

## 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 Actual 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	04/01/2023 18:24 (SGT)
Reported by	Driver
Date of Accident	04/01/2023 11:50 (SGT)
Exact Location of Accident	Henderson Rd, Singapore
Additional Location Information	ALONG HENDERSON ROAD (TOWARDS TELOK BLANGAH ROAD)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH1631B
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMAD ZULKARNAIN BIN ABDUL RAHMAN
NRIC No	SXXXX664H
Email Address	BECKS_ZUL@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91797474
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
Variant	SEDAN 1.0 TFSI
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	999

#### INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1900003597-02

#### DRIVER

Name of Driver	NORHAM ERLYANI
NRIC No	SXXXX330J
Date Of Birth	22/04/1985

Occupation .....	Indoor
Date Of Driving Pass .....	16/08/2004
Driving experience .....	18 YEARS AND 5 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96452865
Alt. Phone Number .....	-
Email Address .....	ERLYANI.HAMID@GMAIL.COM
Address .....	55 TAMPINES STREET 86
Address complement .....	#04-23
Postcode .....	528541
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 .....	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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE POLICE REPORT.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SG5586G
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	MUHAMAD ZUHISHAM BIN AHMAD
Contact Number	-
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.
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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

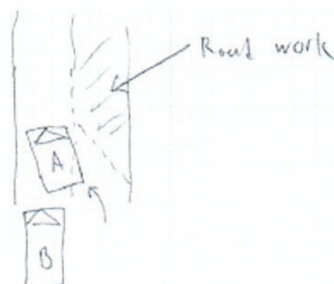
*[Signature]* 04/01/23 1554h  
Policyholder's Signature / Date & Time

*[Signature]* 4/1/2023 1536h  
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre  
Personnel Tony Fong

## Sketch Plan



A - SMH 163113


B - SG55866


**Describe Circumstances of the Accident**

Please refer to police report.

**Declaration**

We declare the foregoing particulars are true in every respect.

 04/01/23 1532h  
Policyholder's Signature / Date & Time

 4/1/2023 1532h  
Driver's Signature (if driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre  
Personnel Tony Fong



**SINGAPORE  
POLICE FORCE**



G/20230104/7041

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20230104/7041

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2440000

Date/Time Report Made 04/01/2023 15:01	Vide Report No.	Station Diary No.
Name Of Informant NORHAM ERLYANI BINTE ABDUL HAMID	Address 55 TAMPINES STREET 86 #04-23 SINGAPORE 528541	
ID Type / ID No. NRIC NO / S8512330J	Contact No. Home/Office:	Mobile: 96452865
Nationality SINGAPORE CITIZEN	Email Address ERLYANI.HAMID@GMAIL.COM	
Occupation Management executive	Sex Female	Age 37
Institution/School Name	Date of Birth 22/04/1985	Race Malay
Date/Time Of Incident 04/01/2023 11:50 - 04/01/2023 11:55	Location Of Incident 55 TAMPINES STREET 86 #04-23 SINGAPORE 528541	

**Brief details.**

On 4/1/2023 at 11:50am I was driving my vehicle SMH1631B on Henderson Rd towards Telok Blangah Rd.

I was driving in the right lane. The right lane was closed ahead. I switched on my left indicator light and prepared to merge into the left lane. Upon checking that the lane was clear and following the flow of traffic, I merged into the left lane.

After my vehicle entered the lane, my vehicle was hit from the back by SMRT bus number SG5586G.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/01/2023 15:01
Officer In-Charge Of Case:	Classification Of Case:





**SINGAPORE  
POLICE FORCE**



G/20230104/7041

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**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. G/20230104/7041

My vehicle was damaged from the impact and requires repairs. I noted the particulars of the bus driver involved in the incident.

I am making a police report to inform authorities on the matter and will be making insurance claim for the damages.

Subjects Involved			
Victim			
Person Name	NORHAM ERLYANI BINTE ABDUL HAMID		
ID Type	NRIC NO	ID No	S8512330J
Gender	Female	Age	37
Race	Malay	Language	English
Occupation	Management executive	Address	55 TAMPINES STREET 86 #04-23 SINGAPORE 528541
Mobile No	96452865	Is Informant A Victim?	Yes
Person Name	NORHAM ERLYANI BINTE ABDUL HAMID (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/01/2023 15:01
Officer In-Charge Of Case:	Classification Of Case: