

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 ability.
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 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	05/12/2017 16:56
Date Of Accident	01/12/2017 22:30
Exact Location Of Accident	ECP TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA5935G
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Insured/Policyholder

Name Of Registered Owner	ROGAYAH BINTE MOHD JADI
NRIC No	S1716233J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97848184
Alternative Phone No	Office-97848184

Vehicle Particulars

Manufacturer	MAZDA
Model	2
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	2100444207
Cover Note Number	

Driver

Name of Driver	MOHAMED ARIFFIN BIN BAHARI
NRIC No	S1417109F
Date Of Birth	12/02/1960
Occupation	INDOOR
Date Of Driving Pass	10/11/1985
Driving Experience	32 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97297541
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 138 PASIR RIS STREET 11 #09-203
Postcode	510138
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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)	3

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20171202/2012.

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	SLC5541P
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Name of Driver	WEE KUAN MENG
NRIC/Passport Number	S6834471I
Contact Number	96281221
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLP7464Y
Vehicle Make/Model/Colour	

Details Of Properties

VEHICLE C

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name

IMAN DARWISY

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SGA5935G

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

ROGAYAH BINTE MOHD JADI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SGA5935G

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 3

Name

MOHAMED ARRIFFIN BIN BAHARI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SGA5935G

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan


SKETCH PLAN

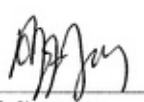
IMPORTANT NOTICE

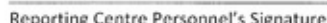
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
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6. The report will be forwarded by the insurers of the GIA Records Management 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:
 - (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:


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


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

veh A: SGA 5935 G

veh B: SLC 5541 P

veh C: SLP 7464 Y.

verb: SLP 7464 y

Refer to Police Report No. T/2017/202/2012.

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

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



**SINGAPORE
POLICE FORCE**



T/20171202/2012

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20171202/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2017 02:39	Vide Report No.:	Station Diary No.: 23
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Informant's Particulars

Name of Informant: MOHAMED ARIFFIN BIN BAHARI	Address: APT BLK 138 PASIR RIS STREET 11 #09-203 SINGAPORE 510138		
ID Type / ID No.: NRIC NO / S1417109F	Contact No.: Home/Office: Mobile: 97297541		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 57	Date of Birth: 12/02/1960	Type of Informant: Driver
Race: Malay	Language:		Institution / School Name:
Occupation: TECHNICIAN	Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/12/2017 22:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 EAST COAST EXPRESSWAY PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGA5935G	Car				Slightly Damaged	2
SLC5541P	Car				Slightly Damaged	0
SLP7464Y	Car				Slightly Damaged	0

Turned from [mark] - End of this sketch. Done with.

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20171202/2012

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20171202/2012

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	IMAN DARWISY	ID No.	T0702384C
Related Vehicle	SGA5935G (Car)	Contact No.	NIL
Hospital/Clinic	CENTRAL 24HR CLINIC (PASIR RIS)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	ROGAYAH BINTE MOHD JADI	ID No.	S1716233J
Related Vehicle	SGA5935G (Car)	Contact No.	NIL
Hospital/Clinic	CENTRAL 24HR CLINIC (PASIR RIS)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	MOHAMED ARIFFIN BIN BAHARI	ID No.	S1417109F
Related Vehicle	SGA5935G (Car)	Contact No.	97297541
Hospital/Clinic	CENTRAL 24HR CLINIC (Pasir Ris)	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	03	Degree of Injury	Slight

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20171202/2012

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20171202/2012

CONTINUATION OF REPORT

Driver			
Name	WEE KUAN MENG	ID No.	S6834471I
Related Vehicle	SLC5541P (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	LIM CHUN HNG	ID No.	S9711586I
Related Vehicle	SLP7464Y (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

Brief Details.

On 1/12/2017 at about 2230hrs, I was driving my vehicle SGA5935G along ECP towards Changi Airport. When I approached the slip road that leads to PIE, there was a car in front of me bearing the plate number SLP7464Y suddenly stop. Hence, I brake and hit onto the rear end of the car. However, the car behind me bearing the plate number SLC5541P hit the rear end of my vehicle hard. Hence, the impact causes me to hit onto the front car. My passengers and I went to see the doctor and all of us were given 3 days of MC.

Sketch Plan #6



**SINGAPORE
POLICE FORCE**



T/20171202/2012

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

4 of 4

Report No. T/20171202/2012

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:

G /
Sgt 2 JEREMY CHUNG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/12/2017 02:39

Officer In Charge Of Case:

TP / AEIT /
SSI KASMAWATI BTE SAMIAN
Contact No.: 65476179

Classification Of Case:

Authentication Stamp
NP168



Signature:

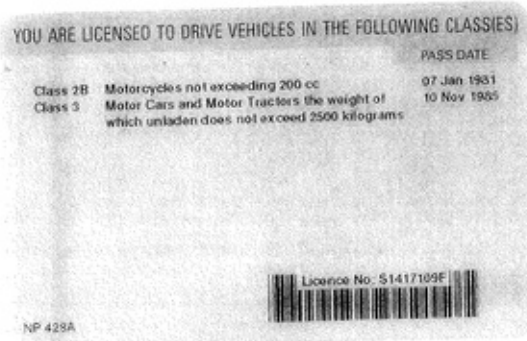
Singapore Police Force

SN 168

Accident Sketch Plan



Driver



Accident Sketch Plan



HOTLINE TEL: (65) 6419 3000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.X.1

TRANS EUROKARS AUTO PROTECTOR		OWN DAMAGE EXCESS	SS\$600.00 (1)
CERTIFICATE NO. 2100444207-01000		WINDSCREEN EXCESS	SS\$100.00
		(Windscreen excess is waived if the repair is done at Trans Eurokars Pte Ltd)	
		SUM INSURED	Market Value
		INSURING WITH COE/PARF	Yes
1) VEHICLE REGISTRATION NO.		SGA5935G	
2) NAME OF INSURED		Rogayah Binte Mohd Jadi	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		21 Dec 2016	
4) DATE OF EXPIRY OF INSURANCE		20 Dec 2017	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE * SUBJECT TO AGE CONDITION :All Age Condition			
a) The Insured.			
b) Any other person who is driving on the Insured's order or with his permission.			
This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions.			
A Young and/or Inexperienced Driver Excess ("YIDR") of SS\$3,000.00, in addition to the Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.			
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.			
6) LIMITATION AS TO USE *			
Use only for social, domestic and pleasure purposes and for the Insured's business.			
The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.			
APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)			
1. Trans Eurokars Pte Ltd - No. 5 Ubi Close (Tel: 63958899)			
2. ComfortDelgro Engng - 205 Braddell Rd (Tel: 63837118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65684501)			
4. Ethoz - 30 Bukit Batok Cres (Tel: 66547777) 5. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only			
6. Kan Pook Sing Motor - 61 Delu Lane 12 (Tel: 67479560) 7. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)			
8. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)			
10. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)			
LOSS OF USE		Loss of Use 10 Days (1500 - 1600cc) - Refer to policy wordings for details	
NAMED DRIVER	NA		
HIRE PURCHASE COMPANY / EMPLOYER'S LOAN	United Overseas Bank Limited		
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.			

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 30 Nov 2016

AIG Asia Pacific Insurance Pte. Ltd.

503599-190
ARF (AP) PTE LTD - MAZDA
7 MAXWELL ROAD #01-100
ANNEX B MND COMPLEX
SINGAPORE 069111

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPNHR.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

