

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	21/11/2022 16:44 (SGT)
Reported by	Driver
Date of Accident	19/11/2022 02:00 (SGT)
Exact Location of Accident	Orchard Rd, Singapore
Additional Location Information	TOWARDS BRAS BASAH AT SELEGIE ROAD JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR7273X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LIAN HUP SENG TRANSPORT
Company Reg No	53368283E
Email Address	thstpt@gmail.com
Mobile Phone No	(Phone) +65-96750894
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Carens
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	1685

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5111416799-03

DRIVER

Name of Driver	ABDULLAH BIN MAHMOUD AHMAD SALEM
NRIC No	S8804139I
Date Of Birth	07/02/1988
Occupation	Outdoor

Date Of Driving Pass	07/11/2014
Driving experience	8 YEARS
Gender	Male
Mobile Number	(Phone) +65-94894418
Alt. Phone Number	-
Email Address	abdullahmahmoud88@gmail.com
Address	BLK 813A CHOA CHU KANG AVENUE 7 #04-559
Address complement	-
Postcode	681813
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	Hit and run / Vandalism / Damaged whilst parked
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)	2
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	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ACCIDENT STATEMENT AS ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO FOOTAGE IS WITH DRIVER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3853A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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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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

LHS 21/11/22

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

[Signature]

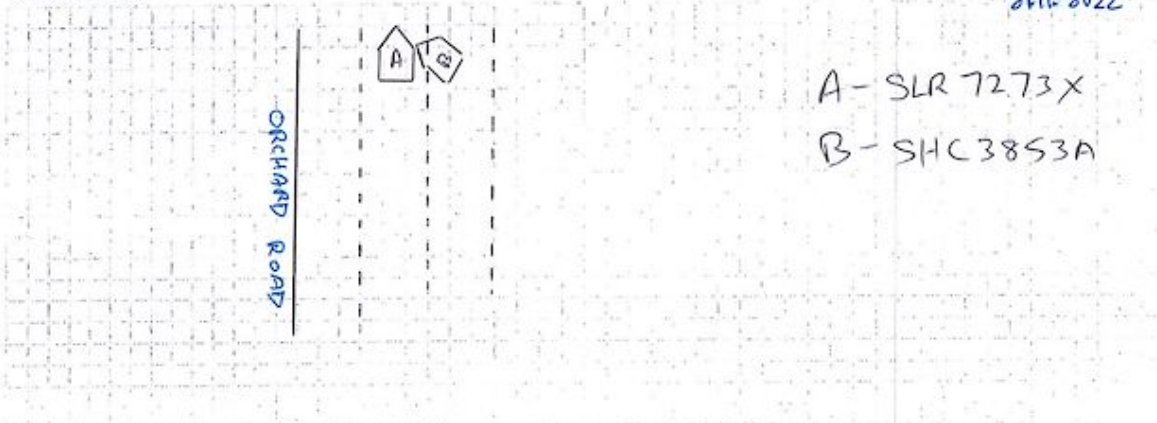
21/11/2022

Witnessed by Reporting Centre Personnel

[Signature]

Joelle Tan
AMK Autopoint P/L
21.11.2022

Sketch Plan



Describe Circumstances of the Accident

I was travelling along Orchard Road towards Bras Basah Road at Selegie Road junction. Suddenly, taxi SAC 3853A made an abrupt left turn and hit the right side of my vehicle. My vehicle sustain dents and scratches on the right side. The taxi did not stop and drove off after the collision. I made a police report on the advice of my rental company.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

LHS 21/11/22

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

[Signature]

21/11/2022

Witnessed by Reporting Centre Personnel

[Signature]

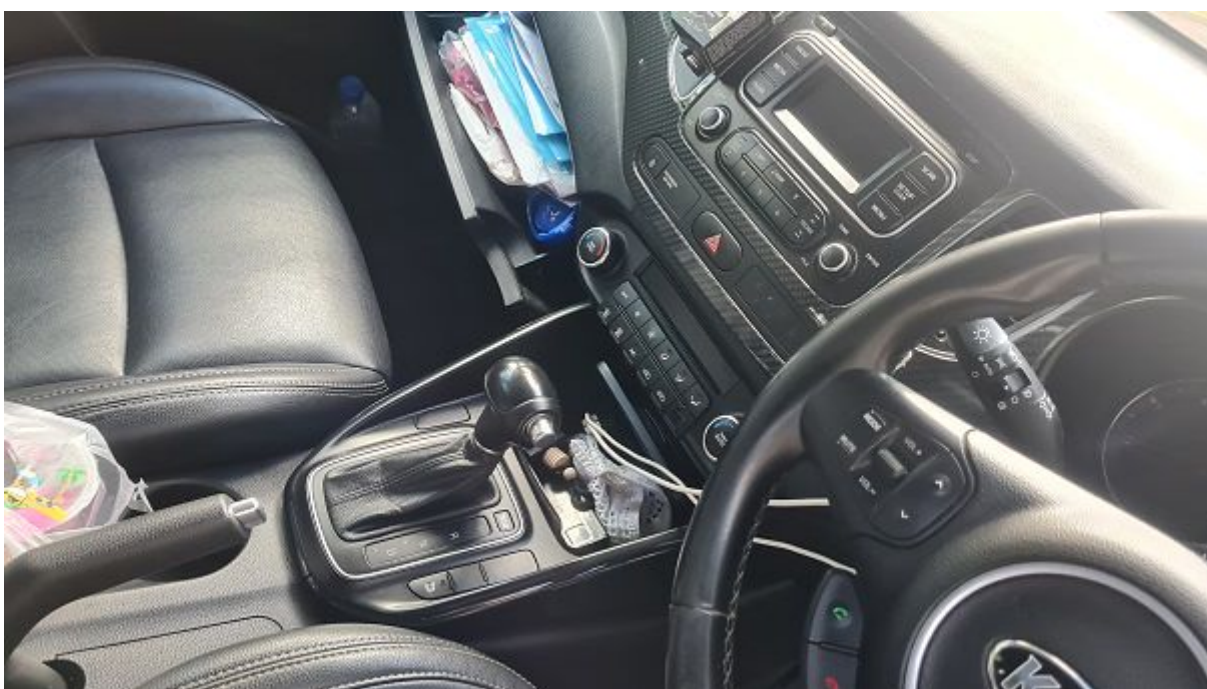
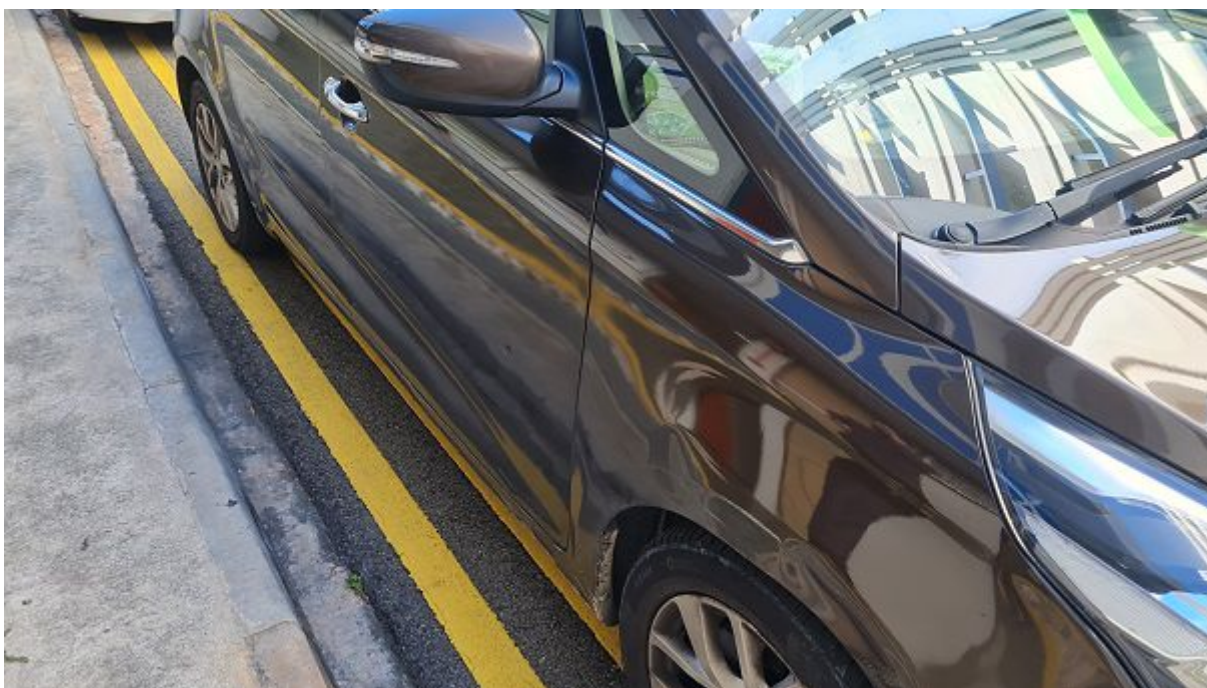
JOELLE TAN
AMR Autopoint P/L
21.11.2022













**SINGAPORE
POLICE FORCE**



T/20221119/2038

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20221119/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/11/2022 14:16	Vide Report No.:	Station Diary No.: 72
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Informant's Particulars

Name of Informant: ABDULLAH BIN MAHMOUD AHMAD SALEM			Address: APT BLK 813A CHOA CHU KANG AVENUE 7 #04-559 SINGAPORE 681813	
ID Type / ID No.: NRIC NO / S8804139I			Contact No.: Home/Office: Mobile: 94894418	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 34	Date of Birth: 07/02/1988	Type of Informant: Driver	
Race: Jordanian			Language: English	Institution / School Name:
Occupation: PRIVATE HIRE VEHICLE DRIVER			Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 19/11/2022 02:00	Type of Location: T-Junction
Location: ORCHARD ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC3853A	Car				Slightly Damaged	0
SLR7273X	Car				Slightly Damaged	1

Details of Person Involved

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20221119/2038

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Report No. T/20221119/2038

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Driver			
Name	ABDULLAH BIN MAHMOUD AHMAD SALEM	ID No.	S8804139I
Related Vehicle	SLR7273X (Car)	Contact No.	94894418
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,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 the 19/11/2022 at around 0200hrs, I was travelling in my vehicle SLR7273X along orchard Road. I was doing a TADA Job and there was a passenger at the rear seat of my vehicle. At the junction of Prinsep St I was about to turn left using dual lane (Straight/left turn) however a vehicle SHC3853A came from the right side and the left passenger door hit onto my right driver door. I looked at him and the driver looked at me back however he did stop and proceeded to turn left. I followed him from the rear and both our vehicles came to a stop at the next traffic light. I got out of my vehicle and walked towards the other driver's vehicle however the driver moved off.

The driver did not stop to exchange particulars. The driver's door of my vehicle was slightly dented and there were a few scratches. No one was injured.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



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Report No. T/20221119/2038

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 /

SI SARA VANAN S/O BALA
SUPURU MANIAM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/11/2022 14:16

Officer In Charge Of Case:

TP / HRT /
SR STAFF SGT NEO ZHI YUAN
Contact No.: 65476079

Classification Of Case:

NP168

