

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 09/12/2021 16:41 (SGT)
Date of Accident 07/12/2021 08:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information UPPER CHANGI ROAD EAST
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJP991L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD RIZAN YUSRIE BIN YUSOPE
NRIC No SXXXX074A
Email Address ryusrie81@gmail.com
Mobile Phone No (Phone) +65-88836946
Alternative Phone No +65-88836946

VEHICLE PARTICULARS

Manufacturer Honda
Model Airwave
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
Transmission Auto
CC 1498

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P10230949R02
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD RIZAN YUSRIE BIN YUSOPE
NRIC No SXXXX074A

Date Of Birth	22/12/1979
Occupation	Indoor
Date Of Driving Pass	16/10/2008
Driving experience	13 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88836946
Alt. Phone Number	+65-88836946
Email Address	ryusrie81@gmail.com
Address	122 SIMEI STREET 1 #08-430
Address complement	-
Postcode	520122
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	Side Swipe
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 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

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

REFER TO ATTACHED POLICE REPORT T/20211207/2121

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	SLW1250A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	TAY SOOT LING
Contact Number	(Phone) +65-98298000
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AIG Asia Pacific Insurance Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD RIZAN YUSRIE BIN YUSOPE
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	FINGER AND BACK PAIN
Injured person in which vehicle?	SJP991L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

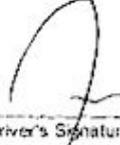
Describe Circumstances of the Accident

as per police report.

Declaration

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
Seiamatshahn

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

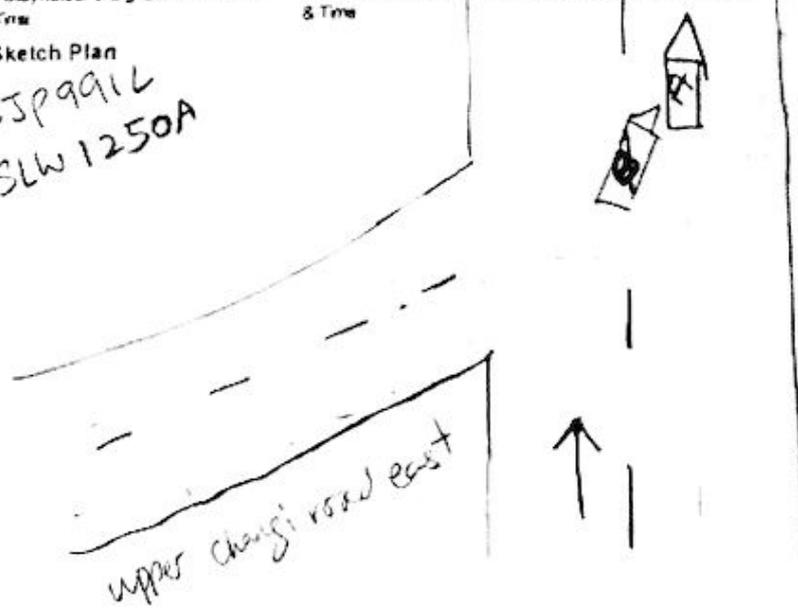
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.

[Signature]
 Policyholder's Signature / Date & Time

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

[Signature]
 Witnessed by Reporting Centre Personnel
 Seiamatshain

Sketch Plan
 A = SJP9912
 B = SLW1250A



upper Changi road east


















**SINGAPORE
POLICE FORCE**


T/20211207/2121

1 of 3

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

Report No: T/20211207/2121

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/12/2021 21:14	Vide Report No.:	Station Diary No.: 73
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Informant's Particulars

Name of Informant: MUHAMMAD RIZAN YUSRIE BIN YUSOPE			Address: APT BLK 122 SIMEI STREET 1 #08-430 SINGAPORE 520122		
ID Type / ID No.: NRIC NO / S7938074A			Contact No.: Home/Office: Mobile: 88836946		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 22/12/1979	Type of Informant: Driver		
Race: Indian			Language:	Institution / School Name:	
Occupation: Safety Personnel			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/12/2021 08:10	Type of Location: X-Junction
Location: UPPER CHANGI ROAD EAST				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	Traffic Volume: Heavy	
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
SJP991L	Car	HONDA	AIRWAVE 1.5M A	Silver	Slightly Damaged	0
SLW1250A	Car					1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP991L	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10230949R02	11/09/2021	10/09/2022



**SINGAPORE
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T/20211207/2121

2 of 3

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Report No. T/20211207/2121

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved No			
No. of Pedestrians Injured NIL		Use of Pedestrian Crossing NA	
Driver			
Name	MUHAMMAD RIZAN YUSRIE BIN YUSOPE	ID No.	S7938074A
Related Vehicle	SJP991L (Car)	Contact No.	88836946
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	TAY SOOT LING	ID No.	S1738329I
Related Vehicle	SLW1250A (Car)	Contact No.	98298000
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 07/12/2021 at about 0810hrs, I was driving along Upper Changi Rd East on the first lane towards Loyang Ave, turning into TPE. As I was approaching the Cross Junction the traffic light was still green as such I went across the junction. After the junction, There was a filter lane for cars to merge into my lane on my left. As I had right of way, I continued to move forward. However, as I was going pass the filter lane, I suddenly felt a bang from the left side of my vehicle.

After the collision, the other vehicle drove forwards and stopped further up on the second lane. After which, I followed behind as well. After stopping our vehicles. We both exited and exchanged particulars with each other. Both of us did not require any immediate medical attention and no ambulance or police was called down. We both then agreed to make a claim with our insurance.

I observed that my vehicle had dents and the left rear passenger door. Later in the day I could feel some pain in my fingers and on my back. I will be seeing a doctor at a later time.



**SINGAPORE
POLICE FORCE**



T/20211207/2121

3 of 3

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

Report No. T/20211207/2121

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 / Sgt 2 GIDEON LIM KAI-EN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/12/2021 21:14
Officer In Charge Of Case: TP / AEIT / Insp (1) BOON YEN KIAN Contact No.: 65476172	Classification Of Case:
Authentication Stamp NP168	