

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	20/02/2023 16:33 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/02/2023 11:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG EUNOS FLYOVER TOWARDS PIE (CHANGI) AFTER JALAN EUNOS EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME6426K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD SHAHIDIN BIN MUHAMMAD SHARIF
NRIC No	SXXXXX747E
Email Address	shahiana83@yahoo.com.sg
Mobile Phone No	(Phone) +65-90088345
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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	1496

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7220082351

DRIVER

Name of Driver	MUHAMMAD SHAHIDIN BIN MUHAMMAD SHARIF
NRIC No	SXXXXX747E
Date Of Birth	13/12/1983

Occupation	Indoor
Date Of Driving Pass	16/01/2008
Driving experience	15 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90088345
Alt. Phone Number	-
Email Address	shahiana83@yahoo.com.sg
Address	APT BLK 440A FERNVALE LINK
Address complement	# 08-175
Postcode	791440
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 vehicle 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	JUDY
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT- T/202300220/7009

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJG5391A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	MUHAMMAD SHAHIDIN BIN MUHAMMAD SHARIF
Gender	Male
Phone No	(Phone) +65-90088345
Address	APT BLK 440A FERNVALE LINK
Address Complement	# 08-175
Post Code	791440
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK PAIN-GIVEN 5 DAYS OF MC
Injured person in which vehicle?	SME6426K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No



**SINGAPORE
POLICE FORCE**



T/20230220/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20230220/7009

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SME6426K	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7220082351	10/10/2022	09/10/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD SHAHIDIN BIN MUHAMMAD SHARIF	ID No.	S8338747E
Related Vehicle	SME6426K (Car)	Contact No.	90088345
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON 19/02/2023 AT ABOUT 1115HRS AT ALONG EUNOS FLYOVER TOWARDS PIE (CHANGI) AFTER JALAN EUNOS EXIT. I WAS TRAVELLING ON THE MIDDLE LANE AT THE ABOVE MENTIONED ROAD AND WHEN MY FRONT VEHICLE SLOW DOWN AND STOP DUE TO HEAVY TRAFFIC, HENCE I FOLLOW SUIT. SUDDENLY, I FELT A GREAT IMPACT FROM THE REAR AND WHEN I ALIGHTED, I REALISED THAT IT WAS VEHICLE (B) WHO HIT ONTO THE REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. AFTER THE ACCIDENT, I FELT UNWELL AND WAS AWARDED 5 DAYS OF MC FOR MY INJURY. I HAVE 1 PASSENGER ONBOARD MY VEHICLE.

VEHICLE A: SME6426K
VEHICLE B: SJG5931A

SKETCH PLAN**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. 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.

<p><i>[Signature]</i></p> <p>Policyholder's Signature / Date & Time</p>	<p><i>[Signature]</i></p> <p>Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p><i>[Signature]</i> 20/2/2023</p> <p>Witnessed by Reporting Centre Personnel</p>
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Sketch Plan Along Eunos Flyover Towards PIE (Changi) after Julian Gius Exit

Describe Circumstances of the Accident

PLEASE REFER TO TP REPORT.


NO : T / 20230220 / 7009

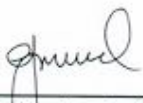
Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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

 20/2/2023
Witnessed by Reporting Centre Personnel





















**SINGAPORE
POLICE FORCE**



T/20230220/7009

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20230220/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/02/2023 10:07	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD SHAHIDIN BIN MUHAMMAD SHARIF			Address: 440A FERNVALE LINK #08-175 SINGAPORE 791440		
ID Type / ID No.: NRIC NO / S8338747E			Contact No.: Home/Office: Mobile: 90088345		
Nationality: SINGAPORE CITIZEN			Email: shahiana83@yahoo.com.sg		
Sex: Male	Age: 39	Date of Birth: 13/12/1983	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/02/2023 11:15	Type of Location: Straight Road
Location: EUNOS FLYOVER				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		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	Conditio	No of
SJG5931A	Car					0
SME6426K	Car	TOYOTA	SIENTA ELEGANCE (AUTO)	Brown		1

Details of Vehicle Insurance

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



T/20230220/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3
Report No. T/20230220/7009

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SME6426K	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7220082351	10/10/2022	09/10/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD SHAHIDIN BIN MUHAMMAD SHARIF	ID No.	S8338747E
Related Vehicle	SME6426K (Car)	Contact No.	90088345
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON 19/02/2023 AT ABOUT 1115HRS AT ALONG EUNOS FLYOVER TOWARDS PIE (CHANGI) AFTER JALAN EUNOS EXIT. I WAS TRAVELLING ON THE MIDDLE LANE AT THE ABOVE MENTIONED ROAD AND WHEN MY FRONT VEHICLE SLOW DOWN AND STOP DUE TO HEAVY TRAFFIC, HENCE I FOLLOW SUIT. SUDDENLY, I FELT A GREAT IMPACT FROM THE REAR AND WHEN I ALIGHTED, I REALISED THAT IT WAS VEHICLE (B) WHO HIT ONTO THE REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. AFTER THE ACCIDENT, I FELT UNWELL AND WAS AWARDED 5 DAYS OF MC FOR MY INJURY. I HAVE 1 PASSENGER ONBOARD MY VEHICLE.

VEHICLE A: SME6426K
VEHICLE B: SJG5931A



**SINGAPORE
POLICE FORCE**



T/20230220/7009

3 of 3

Report No. T/20230220/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
20/02/2023 10:07

Classification Of Case:



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: SN09232K0001 Vehicle Registration No: SME6426K
 Name (as shown in NRIC): Muhammad Shahidin Bin Muhammad Sharif NRIC/FIN/Passport No: S8338747E
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: RPT BLK 440A Fernvale Link #08-175 Singapore (791440)
 Contact (Tel): _____ Mobile No.: 9008 8345
 Email Address: shahiana83@yahoo.com.sg
 Date of Accident: 19/02/2023 Time of Accident: 11:15
 Place of Accident: Along Gurus Flyover towards PIE (Changi) after Jelen Gurus Exit
 Insurance Company: AIQ

(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 sketch plan - uploaded sketch plan

Policyholder / Actual Driver's Signature
Date:

gmuul 21/2/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: