

## 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             | 06/05/2019 17:18                                   |
| Date Of Accident           | 04/05/2019 13:10                                   |
| Exact Location Of Accident | BKE (WOODLANDS) 10.8KM BEFORE WOODLANDS CHECKPOINT |
| Country/State of Loss      | SINGAPORE  |

### DETAILS OF OWN VEHICLE

|                             |                         |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SMD771H                 |
| <b>Insured/Policyholder</b> |                         |
| Name Of Registered Owner    | ABDL RASHID BIN MOHAMED |
| NRIC No                     | S6803279B               |
| Email Address               | NOEMAIL                 |
| Mobile Phone No             | (LOCAL) +65-83870870    |
| Alternative Phone No        | Office-83870870         |

### Vehicle Particulars

|  |              |
|--|--------------|
| Manufacturer   | HONDA        |
| Model  | CITY-1.5 (A) |
| 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? | YES          |
| If No, Please state action to be taken                                       |              |
| 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             | 1800099938                           |
| Cover Note Number         |                                      |

### Driver

|                      |                           |
|----------------------|---------------------------|
| Name of Driver       | NOR HAZLINDA BINTE HAMZAH |
| NRIC No              | S7231498J                 |
| Date Of Birth        | 28/08/1972                |
| Occupation           | INDOOR                    |
| Date Of Driving Pass | 04/06/2010                |
| Driving Experience   | 8 YEARS AND 11 MONTHS     |

|   |                                   |
|---|-----------------------------------|
| Gender  | FEMALE                            |
| Mobile Number                                       | (LOCAL) +65-87496208              |
| Fax Number  |                                   |
| Contact Number                                      |                                   |
| EMail Address                                       | NOEMAIL                           |
| Address   | BLK 233 PASIR RIS DRIVE 4 #03-496 |
| Postcode  | 510233                            |
| 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   | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR                    |
| Road Surface       | DRY                      |

#### Other Information

|   |                      |
|---|----------------------|
| Was any foreign vehicle involved in this accident?  | YES                  |
| Foreign Vehicle Registration Number   | JSE2369 (MOTORCYCLE) |
| Number of vehicles (including own vehicle) involved in the accident                         | 2                    |
| 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)   | 1                    |

#### 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                    | <b>ROAD:</b> 1 PASIR RIS DRIVE 4 , <b>POSTCODE:</b> 519457 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-5852999 - <b>FAX NO:</b> 65855261                                  |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REPORT: T/20190504/2113.

#### 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 | JSE2369   |
| Vehicle Make/Model/Colour   |           |
| Details Of Properties       | VEHICLE B |

|                                     |            |
|-------------------------------------|------------|
| Vehicle Category                    | MOTORCYCLE |
| Name of Driver                      |            |
| NRIC/Passport Number                |            |
| Contact Number                      |            |
| Address                             |            |
| Postcode                            |            |
| Insurance Company Name              |            |
| Nature Of Damage                    |            |
| No. Of Passenger (Including Driver) |            |

## Sketch Plan

### IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
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.

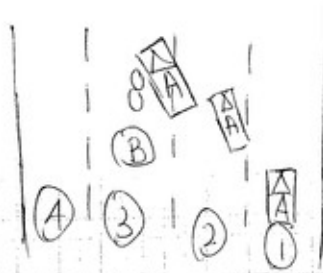
Policyholder's Signature  
Date & Time:

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

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

Form 10/2017 (31 Dec 2017) (Rev. 10/17)

SMF



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : NOR HAZLINDA BINTI HANZAT  
VEHICLE NUMBER : 8MD 771 H  
DATE/TIME OF ACCIDENT : 04/05/2018 @ 13.10 HRS  
PLACE OF ACCIDENT : BEE (WOODLANDS) 10.5 KM BEFORE WOODLANDS  
THIRD PARTY VEHICLE (IF ANY) : JKE 2369  
CHECK POINT

\*\*\*\*\*  
WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

HOME TO WOODLANDS

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NO.

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

SIDE TO HEAD

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO.

hmk  
Name:

I Affirmed The Above Information Is Given To My Best Knowledge.



