

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 Report	18/03/2019 15:37
Date Of Accident	20/10/2018 16:50
Exact Location Of Accident	PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL3318T
Insured/Policyholder	
Name Of Registered Owner	MOHAMED AFFENDI BIN IDERIS
NRIC No	SXXXX520C
Email Address	BOY_DIDI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93889135
Alternative Phone No	OTHERS-93889135

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA
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	REPORTING ONLY
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	1800099952
Cover Note Number	

Driver

Name of Driver	MOHAMED AFFENDI BIN IDERIS
NRIC No	SXXXX520C
Date Of Birth	05/05/1975
Occupation	INDOOR
Date Of Driving Pass	12/01/2005
Driving Experience	13 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	+65-93889135
Fax Number	
Contact Number	OTHERS-93889135
EEmail Address	BOY_DIDI@HOTMAIL.COM

Address	BLK 657A JURONG WEST ST 65 #01-674
Postcode	641657
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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
Number of vehicles (including own vehicle) involved in the accident	4
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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	SJS4225Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	VEHICLE B
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJV1820J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver VEHICLE C
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLJ5955S
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver VEHICLE D
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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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: 12/3/19

@1510W



Driver's Signature

(If driver is not the policyholder)

Date & Time: 12/3/19

@1510W



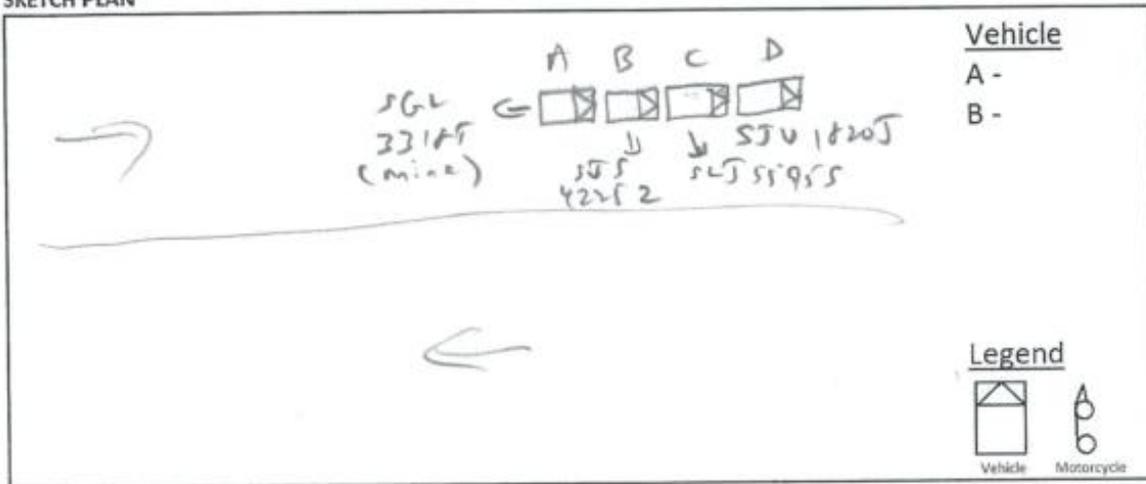
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



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: 12/3/19
 @151027


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 12/3/19
 @151027


 Reporting Officer's Signature
 Name:
 NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190105/2101

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Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20190105/2101

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGL3318T	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800099952	12/09/2018	11/09/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	MOHAMED AFFENDI BIN IDERIS	ID No.	S7513520C	
Related Vehicle	SGL3318T (Car)	Contact No.	93889135	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Passenger				
Name	HAZLINDA BINTI IBRAHIM	ID No.	S7871406I	
Related Vehicle	SGL3318T (Car)	Contact No.	81638311	
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 the 20/10/2018 at about 1650hrs, I was driving my car (SGL3318T) along the Pan Island Expressway before Thomson Road Exit towards Changi Airport. I was on the third lane. I was with my wife, Hazlinda Binti Ibrahim (S7871406I HP:8163 8311).

Out of the sudden, another car (SJS4225Z) in front of me braked. As a resulted, I collided with the said car. The car had braked abruptly as another two cars in front (SJV1820J and SLJ5955S) had also braked abruptly.

The car (SLJ5955S) sustained no damages. The car (SJV1820J) sustained a dented rear boot. The car (SJS4225Z) had 1 passengers on board and sustained a dented rear boot. My car's license plate was misalign after the incident. There are no injuries and no one was conveyed by ambulance.

There was no government property and vehicle involved. No Traffic Police was at scene. There is in-car camera in my car. On 05/01/19, I received a call from a Traffic Police officer advising me to lodge a Traffic



**SINGAPORE
POLICE FORCE**



T/20190105/2101

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20190105/2101

CONTINUATION OF REPORT

Accident report with reference to TP/IP/70663/2018 under Traffic Police Investigation Officer Cecilia Yeo.



**SINGAPORE
POLICE FORCE**



T/20190105/2101

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20190105/2101

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:

J1 SC SHAO QIAN ICANG
Staff Sgt NORIMAWATI BINTI ABDULLAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

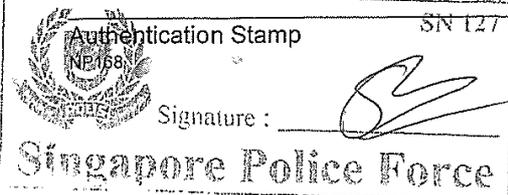
Date/Time:

05/01/2019 16:30

Officer In Charge Of Case:

TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:



Owner IC & LIC Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7513520C**
Name: **MOHAMED AFFENDI BIN IDERIS**

Birth Date: **05 May 1975**
Issue Date: **03 Nov 2015**

002489794H

SG 50

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7513520C**

Name: **MOHAMED AFFENDI BIN IDERIS**

Race: **MALAY**

Date of birth: **05-05-1975** Sex: **M**

Country/Place of Birth: **SINGAPORE**

S7513520C

Boy_DIDI @hotmail.com

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	11 Mar 1997
Class 2A	Motorcycles between 201 cc and 400 cc	12 Sep 2000
Class 2	Motorcycles > 400 cc	05 Jun 2012
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	12 Jan 2005

Licence No: S7513520C

NP 428A

5553109

NRIC No. **S7513520C**

Date of Issue: **05-01-2016**

Address: **APT BLK 657A JURONG WEST STREET 65
#01-674
SINGAPORE 641657**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S663500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA219035906 Vehicle Registration No: SGL3318T
Name(as shown in NRIC) : Mohamed Affendi Bin Ideris NRIC/FIN/Passport No : S7513520C

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore()

Contact (Tel) : Mobile No. : 93889135

Email Address :

Date of Accident : 20/10/2018 Time of Accident : 1650

Place of Accident : PIE

Insurance Company : AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Vehicle C -> SJV1820J

Vehicle D -> SLJ5955S

Handwritten signature of Policyholder / Driver

Policyholder / Driver's Signature

Date: 11/3/2020

Handwritten signature of Reporting Centre Personnel

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:
Date: