

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	13/07/2021 15:41 (SGT)
Date of Accident	12/07/2021 16:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHANGI POINT / NICOLL DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT5618B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LATIFAH AHMAD BADIB
NRIC No	S1455639G
Email Address	SEREIN2000@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98363196
Alternative Phone No	(Home) +65-98363196

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2500

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070097676
Cover Note Number	-

DRIVER

Name of Driver	ABDUL AZIZ BIN ABU TALIB
NRIC No	S0002213F

Date Of Birth	10/08/1949
Occupation	Indoor
Date Of Driving Pass	12/09/1969
Driving experience	51 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96604201
Alt. Phone Number	-
Email Address	AZIZTALIB49@GMAIL.COM
Address	BLK 147 SIMEI ST 2 #10-54
Address complement	-
Postcode	520147
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 - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

FOREIGN VEHICLE 1

Vehicle Registration Number	JTW9418
Vehicle Category	Motorcycle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JTW9418
Vehicle Manufacturer	Yamaha

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	LOGARAS SELVARAJA
Passport No/FIN	G2097036M
Contact Number	-
Address	737 PASIR RIS DRIVE 10 #06-37
Address complement	-
Postcode	510737
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN



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:

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

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

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:

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

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



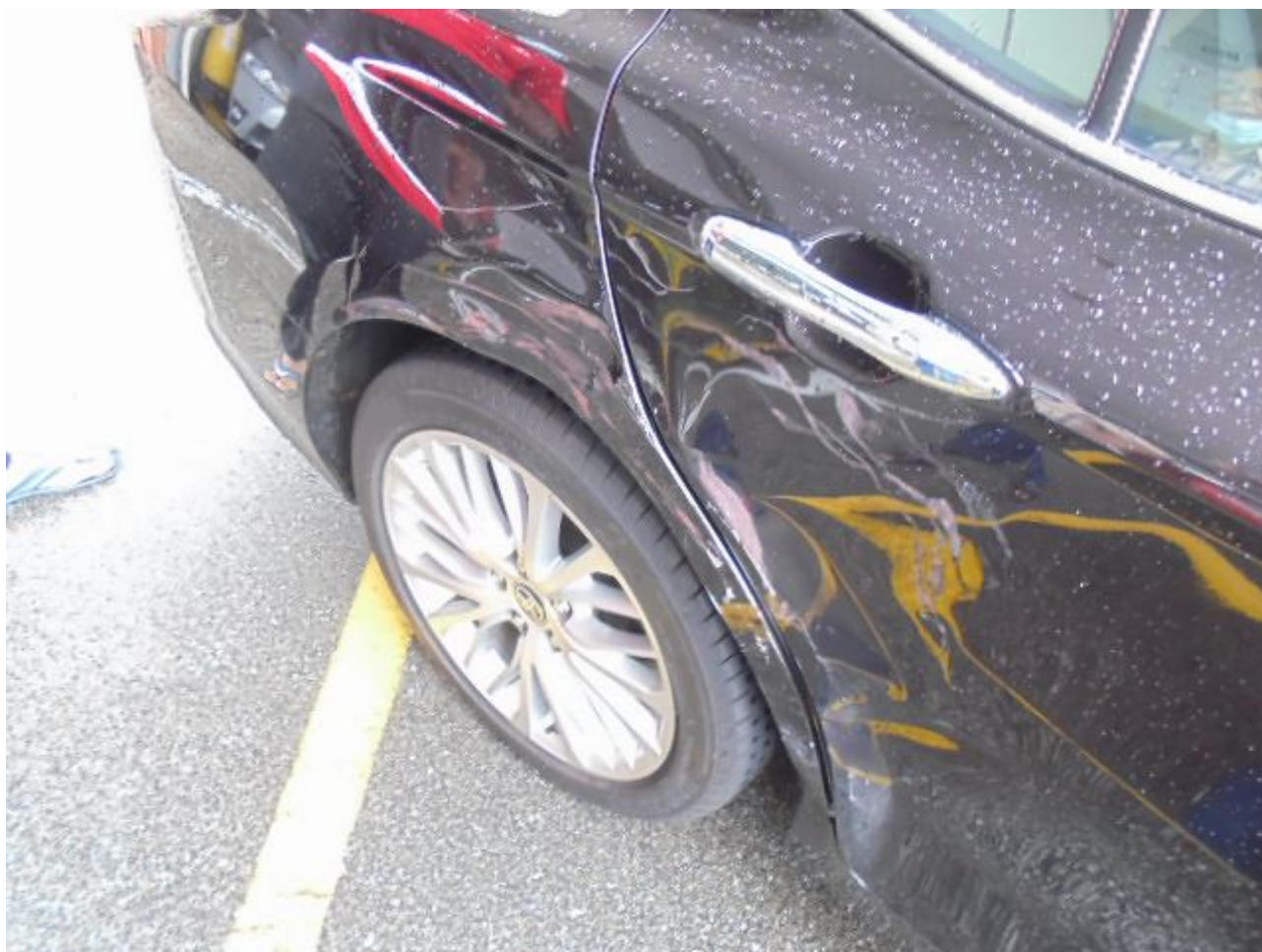



















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20210713/2004

1 of 3

Report No. T/20210713/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2021 00:29	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: ABDUL AZIZ BIN ABU TALIB	Address: APT BLK 147 SIMEI STREET 2 #01-54 SINGAPORE 520147		
ID Type / ID No.: NRIC NO / S0002213F	Contact No.:	Mobile: 96604201	
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 71	Date of Birth: 10/08/1949	Type of Informant: Driver
Race: Indian	Language: English	Institution / School Name:	
Occupation: Retiree	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

General Information of the Incident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/07/2021 16:15	Type of Location: T-Junction
Location: NICOLL DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JTW9418	Motorcycle	YAMAHA	Y15 ZR	Red	Slightly Damaged	0
SMT5618B	Car	TOYOTA	CAMRY 4-DOOR SEDAN (AUTO) 2.5	Brown	Seriously Damaged	0

Details of Person Involved

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



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T/20210713/2004

2 of 3

Report No. T/20210713/2004

CONTINUATION OF REPORT

Rider					
Name	LOGARAJ SELVARAJA		ID No.	G2097036M	
Related Vehicle	JTW9418 (Motorcycle)		Contact No.	93869376	
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	12/07/2021		Date Discharge	12/07/2021	
No. of Days granted Medical Leave	03		Degree of Injury	Slight	
Driver					
Name	ABDUL AZIZ BIN ABU TALIB		ID No.	S0002213F	
Related Vehicle	SMT5618B (Car)		Contact No.	96604201	
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	

Brief Details.

On 12/07/21 at about 1615hrs, I was driving my vehicle along Changi Point roundabout towards Nicoll Dr. I intended to exit from Changi Beach Carpark 2. As I approached the T junction, I came to a complete stop to make a check from both left and right direction. I intended to turn right. After I exited onto the main road, suddenly a motorcycle coming from my right collided with my vehicle. The rider then had a fall. I immediately alighted from my vehicle and assisted the rider.

After I rendered assistance to him, the rider informed that he did not need any further assistance. There were some passerby that assisted to shift his motorcycle to the pavement. Thereafter, we went our separate ways. I also informed that if he needed help, he could call me.

At about 1930hrs, I received a call from the rider and he informed that he wanted to get himself check due to the accident. I then assisted him and brought him to Changi General Hospital. He was then discharged with 3 days MC. I also assisted to send him back home. Out of good will and non admission of liability, I paid for his hospital bills amounting to SGD\$132/- and also a SGD\$50/- cash to him for his personal usage.

There was no one else involved in the accident. There was no government property damaged. I am lodging this report as advised by my insurance company.



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9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20210713/2004

3 of 3

Report No. T/20210713/2004

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 KHAIRUL HAZWAN-BIN AZMI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/07/2021 00:29

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN

SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476404

Classification Of Case:

Authentication Stamp

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SB0G217D0005 Vehicle Registration No: SMT5618B
 Name (as shown in NRIC): Latifah Ahmed Badri NRIC/FIN/Passport No: 8XXXX6396
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 98363196
 Email Address: _____
 Date of Accident: 12/7/21 Time of Accident: 16.15
 Place of Accident: Changi Point
 Insurance Company: AIG

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend: Driver name: Abdul Aziz Bin Abu Talib

Aziz
 Policyholder / Driver's Signature
 Date:

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

GIARMC Addendum Form



CERTIFICATE OF INSURANCE

TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : LATIFAH AHMAD BADIB
Period of Insurance : 30 Jun 2020 To 29 Jun 2022
Engine No. : A25A0617555
Chassis No. : MR2B63HK004004436

Vehicle No. : SMT5618B
Policy No. : 2070097676
Endorsement No. :
Issued Date : 01 Jul 2020

ABOUT THE COVER

Make/Model : TOYOTA CAMRY 2.5
Engine Capacity/Tonnage : 2,487.00 CC
Driver Restriction : NA
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.

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2020
Insuring with COE/PAF : Yes

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

* 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 - \$1000 Theft - \$0 Flood Cover - \$1000

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

LATIFAH AHMAD BADIB - \$1000 (Own Damage), \$1000 (Flood Cover)

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

1. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 2 Pandan Crescent Singapore 128462 Tel: 6631 1188

2. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 17 Ubi Road 4 Singapore 408611 Tel: 6631 1688

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.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: MayBank

I/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).

0504667252

INCHCAPE AUTO TOYOTA - BSTU024

33 LENG KEE ROAD

SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Pai Li Christina Ho

**MOTOR ACCIDENT INTERVIEW FORM**

NAME (DRIVER) : ABDUL ABIE BIN ABU TALIB

VEHICLE NUMBER : SMT 5168 B

DATE/TIME OF ACCIDENT : 12/07/2021 @ 16.5

PLACE OF ACCIDENT : Changi Point 1 Micoll Pk.

THIRD PARTY VEHICLE (IF ANY) : STW 9418

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

Changi Point 1 to home in Simei

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?

Motorcycle hit on rear right side of car.
Rear damage + front of motorcycle damage.

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

No.

[Signature]
Name:

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

AIG Asia Pacific Insurance Pte. Ltd.
AIG Building 78 Shenton Way #07-16 Singapore 079120
Tel: 6419 3000