**SINGAPORE  
POLICE FORCE**



T/20190504/2113

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457

Tel No: 1800-5852999

1 of 4  
Report No. T/20190504/2113

**REPORT OF A TRAFFIC ACCIDENT**

|  |                                     |                           |
|--|-------------------------------------|---------------------------|
| Date/Time Report Made:<br>04/05/2019 18:08 | Vide Report No.:<br>L/20190504/0108 | Station Diary No.:<br>110 |
|--|-------------------------------------|---------------------------|

**Informant's Particulars**

|   |  |  |   |  |
|---|--|--|---|--|
| Name of Informant:<br>NOR HAZLINDA BINTE HAMZAH |  |  | Address:<br>APT BLK 233 PASIR RIS DRIVE 4 #03-496 SINGAPORE<br>510233 |  |
| ID Type / ID No.:<br>NRIC NO / S7231498J        |  |  | Contact No.:<br>Home/Office:  |  |

**General Information of the Accident**

|   |                           |                                 |   |                                 |
|---|---------------------------|---------------------------------|---|---------------------------------|
| General Information of the Accident                           |                           |                                 |   |                                 |
| Type of Accident:   | Injury Attended by Police | Drink Drive: No                 | Date/Time of Accident: 04/05/2019 13:10 | Type of Location: Straight Road |
| Location:<br>Along Road 1<br>BUKIT TIMAH EXPRESSWAY           |                           |                                 |   |                                 |
| ALONG BKE(WOODLANDS) 10.8KM, JUST BEFORE WOODLANDS CHECKPOINT |                           |                                 |   |                                 |
| Weather: Clear  |                           | Road Surface: Dry               | Road Speed Limit:                       |                                 |
| Traffic Flow: One Way   |                           | Traffic Control: Not Controlled | Traffic Volume: Moderate                |                                 |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear  |                           |                                 | Anyone conveyed by ambulance: Yes       |                                 |

**Details of Vehicle Involved**

| Vehicle No. | Type       | Make  | Model | Color | Condition         | No of Passenger |
|-------------|------------|-------|-------|-------|-------------------|-----------------|
| JSE2369     | Motorcycle |       |       |       | Seriously Damaged | 0               |
| SMD771H     | Car        | HONDA | CITY  | Grey  | Slightly Damaged  | 0               |

**Details of Person Involved**

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

Sketch Plan #5



**SINGAPORE  
POLICE FORCE**



T/20190504/2113

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Report No. T/20190504/2113

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

**CONTINUATION OF REPORT**

|                                   |                           |  |                                   |
|-----------------------------------|---------------------------|--|-----------------------------------|
| <b>Rider</b>                      |                           |  |                                   |
| Name                              | LEONG MUN WAI             | ID No.                                 | A405652819                        |
| Related Vehicle                   | JSE2369 (Motorcycle)      | Contact No.                            | 87995331                          |
| Hospital/Clinic                   | NIL                       | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                       | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                       | Degree of Injury                       | Slight                            |
| <b>Driver</b>                     |                           |  |                                   |
| Name                              | NOR HAZLINDA BINTE HAMZAH | ID No.                                 | S7231498J                         |
| Related Vehicle                   | SMD771H (Car)             | Contact No.                            | 87496208                          |
| Hospital/Clinic                   | NIL                       | Class of Driving Licence & Expiry Date | Class: 3A<br>Date of Expiry: NIL  |
| Date Treatment                    | NIL                       | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                       | Degree of Injury                       | NIL                               |

**Brief Details.**

On 04/05/2019 at about 1.10pm, I was driving my car, a grey-colored Honda City (SMD771H) along BKE (Woodlands) towards Johor. I was driving on the first lane of the 4-lane road approaching Woodlands Checkpoint. As I wanted to make a U-turn ahead, I signaled left to make a lane switch to the second lane, and then to the third lane. Before I proceeded to make the lane switch, I checked my blind-spot and rear view mirror to ensure that it was safe for me to make the lane switch. I noticed that there was a motorcycle on the second lane. However, the motorcycle was quite a distance away. As such, after ensuring that it was safe for me to make the lane switch, I proceeded to filter to the second lane, and again to the third lane. As I was halfway making the lane switch from the second lane to the third lane, I felt an impact coming from the left side front passenger door. The motorcycle which was a distance away when I made the lane switch, had collided into the left side of my car. The collision caused the left rear passenger door to be slightly dented, the left side mirror to be dislodged and a few scratch marks on the left side of my car's body kit.

Due to the impact of the collision, the motorcyclist got flung out from his motorcycle and landed on the road. I stopped my car at the side of the road and approached the motorcyclist. While I was engaging with the motorcyclist, ambulance and Traffic Police arrived at the accident location. I believe members of public were the ones who called for assistance. I noticed that the motorcyclist suffered abrasions on his left leg. He was then conveyed to the hospital by the ambulance. The registration number of the motorcycle is JSE2369.

The Traffic Police officer took my SD card and advised me to lodge a police report. I wish to state that I am not injured.

**Sketch Plan #6**



**SINGAPORE  
POLICE FORCE**



T/20190504/2113

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/20190504/2113

CONTINUATION OF REPORT

**Accident Sketch Plan**



**SINGAPORE  
POLICE FORCE**

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



T/20190504/2113

4 of 4

Report No. T/20190504/2113

**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:

G1

Sgt 3 SHARIFAH AMIRA BINTE SYED SHEH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN

Contact No.: 65476185

Authentication Stamp

NP168

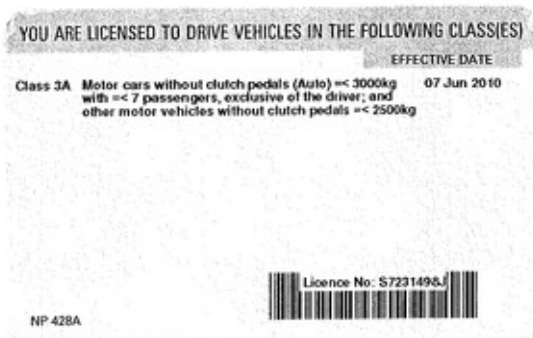
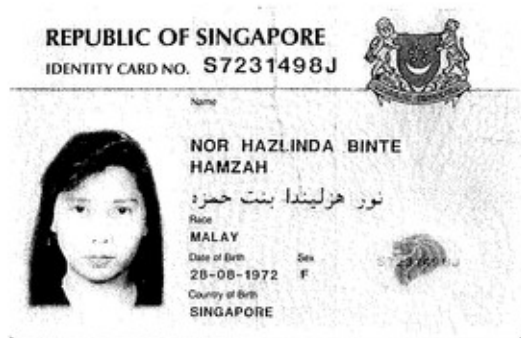
Signature Of Informant:

Date/Time:

04/05/2019 18:08

Classification Of Case:

**Accident Sketch Plan**



Accident Sketch Plan

## CERTIFICATE OF INSURANCE

### AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : ABDL RASID BIN MOHAMED  
Period of Insurance : 21 Aug 2018 To 20 Aug 2019  
Engine No. : L15Z12717610  
Chassis No. : MRHGM6660GP000382

Vehicle No. : SMD771H  
Policy No. : 1800099938  
Endorsement No. :  
Issued Date : 21 Aug 2018

#### ABOUT THE COVER

Make/Model : HONDA CITY  
Engine Capacity/Tonnage : 1,498.00 CC  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2015  
Insuring with COE/PARF : Yes

#### Person or Classes of Persons Entitled to Drive\*

a) The Policyholder  
b) Any other person who is driving on the Policyholder's order or with his/her permission.  
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

#### Limitation as to use\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

#### EXCESS

Section 1  
Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2  
Property Damage - \$0

Windscreen : \$100

#### Named Driver and Excess (where applicable)

ABDL RASID BIN MOHAMED, NOR HAZLINDA BINTE HAMZAH - \$600 (Own Damage)

#### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres/ AIG Authorised Repairers (for claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.  
For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 169), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504259000

HENLY ENTERPRISES CO PTE LTD  
18 UBI ROAD 4 #02-07 UBI CAR MALL  
SINGAPORE 408616

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.



*M. J. J. J.*

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE  
Henly Enterprises Co Pte Ltd.

78 Shenton Way #07-10 AIG Building S078120 | T: +65 6419 3000 | [www.aig.com.sg](http://www.aig.com.sg)

AIG Asia Pacific Insurance Pte. Ltd.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

