#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	11/02/2019 20:20
Date Of Accident	10/02/2019 17:15
Exact Location Of Accident	BEDOK ROAD TOWARDS NEW UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS2279H
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD AADIL BIN DAFIR
NRIC No	S8520298G
Email Address	AADIL.DAFIR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90127124
Alternative Phone No	OTHERS-90127124
Vehicle Particulars	
Manufacturer	AUDI
Model	A3 SEDAN 1.0 TFSI 8V
Exact Purpose for which vehicle was being used at time of accident	PRIVAE USE
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	1700050102
Cover Note Number	

#### Driver

Name of Driver MUHAMMAD AADIL BIN DAFIR

NRIC No S8520298G

Date Of Birth 25/06/1985

Occupation INDOOR

Date Of Driving Pass 15/06/2004

Driving Experience 14 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90127124

Fax Number

Contact Number OTHERS-90127124

EMail Address AADIL.DAFIR@GMAIL.COM

**BLK 671A EDGEFIELD PLAINS** Address

#16-515

Postcode 821671

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** 

COLLIDED INTO MOTORCYCLIST Type Of Accident

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO YES

YES

NO

NO

2

Was any other material or property damaged? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

2

Number of Passengers (Including Driver)

Passenger 1

NAME: : SITI NURRAIDAH

**GENDER:** : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes.Please state which Police Station

Police Station Name TANAH MERAH NEIGHBOURHOOD POLICE POST

ROAD: BLK 51 NEW UPPER CHANGI ROAD #01-1514, POSTCODE: Police Station Address

461051, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4499999 - FAX NO: 62447251

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT NO: T/20190210/2084

Attachment(s)

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

Was there any audio recorded?

**Details of Witness 1** 

Name KHAI Phone Number 93847470

**Email Address** 

**Details of Witness 2** 

Name MIZI

Phone Number 84249365 / +6010292357

**Email Address** 

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number FBD9221A
Vehicle Make/Model/Colour VESPA

**Details Of Properties** 

Vehicle Category MOTORCYCLE

Name of Driver DENNIS FOO KUI FAH

NRIC/Passport Number S7374614J Contact Number 97559557

Address BLK 4 PASIR RIS LINK

#09-16

Postcode 518160

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name

Approximate Age Injuries Sustain

Injured person in which vehicle? FBD9221A

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

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.
- 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.
- 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.
- 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.
- 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 :
  - 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:

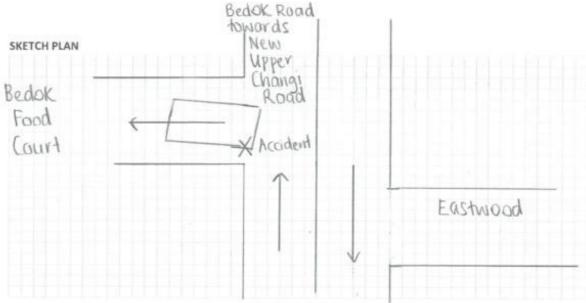
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

## Sketch Plan #2



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ov	10/02/2019 at about 1715hrs along Bedok Road towards
	w Upper Changi Road, I was travelling in my vehicle SLS 2279H
	d was turning left into the carpark of Bedox Food centre-
	lowed down before the turn and signalled early before making
H	e turn After making the turn into the carpark entrana
Q	nd while waiting for the borrier to open in 3-5 seconds.
1	heard a borng on the left rear of my vehicle. I then stepped out
t	check and saw a male vider of motorcyle FBD 9221 A on
	ie ground. The road was clear and the road conditions were dur
	ith light traffic
1	Av Mizi was the motorcyclist directly behind me and he stopped
t	render aid to the injured vider. He informed me that he saw
W	e signalling and subsequently slowing down to make the left
to	in. He mentioned to me that he saw the injured inder
31	eed and over take him from the left
	ir Khai was in the yellow car behind me who also stopped to
Ye	nder aid Mr Khai informed me that the rider was speeding
O.	the bend earlier and node recklessly overtaking from the left
03	- high speed My Khai informed me to all the police as he
'Y	sticed the miured victim smelling of alcohol
	ne victim refused conveyance to the hospital by ambulant

DECLARATION

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

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne & Signature

Name:

NRIC/FIN No.:

# MUTUAL SETTLEMENT FORM FOR MOTOR ACCIDENT



10/02/2019		
BEDOK ROAD TOWARDS	NEW U	PPER CHANGI ROAD
SLS2279H	&	FBD9221A
	10/02/2019 BEDOK ROAD TOWARDS	10/02/2019 BEDOK ROAD TOWARDS NEW U

