

# 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 ..... 31/10/2019 18:19 (SGT)  
Date of Accident ..... 30/10/2019 17:45 (SGT)  
Exact Location of Accident ..... PIE TUAS 19.5KM  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKN3080U

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... HASZREN HASSAN  
NRIC No ..... S7115529C  
Email Address ..... HASZREN@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-98318840  
Alternative Phone No ..... (Phone) +98318840

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... ALPHARD 2.4 A  
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  
Transmission ..... -  
CC ..... -

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1800113751-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SITI NUR DIYANA BINTE SALEH  
NRIC No ..... S8927973I

Date Of Birth .....	18/08/1989
Occupation .....	Indoor
Date Of Driving Pass .....	19/12/2011
Driving experience .....	7 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Office) +65-92327111
Alt. Phone Number .....	-
Email Address .....	SITINUR.DIYANA8@GMAIL.COM
Address .....	BLK 122 BISHAN STREET 12 #04-35
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 1 .....	-
Insurance Company of Other Vehicle Owned by Driver 1 .....	-
Vehicle Registration Number of Other Vehicle Owned by Driver 2 .....	-
Insurance Company of Other Vehicle Owned by Driver 2 .....	-
Vehicle Registration Number of Other Vehicle Owned by Driver 3 .....	-
Insurance Company of Other Vehicle Owned by Driver 3 .....	-

#### 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? .....	Yes
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 .....	PASSENGER
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bukit Panjang
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? .....	Yes
Reasons for not uploading a video of the accident .....	VIDEO WITH TRAFFIC POLICE
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBL409T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	-
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

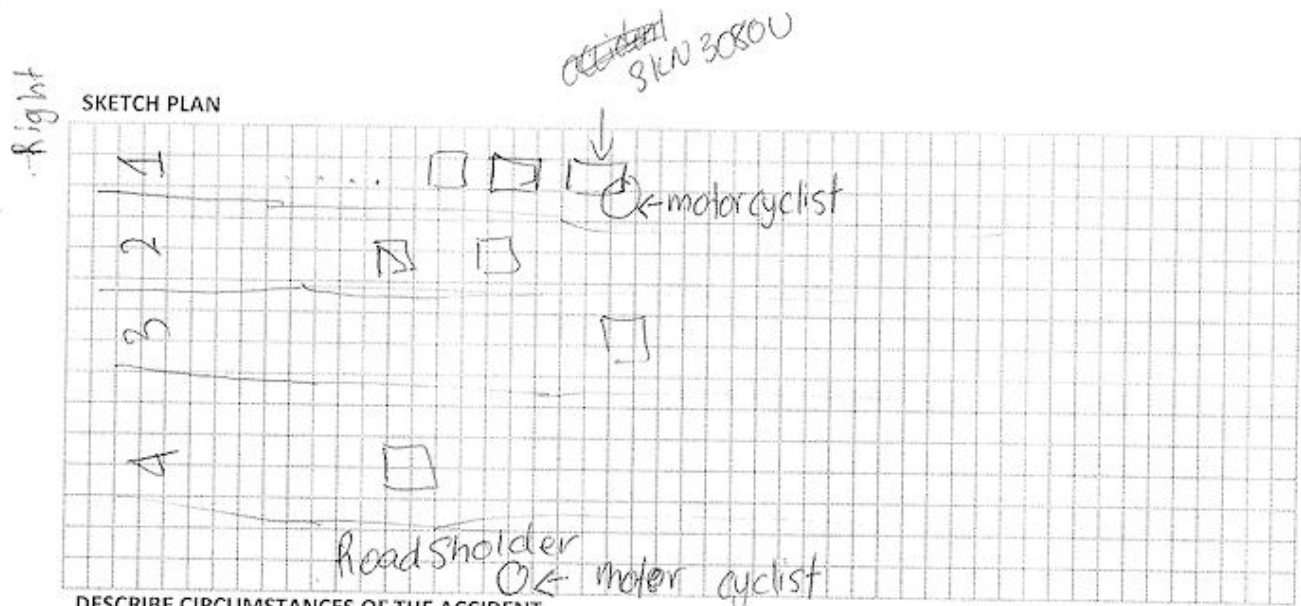
Name of injured person .....	MOTORCYCLE RIDER
Address .....	
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

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 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.

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.

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was a four lane road and I was driving along to my step-daughter. The traffic was heavy and I travelling along the second lane and changed lane to the first lane. I was following the traffic and suddenly the vehicle, at the very front jammed braked, I did not know which vehicle that started the jammed braked. Thus all the vehicle jammed braked continuously, and I also jammed braked and suddenly a motorcycle on from back hit my vehicle's rear. I made a check and saw the left rear headlight was broken. At first I did not know who hit my vehicle's rear and I thought it was the taxi at the back. However, I saw the taxi has no damages.

PLEASE REFER TO POLICE REPORT.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

- Reporting Only
- Claim OD
- Claim TP
- ☒ - Claim OD/ TP at other workshop

DECLARATION

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

Policyholder's signature  
Date & Time

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

Reporting Centre Personnel's Signature  
Name: Pateswaran Arind  
Nric/Fin No.





# SINGAPORE POLICE FORCE



T/20191030/2185

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

1 of 3

Report No. T/20191030/2185

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2019 21:07		Vide Report No.:		Station Diary No.: 125	
<b>Informant's Particulars</b>					
Name of Informant: SITI NUR DIYANA BINTE SALEH			Address: APT BLK 122 BISHAN STREET 12 #04-35 SINGAPORE 570122		
ID Type / ID No.: NRIC NO / S8927973I			Contact No.: Home/Office: Mobile: 92327111		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 30	Date of Birth: 18/08/1989	Type of Informant: Driver		
Race: Boyanesse			Language: English		Institution / School Name:
Occupation: ADMIN			Driving Licence Information: Class: 3A Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/10/2019 17:45	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE (TUAS) 19.5 KM				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL409T	Motorcycle				No Damage	0
SKN3080U	Car				Slightly Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20191030/2185

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

2 of 3

Report No. T/20191030/2185

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	Unknown Rider		ID No. NIL
Related Vehicle	FBL409T (Motorcycle)		Contact No. NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date Class: 2A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Driver</b>			
Name	SITI NUR DIYANA BINTE SALEH		ID No. S89279731
Related Vehicle	SKN3080U (Car)		Contact No. 92327111
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	NIL

**Brief Details.**

On 30/10/2019 at about 1745hrs at PIE(Tuas) 19.5 km, it was a four lane road and I was driving along with my step-daughter. The traffic was heavy and I was travelling along the second lane and changed lane to the first lane. I was following the traffic and suddenly the vehicle at the very front jammed braked, I did not know which vehicle that started the jammed braked. Thus all the vehicle jammed braked continuously, and I also jammed braked and suddenly a motorcycle on from back hit my vehicle's rear. I made a check and saw the left rear headlight was broken. At first I did not know who hit my vehicle's rear and I thought it was the taxi at the back. However, I saw the taxi but the taxi has no damages. Subsequently I saw the motorcycle rider was at the road shoulder and I checked with him and he informed that he was the one that hit my vehicle's rear and he also informed that felt a pain on his right arms and chest. I observed that his motorcycle has no any physical damages. Subsequently, the EMAS came and called the ambulance and Traffic Police. The ambulance came and accessed the rider and he was conveyed to Tan Tock Seng Hospital and the Traffic Police took my vehicle camera SD card and issued an acknowledgement slip to me. The ambulance did not access my step-daughter and I as we were not injure. I did not manage to exchange the particulars with the rider as the Traffic Police informed that this will be under investigation and did not need to exchange particulars with rider. The Traffic Police also informed me to go to any Neighbourhood Police Centre to lodge a Traffic report.



**SINGAPORE  
POLICE FORCE**



T/20191030/2185

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

3 of 3

Report No. T/20191030/2185

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:

J/  
SC LEE YAO FENG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
30/10/2019 21:07

Officer In Charge Of Case:  
TP / GIT /

Classification Of Case:

<p>Contact No: SINGAPORE POLICE FORCE Identification Stamp NP168</p> <p>SIGNATURE</p>
---





**SINGAPORE POLICE FORCE  
ACKNOWLEDGEMENT SLIP**

Ref: Report No: A/2019 1030 / 0097

I, Ti SOH H Fedhil  
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)  
of TP  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 8 gb Kingston black micro sd card.
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_

from S8927973I Siti Sa Nur Diyana binte Saleh  
(Name, NRIC or Passport No. / Rank and No.)  
of B122 Bishan S12 #04-35 S 570122 07327111  
(Address / Police Station / NPC / NPP)  
on 30/10/19 at 1850 hrs  
(Date) (Time)

Witnessed by / \* Handed over by:  
(\* Delete if applicable)

Received by:

[Signature]  
(Signature)  
S8927973I  
(Name, NRIC or Passport No. / Rank and No.)

[Signature]  
(Signature)  
Ti SOH H Fedhil  
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: 10 zickle 65476356

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_







































# CERTIFICATE OF INSURANCE

## AUTOVALUE PRIVATE VEHICLE

**Name of Policyholder** : Haszren Hassan  
**Period of Insurance** : 08 Oct 2019 To 07 Oct 2020  
**Engine No.** : YEDA01017  
**Chassis No.** : ANH100184299

**Vehicle No.** : SKN3060U  
**Policy No.** : 1800113751-01  
**Endorsement No.** :  
**Issued Date** : 17 Sep 2019

### ABOUT THE COVER

**Make/Model** : TOYOTA ALPHARD 2.4 [MPV]  
**Engine Capacity/Tonnage** : 2,362.00 CC  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2007  
**Insuring with CDE/PAFF** : Yes

#### 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 authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YEDR") if You are or Your Authorized Driver (named or unnamed) is under the age of 25 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, prize 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.

\* Limitations rendered inoperative by Section 6 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 - \$500, Theft - \$0, Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreens - \$100

#### Named Driver and Excess (where applicable)

Haszren Hassan - \$500 (Own Damage)

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

Any accident repairs to the Vehicle must be carried out by one of our Authorized Repairers.  
 For other approved reporting (Carwash/AIG Authorized Repairers), please contact our 24-hour accident emergency hotline at +65 6334 6293. Alternatively, you may refer to AIG website [www.aig.com.sg](http://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: ABWIN PTE 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).

0502263000

SAFE HARBOUR ASSURANCE AGENCY

BLK 208 HOUGANG ST 21 #04-207

SINGAPORE 530208

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORIZED REPRESENTATIVE