MO KIO AVENUE 10 #02-711 SINGAPORE
Address complement	-
Postcode	560406
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 1	-
Insurance Company of Other Vehicle Owned by Driver 1	-
Vehicle Registration Number of Other Vehicle Owned by Driver 2	-
Insurance Company of Other Vehicle Owned by Driver 2	-
Vehicle Registration Number of Other Vehicle Owned by Driver 3	-
Insurance Company of Other Vehicle Owned by Driver 3	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JKL9741
Vehicle Category	Private car

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police Division Hq - Singapore City
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	-

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JKL9741
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	AMAT BIN SURANI
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

Vehicle
A - SKD 4645L
B - JKL9741

Legend
Vehicle Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to Police Report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your Insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

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.:

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.



[Handwritten Signature]

[Handwritten Signature]

[Handwritten Signature]

Policyholder's Signature
Date & Time:

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

14/8/19
11AM

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

[Handwritten Name]
[Handwritten NRIC/FIN No.]















SINGAPORE
POLICE FORCE



T/20190813/2156

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190813/2156

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 / Sr Staff Sgt ZAINAL ABIDIN BIN AMAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/08/2019 18:17
Officer In Charge Of Case: TP / GIT / SI ONG CHEE HIEN Contact No.: 65476437	Classification Of Case:
Authentication Stamp NP168	SN 168
 SIGNATURE	



**SINGAPORE
POLICE FORCE**



T/20190813/2156

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190813/2156

CONTINUATION OF REPORT

Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	JKL9741 (Car)		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
Driver			
Name	AMAT BIN SURANI		ID No. S1559018A
Related Vehicle	SKD4645L (Car)		Contact No. 81471598
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	13/08/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

I am working as a full-time Grab driver. On 13/08/2019 at about 12.50pm, I was driving my car, SKL4645L silver Toyota Estima, travelling on the extreme left lane along Bukit Timah road towards Upper Bukit Timah Road. Upon approaching King's Albert Park, suddenly there was this Malaysia Toyota green car bearing registration number JKL9741, appeared from my left side. Immediately I slowed down my car and apparently the said Malaysian car did not slow down to give way but instead trying to squeeze through. At this juncture I then could hear scratching sound. I decided to pull over and upon making a check, I discovered scratches and dents found on the front left tyre rim as well as on the bumper. The said Malaysian car rear right portion has some dents and scratches. Two male subjects came out from the said Malaysian car. When I started to feel pain on my arms and rear part of my body, I then then decided to call for ambulance. Traffic Police and ambulance came shortly. All particulars were taken down by the Traffic Police officers. I decided to seek medical treatment at Mount Alvernia Hospital subsequently in the afternoon where I was given five days of Outpatient Sick Leave. I am lodging this Traffic Accident Report for insurance claim purpose. I wish to state that there is no vehicle in-car camera inside my car.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1559018A



Name
AMAT BIN SURANI

Race
JAVANESE

Date of birth
20-01-1962

Country of birth
SINGAPORE

Sex
M

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1559018A**
Name:
AMAT BIN SURANI

Birth Date: **20 Jan 1962**
Issue Date: **13 May 2011**



4855821



NRIC No: **S1559018A**



Date of issue
19-09-2012

APT BLK 406 ANG MO KIO AVENUE 10 #02-711
SINGAPORE 660406

NRIC No: **S1559018A** Date: **12/06/2015**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	30 Nov 1964
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	12 Jul 2001

MP 428A



Licence No: **S1559018A**

Own Workshop Email / Fax (if any): kentkh530@gmail.com

INDIVIDUAL STATEMENT (Part II)
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)

Insured	1 Occupation (if more than one, state all) _____ Email: _____					
	2 Vehicle registration no. _____ C.C. _____		If commercial vehicle, state permissible carrying capacity _____			
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship of Driver with owner _____ state the vehicle number and name of insurer of driver's own vehicle (where applicable) _____					
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____					
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____					
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)					
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass	Was vehicle driven with the insured's permission?	Was driver an employee of the insured's company?	
	<u>20/1/62</u>	Indoor : Outdoor :	<u>12/7/2001</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____					
9 Full details of all driving convictions including pending prosecutions in the last 36 months						
		Date	Offence	Penalty		
Injured persons	10 Name(s), address(es) and approximate age(s)		Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)	
Police action	12 Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station _____ <u>TPHQ</u>					
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____					
Accident details	14 Weather conditions		15 Road surface		16 Speed of vehicles	
	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others _____		Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others _____		A _____ km/hr B _____ km/hr	
	17 What warnings were given by driver or other party? _____					
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>					
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____					
	20 If your vehicle is commercial, state weight of load carried at time of accident _____					
21 State how accident happened, width of roads, speed limits, etc (Refer to attached)						
22 State number of Passengers (Including Driver) _____						
Declaration	I/We declare the foregoing particulars are true in every respect					
	Policyholder's signature _____				Date _____	
	Driver's signature (if driver is not the policyholder) _____				Date _____	

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

To be signed by BOTH drivers

1 Date of accident: <u>13/8/19</u> Time: <u>1:50</u>		2 Exact location of accident: <u>Bukit Timah Road</u>		3 Injuries even if slight No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) _____ Vehicle Video Camera Available: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) SKD4645L

6 Insured / policyholder (see insurance cert.)
 Name: Kent Auto Services
 Address: _____
 NRIC / Passport no.: 5974332M
 Tel no. (from 9am till 5pm): _____
 HP: 97547573

7 Vehicle: Toyota Estima
 Make, type: Aeris 2.4P

8 Insurance company: AXA C TPFT IPO
 Does the policy cover damage to vehicle A? No Yes
 Policy No.: P2204317

9 Driver: Same as Owner
 Name: Amat Bin Surani
 NRIC / Passport no.: S1559018A
 Class of licence: 8197159A
 HP: _____
 Gender: Male Female

12 CIRCUMSTANCES
 Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Bicyclist
<input type="checkbox"/>	Collided into Motorcyclist
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Cross Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Major/Minor Hit
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Crashes - U-Turn
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosions or Lightning
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/>	Hit by falling tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Theft

← State TOTAL number of boxes marked with a cross →

Registration No. (VEHICLE B) JKL9741

6 Insured / policyholder (see insurance cert.)
 Name: _____
 Address: _____
 NRIC / Passport no.: _____
 Tel no. (from 9am till 5pm): _____
 HP: _____

7 Vehicle: _____
 Make, type: _____

8 Insurance company: C TPFT IPO
 Does the policy cover damage to vehicle B? No Yes
 Policy No. (if available): _____

9 Driver (See driving licence) (if different from insured B above)
 Name: _____
 NRIC / Passport no.: _____
 Class of licence: _____
 HP: _____
 Gender: Male Female

10 Indicate the point of initial impact with an arrow (→)

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

11 Visible damage to vehicle B

14 My remarks

Signatures of drivers

A B

14 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy

For insured's Individual Statement (Part II) see overleaf →