1. WE, THE UNDERSIGNED HEREBY AGREE TO MUTUALLY SETTLE AMONG OURSELVES A MOTOR ACCIDENT

## 2. BOTH PARTIES HAVE AGREED TO SETTLE THIS MATTER AMICABLY AS FOLLOWS: \*Delete (A) and (B) as applicable. (A) Neither party shall be liable to compensate the party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident. (B) Without admission of liability, \_\_\_\_ DENNIS FOO KUI FAH \_\_ (Name) (Party paying compensation) has \_ (Amount) which \_\_MUHAMMAD AADIL BIN DAFIR paid a sum of \$\$ 24,556.71 of vehicle receiving compensation) herewith acknowledge receipt in full and final settlement of damages and costs incurred as a result of this accident. Signature: Signature: Name: Name: DENNIS FOO KUI HAH MUHAMMAD AADIL BIN DAFIR I/C No: I/C No: S8520298G S7374614J Address: Address: Vehicle No.: SLS2279H Vehicle No.: FBD9221A Contact No.: 97559557 Contact No.: 90127124 Date: Date:

AIG Asia Pacific Insurance Pte. Ltd.
AIG Building 78 Shenton Way #07-16 Singapore 079120
Tel: 6419 3000
Co. Reg. No. 201009404M

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1 of 4

Report No. T/20190210/2084

Police Station Of Origin; Tanah Merah NPP 51 New Upper Changi Road #01-1514 SINGAPORE 461051 Tel No: 1800-4499999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/02/2019 19:12		Made:	Vide Report No.: G/20190210/0173	Station Diary No.: 33	
Informa	nt's Partic	olars			
Name of informant: MUHAMMAD AADIL BIN DAFIR			Address: APT BLK 671A EDGEFIELD PLAINS #16-515 SINGAPORE 821671		
	/ ID No.: ) / 885202	98G	Contact No.: Home/Office:	Mobile: 90127124	
Nationality: SINGAPORE CITIZEN		ŒN	Email:		
Sex: Male	Age: 33	Date of Birth: 25/06/1985	Type of Informant: Driver	W. ARAY, AMARKANA WAANA	
Race: Malay			Language: English	Institution / School Name:	
Occupation: Technical/Vocational/Commercial education institute teacher			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:	

Type of Accident:	Injury Drink & Drive	Drink Drive: No	Date/Time of Accident: 10/02/2019 17:15	Type of Location Straight Road	
BEDOK ROA NEW UPPER	CHANGI ROAD	CORNER CARPARK		Road Speed Limit:	
Clear Dry				ryodo Speca Carris.	
		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Callis	ion ing Vehides - Head 1	Fa Side		Anyone conveyed by ambulance:	

1000	THE RESIDENCE OF THE PARTY OF T	ehicle involve	C				
Ve	shicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FE	3D9221A	Motorcycle	VESPA		Blue	Seriously Damaged	
SL	.S2279H	Car	AUDI	A3 SEDAN 1 0 TFSI S TRONIC (LED & NAV)	Blue	Seriously Damaged	1

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Tanah Merah NPP 51 New Upper Changi Road #01-1514 SINGAPORE 461051 Tel No: 1800-4499999 2 of 4 Report No. T/20190210/2084

#### CONTINUATION OF REPORT

Vehicle No.	inaurance Company	Insurance No	Effective	Expiry Date
SLS2279H	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700050102-01	14/09/2018	13/09/2019

Details of Perso	n Involved	THE KELL	TEATS I	W.		
Any Pedestrian I	nvolved; No			30.0		
No. of Pedestrian	ns Injured: NIL	Use of Peo	destriar	Cross	sing: NA	
Rider						
Name	DENNIS FOO KUI FAH		ID No.		S7374614J	
Related Vehicle	FBD9221A (Mictorcycle)			ct No.	97559657	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	NIL	Date Disci	harge	NIL		
No. of Days gran	ted Medical Leave NIL	Degree of		NIL		
Oriver	PARTY STATE OF THE PARTY OF THE			Sec. 1989	veiva e a con	
Name	MUHAMMAD AADIL BIN DAF	IR	ID No		S8520298G	
Related Vehicle	SLS2279H (Car)		Contact No.		90127124	
Hospital/Clinic	NIL			of e & Date	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	NIL	Date Disch		NIL		
No. of Days gran	ted Medical Leave NIL	Degree of	Injury	NIL		

#### **Brief Details**

On 10/02/2019 at about 1715hrs along Bedok Road towards New Upper Changi road, I was travelling in my vehicle-SLS2279H and was turning left into the carpark of Bedok Food Corner. As I heard a bang on the left rear of my vehicle as I was turning in, I stepped out to make a check and I saw a male rider with his motorcycle-FBD9221A on the ground.

