

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 08/02/2021 09:14 (SGT)
Date of Accident 05/02/2021 14:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information ADMIRALTY ROAD WEST LAMP POST 195
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKQ6377D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner AZMAN BIN JAILANI
NRIC No SXXXX566G
Email Address azmanrx8@yahoo.com
Mobile Phone No (Phone) +65-87421636
Alternative Phone No +65-87421636

VEHICLE PARTICULARS

Manufacturer Renault
Model Captur
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100398243
Cover Note Number -

DRIVER

Name of Driver AZMAN BIN JAILANI
NRIC No SXXXX566G
Date Of Birth 18/09/1968
Occupation Indoor

Date Of Driving Pass	24/06/1993
Driving experience	27 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87421636
Alt. Phone Number	+65-87421636
Email Address	azmanrx8@yahoo.com
Address	116 WOODLANDS AVE 5 #01-35
Address complement	-
Postcode	739018
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MUHAMMAD RIDHWAN BIN AZMAN
Gender	Male

PASSENGER 2

Name	AHMAD SALIHIN BIN KAMARU DEEN
Gender	Male

PASSENGER 3

Name	KAMARU DEEN BIN HAJA
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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 SLA7097C
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver TAN YUAN HAN
NRIC No SXXXX851F
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person MUHAMMAD RIDHWAN BIN AZMAN
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained NECK & BACK
Injured person in which vehicle? SKQ6377D
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person AHMAD SALIHIN BIN KAMARU DEEN
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained NECK & BACK
Injured person in which vehicle? SKQ6377D
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person AZMAN BIN JAILANI
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained NECK & BACK
Injured person in which vehicle? SKQ6377D
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 4

Name of injured person KAMARU DEEN BIN HAJA
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained NECK & BACK
Injured person in which vehicle? SKQ6377D

Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SINGAPORE ACCIDENT STATEMENT	
IMPORTANT NOTICE	
1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing. 2. Please report <u>correctly</u> the details of the accident to speed up the claims process. 3. This Form must be completed by the Policyholder and/or the Authorised Driver. 4. Information provided must be as <u>truthful and accurate as possible</u> . Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability. 5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies. 6. <u>Any false reporting may be referred to the Traffic Police Department for investigation.</u>	
ACCIDENT STATEMENT	
Date and Time of Accident	Date: 05/02/2021 Time: 14:20
Exact Location of Accident	ADMIRALTY ROAD WEST, LAMP POST NO: 195
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKQ 6377D
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	AZMAN BIN JAILANI
Personal Identification - NRIC (Singaporean/PR)	S6830566G
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer <u>RENAULT</u> Model <u>CAPTUR 1.5L</u>
Type of Vehicle*	<input type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> Micycle <input type="radio"/> Others, _____
Exact Purpose for which vehicle was being used at time of accident	<u>Social</u>
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input type="radio"/> No (If No, Pls select: <input type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	AIG ASIA PACIFIC INSURANCE PTE. LTD
Type of Policy	<input type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input type="radio"/> No
Policy Number	2100398243-06
Motor CI	
DRIVER	<input type="radio"/> Same as Insured above
Name of Driver	AZMAN BIN JAILANI
Personal Identification - NRIC (Singaporean/PR)	S6830566G
- FIN/Passport Number	
Date of Birth	18 dd/ 09 mm/ 1968 lyy
Driving Date Pass	dd/ mm/ lyy
Year of Driving Experience	Year(s) Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	87421636

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Address of Driver	116 NODDLELANDS AVE-S #01-35	Postcode 739018
Email Address		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	OWNER	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	CHAIN COLLISION	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____	
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____	
OTHER INFORMATION		
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any body injured in the accident?	<input type="radio"/> Yes <input type="radio"/> No	
Was any other vehicle or property damaged?	<input type="radio"/> Yes <input type="radio"/> No	
Was there any video captured by Car Camera?	<input type="radio"/> Yes <input type="radio"/> No	
Number of Passengers (Including Driver)	3	
DETAILS OF POLICE ACTION		
Was the Accident reported to the Police?	<input checked="" type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name	QUEKSTON NPC.	
Police Station Address		
Police Station Contact	Tel No.	Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, against whom?)	
DETAILS OF OTHER VEHICLE / PROPERTY 1		
Vehicle Registration Number	SLA7097C.	
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver	TAN YUAN HAN	
Personal Identification - NRIC (Singaporean/PR)	S7900851F	
- FIN/Passport Number		
Contact Number		
Address		
Name of Insurance Company		
Nature of Damage		
No. of Passenger (Including Driver)		
(Note - Please use page 6 if you need to add more vehicles.)		

SKETCH PLAN

IMPORTANT NOTICE

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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

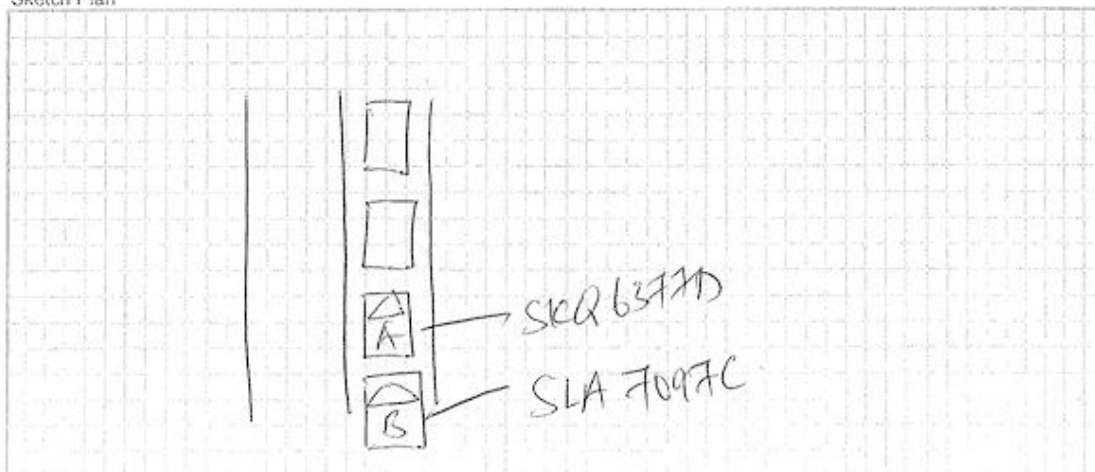
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



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Describe Circumstance of the Accident

Refer to Sketch Plan.

IMPORTANT NOTE

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

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

Witnessed by Reporting Centre Personnel













SINGAPORE
POLICE FORCE



T/20210206/2026

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20210206/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/02/2021 09:41	Vide Report No.: L/20210205/0102	Station Diary No.: 23
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Informant's Particulars

Name of Informant: AZMAN BIN JAILANI			Address: 116 WOODLANDS AVENUE 5 #01-35 SINGAPORE 739018		
ID Type / ID No.: NRIC NO / S6830566G			Contact No.: Home/Office: Mobile: 87421636		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 18/09/1968	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Manufacturing engineer (general)			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/02/2021 14:20	Type of Location: T-Junction
Location: ADMIRALTY ROAD WEST				
Lamp Post Number: 195				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
SKQ6377D	Car	RENAULT	CAPTUR 1.5L DCI A/T ABD D/AIRBAG 2WD 5DR	Blue	Seriously Damaged	3
SLA7097C	Car	MINI		Silver	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20210206/2026

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKQ6377D	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100398243-06	16/12/2020	15/12/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	MUHAMMAD RIDHWAN BIN AZMAN ✓		ID No.	T0046079B
Related Vehicle	SKQ6377D (Car)		Contact No.	96487839
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/02/2021		Date Discharge	05/02/2021
No. of Days granted Medical Leave	NIL		Degree of Injury	Serious
Passenger				
Name	AHMAD SALIHIN BIN KAMARU DEEN ✓		ID No.	S9532162C
Related Vehicle	SKQ6377D (Car)		Contact No.	90079615
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/02/2021		Date Discharge	05/02/2021
No. of Days granted Medical Leave	NIL		Degree of Injury	Serious
Driver				
Name	AZMAN BIN JAILANI ✓		ID No.	S6830566G
Related Vehicle	SKQ6377D (Car)		Contact No.	87421636
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/02/2021		Date Discharge	05/02/2021
No. of Days granted Medical Leave	04		Degree of Injury	Serious



SINGAPORE
POLICE FORCE



T/20210206/2026

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20210206/2026

CONTINUATION OF REPORT

Passenger			
Name	KAMARU DEEN BIN HAJA ✓	ID No.	S1808621B
Related Vehicle	SKQ6377D (Car)	Contact No.	90079615
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/02/2021	Date Discharge	05/02/2021
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Driver			
Name	TAN YUAN HAN	ID No.	S7900851F
Related Vehicle	SLA7097C (Car)	Contact No.	97635987
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 05/02/2021, at about 2.20pm, I was driving my car, a Blue Renault Captur, bearing vehicle registration number: SKQ6377D, along Admiralty Road West towards Sembawang Park. At the time, my vehicle had 3 passengers namely:

- 1) Kamaru Deen Bin Haja, S6830566G, HP: 90079615, who was sitting in the front passenger seat,
- 2) Ahmad Salihin Bin Kmaru Deen, S9532162C, who was sitting at the rear right passenger seat and
- 3) Muhammad Ridhwan Bin Azman, T0046079B, who was sitting at the rear left passenger seat.

There was a traffic light ahead which turned red and there were about 5 or 6 vehicles in front of me which had stopped due to the traffic light being red. I was the last car in the queue and I had come to a complete stop at the right most lane along Admiralty Road West near to Lamp Post 195.

I spotted a Silver Colour Mini Cooper (SLA7097C) through my car's rear view mirror, coming at me from the rear at a very fast speed, however as I was already stationary, I could not do anything. The car then collided into the rear of my vehicle, and my vehicle then surged forward due to the impact and hit the side kerb.

I then checked on my passengers and I alighted from my vehicle and approached the other vehicle and spotted that the driver was bleeding from his head. I then asked my friend Kamaru Deen Bin Haja to call for an ambulance. We then exchanged particulars and took pictures of the scene and he was conveyed to Khoo Teck Phuat Hospital.

Subsequently, my 3 passengers and I went to Khoo Teck Phuat Hospital to seek medical treatment and I was given 4 days of medical leave from 05/02/2021 to 08/02/2021 (Medical Certificate Number:



SINGAPORE
POLICE FORCE



T/20210206/2026

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Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20210206/2026

CONTINUATION OF REPORT

KHANE211950980). I wish to state that my vehicle does not have any in-vehicle camera.

Traffic Police attended to my incident and my Traffic Police Investigation Officer is Jeff Tan, contact number: 65476311.



SINGAPORE
POLICE FORCE



T/20210206/2026

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Police Station Of Origin:
Queenstown N.P.C
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Tel No: 1800-4719999

Report No. T/20210206/2026

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:

D /

Sgt 3 YIP XUANYU

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/02/2021 09:41

Officer In Charge Of Case:

TP / GIT /

Staff Sgt TAN JUN YAN

Contact No.: 65476311

Classification Of Case:

Authentication Stamp

NP168