

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	06/12/2019 11:29
Date Of Accident	30/11/2019 01:00
Exact Location Of Accident	NEAR X-JUNCTION OF TOH GUAN RD EAST & TOH GUAN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH8432M
Insured/Policyholder	
Name Of Registered Owner	MOHAMED KASSIM TAJUDEEN
NRIC No	S2728166D
Email Address	TAJUDEEN17@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93862774
Alternative Phone No	OTHERS-93862774

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900020671
Cover Note Number	

Driver

Name of Driver	T MOHAMMED ASHIQ
NRIC No	S9873067B
Date Of Birth	30/03/1998
Occupation	OUTDOOR
Date Of Driving Pass	20/10/2017
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98578719
Fax Number	
Contact Number	
Email Address	TAJUDEEN17@YAHOO.COM.SG

Address	BLK 270, TOH GUAN ROAD #11-101
Postcode	600270
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I AM THE DRIVER T MOHAMMED ASHIA EXITED AT TOH GUAN ROAD EXIT FROM PIE AND WENT STRIAGHT TO TOH GUAN ROAD EAST. I MADE A U-TURN AT THE TRAFFIC LIGHT JUNCTION AT THE ONE AT TOH GUAN ROAD INFRONT OF IMM CHOPPING MALL. AFTER I COMPLETED MY U-TRUN , MY VEHICLE ENTERED THE SECOND LANE. VEHICLE B EXITING FROM THE SLIP ROAD HIT THE LEFT REAR OF MY CAR.

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	SHA4120K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN KIM BOON
NRIC/Passport Number	S0068013C
Contact Number	93503316
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
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.
- (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.:

IC AutoClinic Pte Ltd
1 SUTTHI LOK YANG ROAD
SINGAPORE 628090
TEL: 6262 2212
FAX: 6262 3092

Individual Statement Pg. 1

INDIVIDUAL STATEMENT (Part II)					
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)					
Insured	1 Occupation (if more than one, state all)		Email: <u>tajudeen17@yahoo.com.sg</u>		
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity		
	3 Is driver the owner? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, state the vehicle number and name of insurer of driver's own vehicle (where applicable)		
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward				
	<input type="checkbox"/> Others - please specify				
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no.				
Of which vehicle are you the owner?	6 Are you claiming under your own insurance policy for repair to your vehicle? <u>NO</u>				
	If no, state action to be taken <u>Claim the party</u>				
	7 Date of birth	Occupation (if more than one, state all)	Years of driving experience	Was vehicle driven with the insured's permission?	Was driver an employee of the insured's company?
	<u>30/03/1998</u>	<u>Outdoor</u>	<u>20 Oct 2017</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability				
	9 Full details of all driving convictions including pending prosecutions in the last 36 months				
Driver or person in charge of vehicle at the time of accident (including insured)	Date	Offence	Penalty		
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)	
Police action	12 Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
	If yes, please state which Police station <u>Gurong Neighbourhood Police Centre</u>				
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Accident details	If yes, against whom?				
	14 Weather conditions	Clear <input checked="" type="checkbox"/>	Raining <input type="checkbox"/>	Others <input type="checkbox"/>	
	15 Road surface	Wet <input type="checkbox"/>	Dry <input checked="" type="checkbox"/>	Others <input type="checkbox"/>	
	16 Speed of vehicles	A <u>20</u> km/hr	B <u> </u> km/hr		
	17 What warnings were given by driver or other party?				
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	19 What lights were displayed on your vehicle/the other vehicle(s)?				
	20 If your vehicle is commercial, state weight of load carried at time of accident				
	21 State how accident happened, width of roads, speed limits, etc (use separate sheet of paper where necessary)				
Declaration	I/We declare the foregoing particulars are true in every respect				
	Policyholder's signature <u>TC. 666</u>			Date <u>5/12/2019</u>	
	Driver's signature (if driver is not the policyholder) <u>P. 88</u>			Date <u>5/12/2019</u>	


Driving License Pg. 1

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S9873067B**
Name: **T MOHAMMED ASHIQ**

Birth Date: **30 Mar 1998**
Issue Date: **30 Oct 2017**

002738674J




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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	30 Oct 2017

NP 428A

Licence No: S9873067B



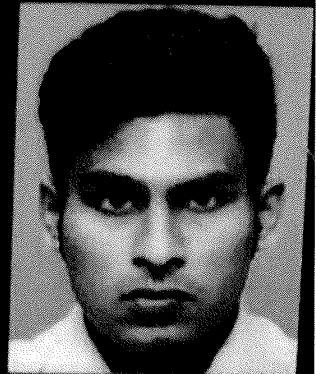


HOME TEAM
NATIONAL SERVICE IDENTITY CARD

T MOHAMMED ASHIQ

S9873067B

SINGAPORE CIVIL DEFENCE FORCE



THIS IS NOT A WARRANT CARD

02/26/19 00013644



CERTIFICATE OF INSURANCE

RIDE SHARE PRIVATE VEHICLE

Name of Policyholder : Mohamed Kassim Tajudeen
Period of Insurance : 22 Feb 2019 To 21 Feb 2020
Engine No. : SJNFEAJ11U2393827
Chassis No. : HRA2693341A

Vehicle No. : SMH8432M
Policy No. : 1900020671
Endorsement No. :
Issued Date : 21 Feb 2019

ABOUT THE COVER

Make/Model : NISSAN Qashqai 1.2 DIG-Turbo
Engine Capacity/Tonnage : 1,197.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2019
Insuring with COE/PAF : 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.

When the Vehicle is used for the carriage of passenger for hire or reward, such authorised driver must be named under the Policy and registered with an intermediary which facilitates the carriage of passengers for hire or reward.

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 for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired.
 This Policy does not cover:
 1) use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing;
 2) use whilst drawing a trailer except the towing (other than for reward) of anyone disabled using a mechanically propelled vehicle; and
 3) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) 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 - \$1800 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$2000

Windscreen : \$100

Named Driver and Excess (where applicable)

Mohamed Kassim Tajudeen - \$1800 (Own Damage) \$2000 (Property 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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

If the vehicle is used for the carriage of passenger for hire or reward, such driver must be named under the Policy and registered with an intermediary which facilitates the carriage of passengers for hire or reward. Should you decide to include any other driver, please contact us. (Company reserves the right to accept/reject the inclusion of any Named Drivers)

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE 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. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500610552

TAN CHONG CREDIT PTE LTD - WYL
 911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
 SINGAPORE 599622 ANSP-MOTOR
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. J. J. J.
AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSPJ6G

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident Time 30/11/2019 0100		2 Exact location of accident Near cross Junction of Toh Guan RD East and Toh Guan RD towards Toh Guan Rd		To be signed by BOTH drivers 3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> *	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> *		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> *		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)	

Registration No. SMH8432M
(VEHICLE A)

6 Insured / policyholder (see insurance cert.)

Name M. K. TAJUDEEN
(capital letters)

Address Toh Guan Road, Blk 270,
#11-101, 600270
NRIC / Passport no. S2728166D

Tel no. (from 9am till 5pm)

HP 93862774

7 Vehicle

Make, type Nissan Qashqai 1.2 Turbo

8 Insurance company

AIC

Does the policy cover damage to vehicle A?

No ☐ Yes ☒

Policy No. (if available)

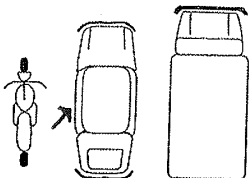
9 Driver (See driving licence)
(if different from insured A above)

Name T. MOHAMMED ASHIQ
(capital letters)

NRIC / Passport no. S9873067B

Class of licence 3

10 Indicate the point
of initial impact with
an arrow (→)



11 Visible damage to vehicle A

14 My remarks

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

A

1

parked / stopped (at the roadside)

2

leaving a parking space / opening the door
(at the roadside)

3

entering a parking space (at the roadside)

4

emerging from a car park, from private grounds,
from a minor road

5

entering a car park, private grounds, a minor road

6

entering a roundabout or similar traffic system

7

circulating in a roundabout or similar traffic system

8

striking the rear of the other vehicle while going in
the same direction and in the same lane

9

going in the same direction but different lane

10

changing lanes

11

overtaking

12

turning to the right, making a U-turn (official U-turn)

13

turning to the left

14

reversing

15

encroaching in the opposite traffic lane

16

coming from the right (at road junctions)

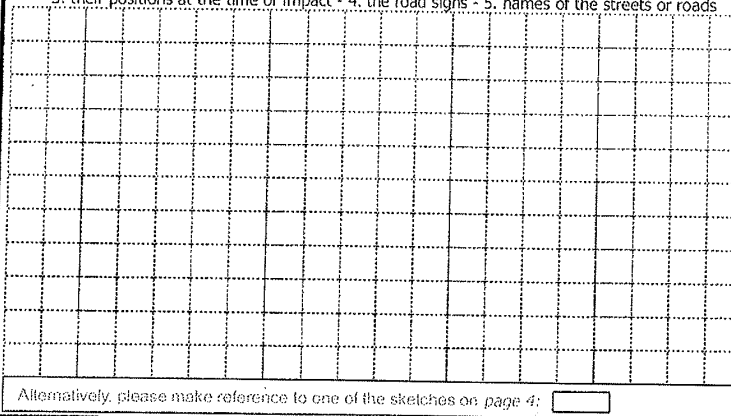
17

not observing a right-of-way sign
(e.g. red traffic light, stop sign, etc.)

← State TOTAL number of
boxes marked with a cross →

13 Sketch of accident when impact occurred 13

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows -
3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads



Alternatively, please make reference to one of the sketches on page 4:

15

Signatures of drivers

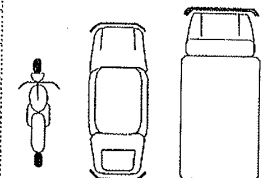
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A

B

14 My remarks

10 Indicate the point
of initial impact with
an arrow (→)



11 Visible damage to vehicle B

14 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing.
Subsequently, each driver should take one copy.

For insured's Individual Statement
(Part II) see overleaf →

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