Some passerby and myself helped the rider up and my female friend assisted me to call for the ambulance. I could see some injuries to his body parts but there were no profuse bleeding or fractures.

As the ambulance arrived, the rider does not want any assistance from the paramedic. As the traffic police arrived, they tested the rider on his alcohol level due to the rider smell strongly of alcohol. I heard the officer told the rider that he had failed the test and I was informed by the officer to retrieve the car CCTV footage with the intent to forward to the traffic investigator. The damage to my vehicle were the left rear portion and the front portion of the motorcycle were damaged.





T/20190210/2064

3 of 4 Report No. T/20190210/2084

Police Station Of Origin: Tanah Merah NPP 51 New Upper Changi Road #01-1514 SINGAPORE 461051 Tel No: 1800-4499999

CONTINUATION OF REPORT

This is the first incident that I had with the rider.





Police Station Of Origin: Tanah Merah NPP 51 New Upper Changi Road #C1-1514 SINGAPORE 461051 Tel No: 1800-4499999 4 of 4 Report No. T/20190210/2084

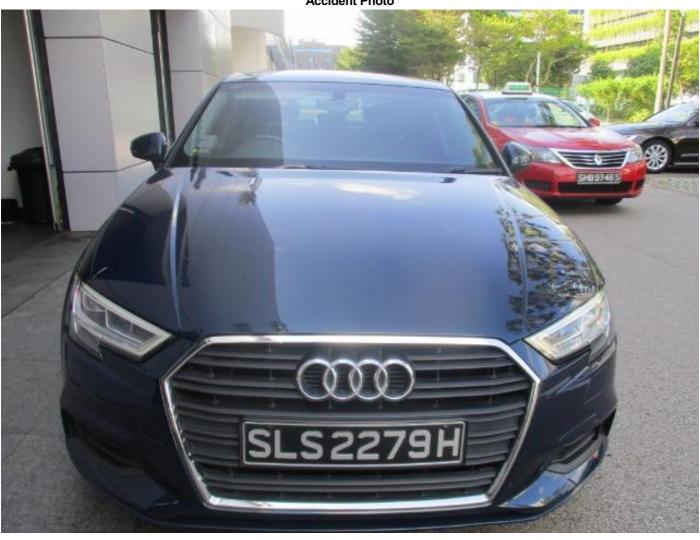
CONTINUATION OF REPORT

## Sketch Plan

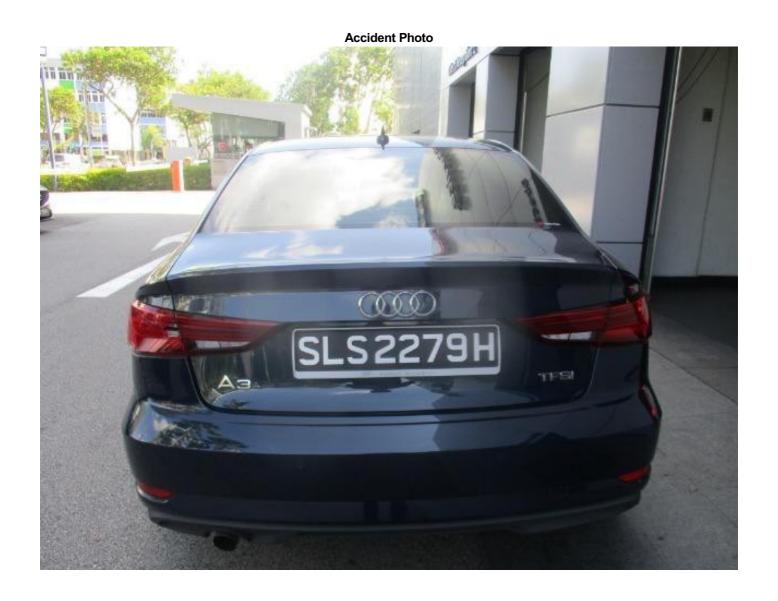
Informant is not able to provide sketch plan

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 85474885 stating the report number as reference.

