



iShare Auto Pte. Ltd.
Co. Reg No: 201939376R
8 Kaki Bukit Avenue 4
#08-09 Premier @ Kaki Bukit
Singapore 415875
Tel: 6341 6789 Fax: 6341 6778
Email: ishareauto@gmail.com

Date: 26/12/20

By Email &/ Fax

To: AIG

Attn: Motor Claims Department

Re: Accident involving motor vehicle Nos. SJX5462Y and SLW7378B
along Bedok North Road towards KPE on 25/12/2020

We refer to the above matter.

We are instructed by Rohaini Binte Mohamed Hassan to notify you of a road traffic accident on 25/12/2020 at about 21:30 at/along Bedok North Road towards KPE involving our client's / customer's vehicle registration number SJX5462Y and vehicle registration number SLW7378B (your insured) at the material time.

As a result of the accident, our client's/customer's vehicle has been damaged. Before our client/we proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client/we shall proceed to repair the vehicle without further reference to you.

Thank You.

Yours faithfully,

Michelle

Hp: 9856 4815



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 Submission | 26/12/2020 14:44 (SGT) |
| Date of Accident | 25/12/2020 21:30 (SGT) |
| Exact Location of Accident | Bedok, Singapore |
| Additional Location Information | BEDOK NORTH ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SJX5462Y |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------------|
| Is company? | No |
| Name Of Registered Owner | ROHAINI BINTE MOHAMED HASSAN |
| NRIC No | SXXXX244B |
| Email Address | AZHAR.MOHDYUSOPE@YAHOO.COM |
| Mobile Phone No | (Phone) +65-97285278 |
| Alternative Phone No | (Home) +65-97285278 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Proton |
| Model | Persona |
| Variant | - |
| 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 - Claiming third party |
| Vehicle Category | Private car |

INSURANCE COMPANY

| | |
|---------------------------|---------------|
| Name of Insurance Company | AIG |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 2100214175 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-----------------------|
| Name of Driver | AZHAR BIN MOHD YUSOPE |
| NRIC No | SXXXX601A |
| Date Of Birth | 23/12/1973 |
| Occupation | Outdoor |



| | |
|--|---|
| Date Of Driving Pass | 04/11/2013 |
| Driving experience | 7 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-97285278 |
| Alt. Phone Number | - |
| Email Address | AZHAR.MOHDYUSOPE@YAHOO.COM |
| Address | APT BLK 190A RIVERVALE DRIVE #03-988 S 541190 |
| Address complement | - |
| Postcode | - |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Spouse |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

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 the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|------------------------------|
| Name | ROHAINI BINTE MOHAMED HASSAN |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Kaki Bukit Neighbourhood Police Post |
| Police Station Phone No | (Phone) +65-18004429999 |
| Alt. Police Station Phone No | (Fax) +65-62444377 |
| Police Station Address | Blk 526 Bedok North Street 3 #01-448 Singapore 460526 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED.

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLW7378B |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|----------------------|
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | TUANG SHI YIN |
| NRIC No | SXXXX463E |
| Contact Number | (Phone) +65-81812512 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

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
- 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 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 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.
- 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.

Policyholder's Signature / Date & Time

Sketch Plan

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

26/12/2020

Witnessed by Reporting Centre Personnel



A - SJ754624

B - SLW7378B

Refer to the police report T/20201225/2086

Insurance Co. FIG
Vehicle No. 50754624 Date of Accident 25/12/2020
☐ Reporting Only
☐ Own Damage Claim
☒ Third Party Claim
☒ Other Workshop
J&E Automobile
Service

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

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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20201225/2086

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

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Report No. T/20201225/2086

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 25/12/2020 22:32 | Vide Report No.: | Station Diary No.: 11 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|---|------------|------------------------------|--|--|----------------------------|
| Name of Informant: AZHAR BIN MOHD YUSOPE | | | Address: APT BLK 190A RIVERVALE DRIVE #03-988 SINGAPORE 541190 | | |
| ID Type / ID No.: NRIC NO / S7347601A | | | Contact No.: Home/Office: Mobile: 97285278 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 47 | Date of Birth: 23/12/1973 | Type of Informant: Driver | | |
| Race: Malay | | | Language: | | Institution / School Name: |
| Occupation: DRIVER | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------|---|--|-------------------------------------|
| Type of Accident: | Non-Injury | Drink Drive: No | Date/Time of Accident: 25/12/2020 21:30 | Type of Location: Straight Road |
| Location: BEDOK NORTH ROAD | | | | |
| Lamp Post Number: 10 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|--------|-----------|-------|------------------|-----------------|
| SJX5462Y | Car | PROTON | PERSONA16 | White | Slightly Damaged | 1 |
| SLW7378B | Car | MAZDA | | Blue | Slightly Damaged | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20201225/2086

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

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Report No T/20201225/2086

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-----------------------|------------------|---|
| Driver | | | |
| Name | AZHAR BIN MOHD YUSOPE | | ID No. S7347601A |
| Related Vehicle | SJX5462Y (Car) | | Contact No. 97285278 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | TUANG SHI YIN | | ID No. S8240463E |
| Related Vehicle | SLW7378B (Car) | | Contact No. 81812512 |
| 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 25 December 2020 at about 2107hrs, I was driving my vehicle (SJX5462Y) together with my wife proceeding back home. On the same date at about 2127hrs, While traveling along Bedok North Road towards KPE My vehicle came to a complete stop at the traffic light junction as the traffic light was red. out of a sudden I heard a loud bang sound from my rear of my vehicle.
After the incident I did made a checked on my wife and luckily she did not suffer any injury. I alighted my vehicle and discovered that one vehicle (SLW7378B), had hit onto my rear side of my vehicle. I did check on the driver condition and she informed me that she was not injured and thereafter exchanged particular and left the location.



**SINGAPORE
POLICE FORCE**



T/20201225/2086

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

3 of 3

Report No. T/20201225/2086

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: G / Sr Staff Sgt SIM CHENG SIONG | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 25/12/2020 22:32 |
| Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151 | Classification Of Case |
| Authentication Stamp NP168 | |