

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	07/02/2020 16:42
Date Of Accident	06/02/2020 18:45
Exact Location Of Accident	ANG MO KIO AVE 5 TWDS BUANGKOK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT4052B
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Insured/Policyholder

Name Of Registered Owner	MUHAMMAD RIDZAL BIN SARWAL
NRIC No	S7911202Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98762306
Alternative Phone No	Office-98762306

Vehicle Particulars

Manufacturer	MAZDA
Model	CX5

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
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If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700076233-02
Cover Note Number	

Driver

Name of Driver	MUHAMMAD RIDZAL BIN SARWAL
NRIC No	S7911202Z
Date Of Birth	17/04/1979
Occupation	INDOOR
Date Of Driving Pass	01/09/1998
Driving Experience	21 YEARS AND 5 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98762306
Fax Number	
Contact Number	OFFICE-98762306
E-Mail Address	NOEMAIL
Address	11 SENGKANG SQUARE #10-33
Postcode	545076
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?	YES
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)	4
Passenger 1	Name: : SAFURAJAN BINTE MOHAMED JABAR Gender: : Female
Passenger 2	Name: : MYRA NADYRA BINTE MUHAMMAD RIDZAL Gender: : Female
Passenger 3	Name: : MAYA NADYA BINTE MUHAMMAD RIDZAL Gender: : Female

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20200207/7012.

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 YN9570S
Vehicle Make/Model/Colour
Details Of Properties VEHICLE B
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
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 GBB1057X
Vehicle Make/Model/Colour
Details Of Properties VEHICLE C
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
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 SLU9352Y
Vehicle Make/Model/Colour
Details Of Properties VEHICLE D
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD RIDZAL BIN SARWAL
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLT4052B
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name SAFURAJAN BINTE MOHAMED JABAR

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLT4052B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 3

Name MYRA NADYRA BINTE MUHAMMAD RIDZAL

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLT4052B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 4

Name MAYA NADYA BINTE MUHAMMAD RIDZAL

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLT4052B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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:

07/02/20
1405 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

07/02/20 1405 hrs

Reporting Centre Personnel's Signature

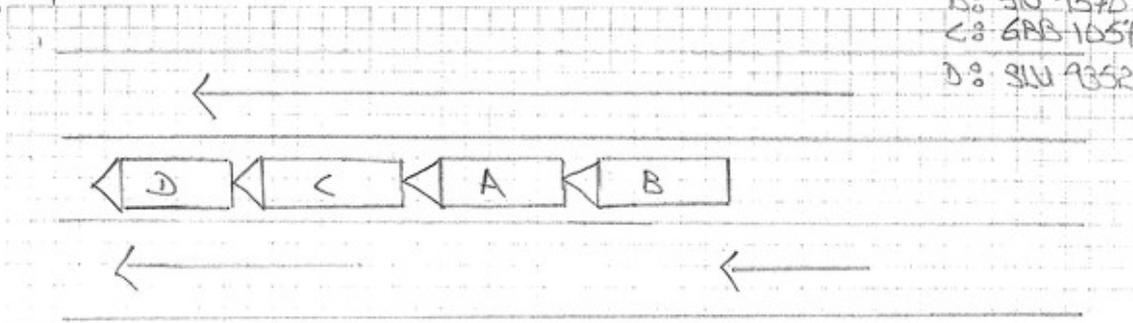
Name:

NRIC/FIN No.:

Focus AUTO

SKETCH PLAN

A: SAT 4052 B
B: UN 9540 S
C: GAB 1057 X
D: SILU 9352 Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No.: 7/2021SR07/7012

DECLARATION

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

Policyholder's Signature
Date & Time: 07/02/20
1405hrs

Driver's Signature
(If driver is not the policyholder)
Date & Time: 07/02/20
1405hrs

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



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2020 13:58	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: MUHAMMAD RIDZAL BIN SARWAL		Address: 11 SENGKANG SQUARE #10-33 COMPASS HEIGHTS SINGAPORE 545076	
ID Type / ID No.: NRIC NO / S7911202Z		Contact No.: Home/Office:	Mobile: 98762306
Nationality: SINGAPORE CITIZEN		Email: souilly79@yahoo.com.sg	
Sex: Male	Age: 40	Date of Birth: 17/04/1979	Type of Informant: Driver
Race: Javanese		Language: English	Institution / School Name:
Occupation: Sales and marketing manager		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/02/2020 18:45	Type of Location: Straight Road
Location: ANG MO KIO AVENUE 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: chain collision			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB1057X	Lorry			White		1
SLT4052B	Car	MAZDA	CX-5	Red		3
SLU9352Y	Car			Brown		2
YN9570S	Lorry	FUSO	MITSUBISHI	Yellow		2



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DERRICK	ID No.	NIL
Related Vehicle	GBB1057X (Lorry)	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	MUHAMMAD RIDZAL BIN SARWAL	ID No.	S7911202Z
Related Vehicle	SLT4052B (Car)	Contact No.	98762306
Hospital/Clinic	RAFFLESMEDICAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/02/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	MR GOH	ID No.	NIL
Related Vehicle	SLU9352Y (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



**SINGAPORE
POLICE FORCE**



T/20200207/7012

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20200207/7012

CONTINUATION OF REPORT

Driver			
Name	SAMY	ID No.	NIL
Related Vehicle	NIL	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.

Was travelling on Ang Mo Kio Ave 5 towards Buangkok in the middle lane (3 lanes) and the lorry in front suddenly brake. As I was driving within the speed limit and a safe distance, I managed to stop the car in time. However, the lorry behind my car didn't manage to stop in time and banged me hard from behind and push my car forward to hit the lorry in front. When I got out of the car, I realised that it was a chain collision and there were 4 vehicles involved.

Sketch Plan #6



**SINGAPORE
POLICE FORCE**



T/20200207/7012

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20200207/7012

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/02/2020 13:58
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

Authentication Stamp
NP168

Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

NRIC No. S7911202Z



MUHAMMAD RIDZAL BIN SARWAL

Birth Date: 17 Apr 1979
Issue Date: 16 Dec 2002

000022258H

FOR CLAIMS & GIA REPORTING ONLY

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7911202Z



Name
MUHAMMAD RIDZAL BIN SARWAL

محمد ريزال بن سروال

Race
JAVANESE

Date of birth
17-04-1979

Sex
M

Country of birth
SINGAPORE

S7911202Z

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	09 Oct 1995
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	01 Sep 1998

NP 426A

Licence No: S7911202Z

4524588




NRIC No: S7911202Z

Date of issue
09-02-2010

11 SENGKANG SQUARE #10-33
COMPASS HEIGHTS SINGAPORE 646078

NRIC No: S7911202Z Date: 25/11/2019

FOR CLAIMS & GIA REPORTING ONLY



CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : MUHAMMAD RIDZAL BIN SARWAL
Period of Insurance : 27 Oct 2019 To 26 Oct 2020
Engine No. : PE10549136
Chassis No. : JM6KF2W7AJ0129896

Vehicle No. : SLT4052B
Policy No. : 1700076233-02
Endorsement No. :
Issued Date : 07 Oct 2019

ABOUT THE COVER

Make/Model : MAZDA CX5 2.0 SKYACTIV
Engine Capacity/Tonnage : 1,998.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
Insuring with COE/PARF : Yes

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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

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. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, 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)

MUHAMMAD RIDZAL BIN SARWAL - \$600 (Own Damage)

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

1. Trans Eurokaes Pte Ltd Add: 27A Tanjong Pagar Road, Singapore 609042 63310608

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

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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503599190

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

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSP0AM

SPOUSE

RafflesMedical
Your Trusted Partner for Health

MEDICAL CERTIFICATE

NRIC	: S7905130F	VISIT DATE	: 06 Feb 2020 (20:45)
NAME	: SAFURAJAN BINTE MOHAMED JABAR KHAN	VISIT NO	: G05820006525

This is to certify that the above mentioned has been given:

OUTPATIENT SICK LEAVE for 3 days from 06 Feb 2020 to 08 Feb 2020

DOCTOR : CHAW YAW LIM (M611681)
CLINIC : Compass One
ADDRESS : 1 SENGKANG SQUARE LEVEL -04-09 COMPASS ONE 545078

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.
*This certificate is electronically generated. No signature is required.

Printed: 06 Feb 2020, 08:47PM

DAUGHTER

RafflesMedical
Your Trusted Partner for Health

MEDICAL CERTIFICATE

NRIC	: T1535706H	VISIT DATE	: 07 Feb 2020 (10:14)
NAME	: MYRA NADYRA BINTE MUHAMMAD RIDZAL	VISIT NO	: G05820006558

This is to certify that the above mentioned has been given:

OUTPATIENT SICK LEAVE for 3 days from 07 Feb 2020 to 09 Feb 2020

DIAGNOSIS: (Medical-in-Confidence)

DOCTOR : TOH MEI LING (M61163H)

CLINIC : Compass One

ADDRESS : 1 SENGKANG SQUARE LEVEL -04-09 COMPASS ONE 545078

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

Printed: 07 Feb 2020, 10:35AM

*This certificate is electronically generated. No signature is required.

DAUGHTER

RafflesMedical
Your Trusted Partner for Health

MEDICAL CERTIFICATE

NRIC : T1535710F VISIT DATE : 06 Feb 2020 (20:27)
NAME : MAYA NADYA BINTE MUHAMMAD RIDZAL VISIT NO : G05820005526

This is to certify that the above mentioned has been given:

OUTPATIENT SICK LEAVE for 3 days from 06 Feb 2020 to 08 Feb 2020

DOCTOR : CHAW YAW LIM (M611688)
CLINIC : Compass One
ADDRESS : 1 SENKANG SQUARE LEVEL -04-09 COMPASS ONE 545078

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.
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Printed: 06 Feb 2020, 08:44PM

Raffles Medical Group Ltd
1 SenKang Square Level -04-09
Compass One 545078
Singapore 758233
Tel: (65) 6330 5852 Fax: (65) 6330 7863

Accident Photo



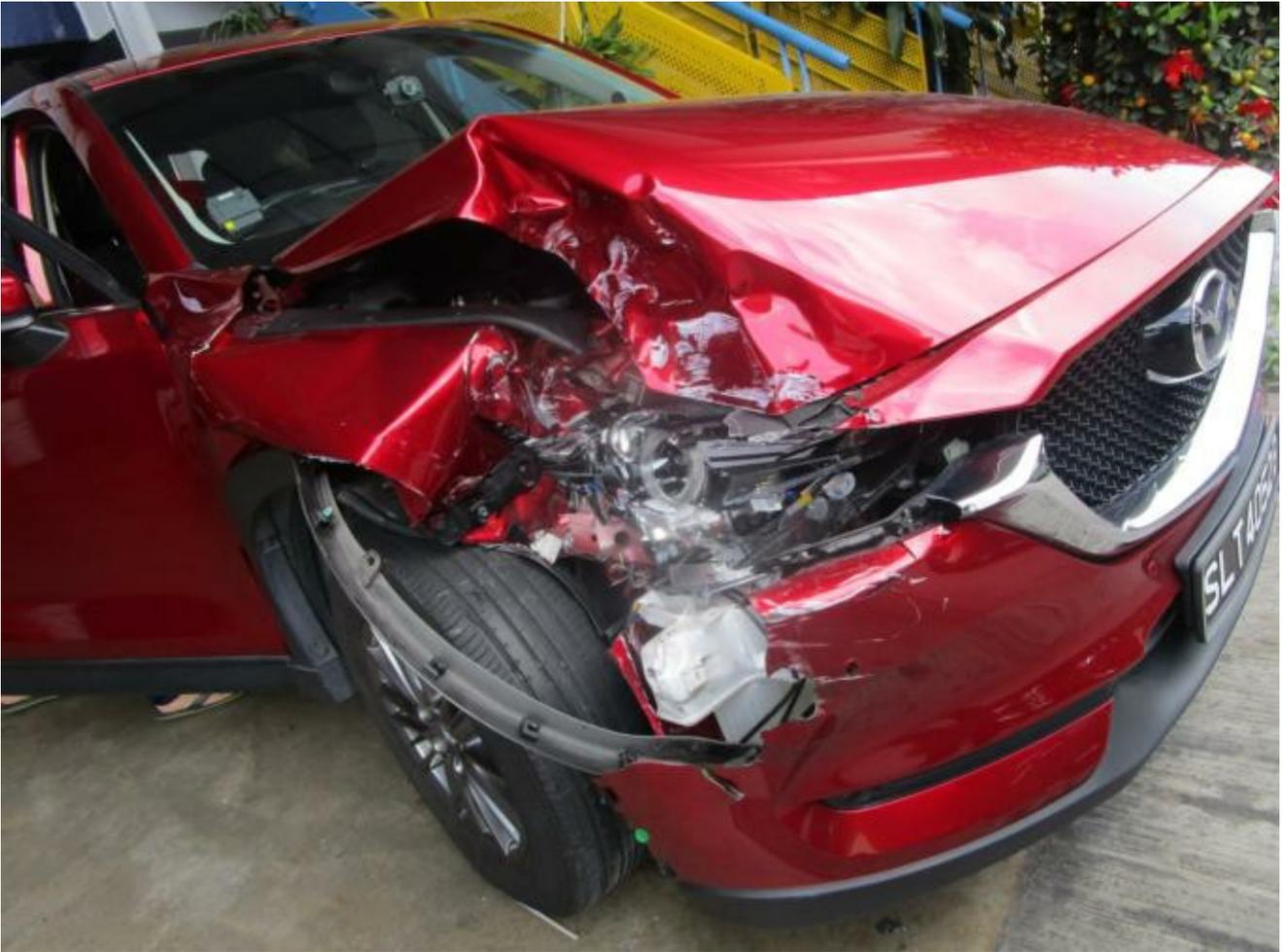
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