Signature Of Informant	
Date/Time: 10/02/2019 19:12	
Classification Of Case:	
SIKGAPORE POLICE FORCE	
	200
	Date/Time: 10/02/2019 19:12  Classification Of Case:



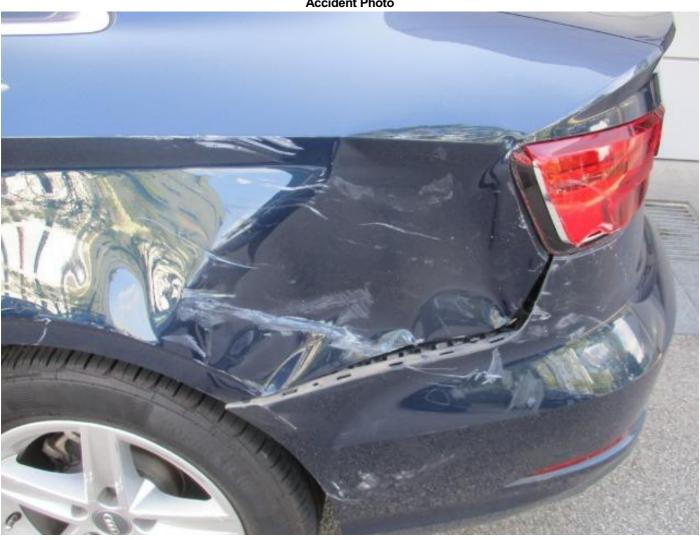


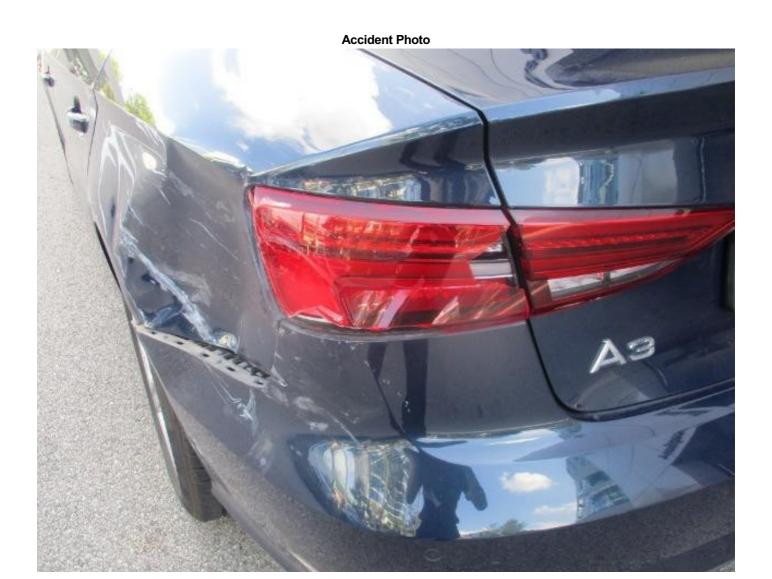






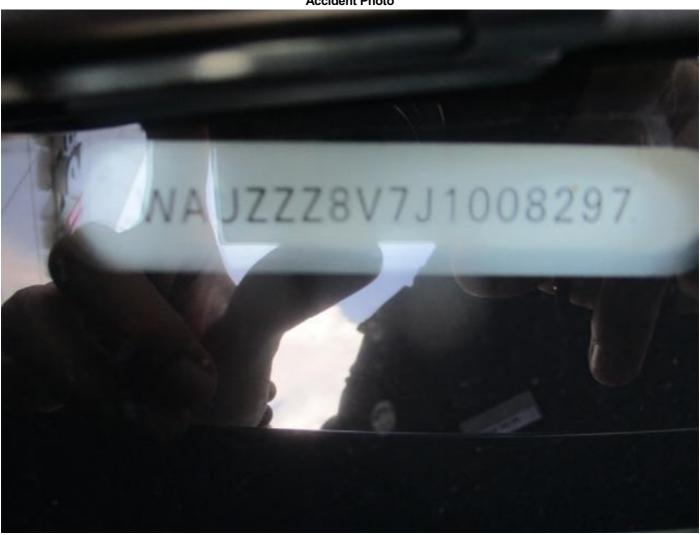












#### **Addendum Sheet**



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

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: 566550020G / 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 : MPA119019167 \_\_\_\_Vehicle Registration No: \_\_\_\_ SLS2279H Name(as shown in NRIC): MUHAMMAD AADIL BIN DAFIR NRIC/FIN/Passport No : S8520298G (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate ) Address Singapore( \_\_Mobile No.: 90127124 Contact (Tel) : AADIL.DAFIR@GMAIL.COM **Email Address** 17:15 Date of Accident : 10/02/2019 Time of Accident : \_ Place of Accident : BEDOK ROAD TOWARDS NEW UPPER CHANGI ROAD Insurance Company: AIG ASIA PACIFIC INSURANCE PTE. LTD. (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: TO CONVERT REPORT TO REPORTING ONLY.

Date:

Policyholder / Driver's Signature

Reporting Centre Personnel's Signature

ton/ Forg

NRIC/FINNO .: 4-2040147X 16/4/4

Name:

Date: