

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	25/04/2023 13:00 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/04/2023 20:33 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	(CHANGI) BEFORE EUNOS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR7388H
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMMAD BASIR BIN BASARUDDIN
NRIC No	SXXXX511C
Email Address	basir.basaruddin@gmail.com
Mobile Phone No	(Phone) +65-90023279
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A5
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	1984

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1800018939-05

DRIVER

Name of Driver	MOHAMMAD BASIR BIN BASARUDDIN
NRIC No	SXXXX511C
Date Of Birth	11/01/1979
Occupation	Indoor

Date Of Driving Pass	16/07/2005
Driving experience	17 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90023279
Alt. Phone Number	-
Email Address	basir.basaruddin@gmail.com
Address	BLK 708 CLEMENTI WEST STREET 2 #06-313
Address complement	-
Postcode	120708
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	3
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	SUHARTY BINTE OSMAN
Gender	Female

PASSENGER 2

Name	SYUHRA QISTINA BINTE MOHAMMAD BASIR
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 POLICE REPORT T/20230423/7034

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	SJX9687P
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)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLN4925P
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)	5

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SND8321J
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)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMMAD BASIR BIN BASARUDDIN
Gender	Male
Phone No	(Phone) +65-90023279
Address	-
Address Complement	-

Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	SGR7388H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SUHARTY BINTE OSMAN
Gender	Female
Phone No	(Phone) +65-90683479
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	SGR7388H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	SYUHRA QISTINA BINTE MOHAMMAD BASIR
Gender	Female
Phone No	(Phone) +65-90023279
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	SGR7388H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

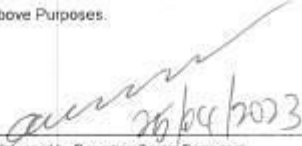
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

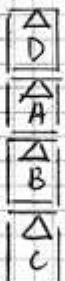
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)


Sketch Plan

Vehicle A: SGK7386H	PIEC (van) before TUNOS	
Vehicle B: SJX9687P		
Vehicle C: SLN4925P		
Vehicle D: SMD8371J		

Describe Circumstance of the Accident

- Refer to police Report -

T/20230423/7034



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



25/04/2023

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



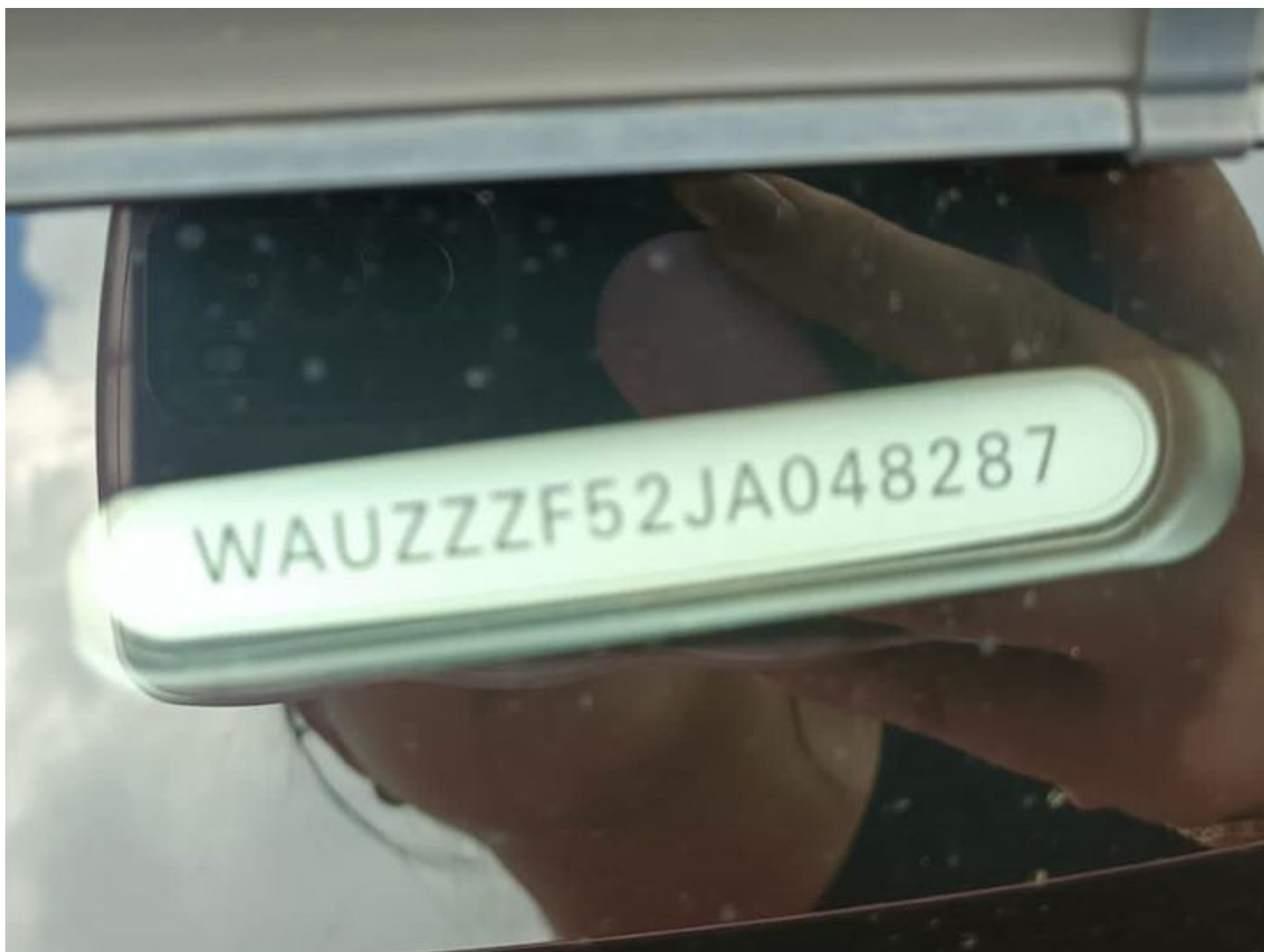

















**SINGAPORE
POLICE FORCE**


T/20230423/7034

1 of 4

Report No. T/20230423/7034

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/04/2023 19:30		Vide Report No.: G/20230422/0246		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMMAD BASIR BIN BASARUDDIN			Address: 708 CLEMENTI WEST STREET 2 #06-313 SINGAPORE 120708		
ID Type / ID No.: NRIC NO / S7901511C			Contact No.: Home/Office: Mobile: 90023279		
Nationality: SINGAPORE CITIZEN			Email: BASIR.BASARUDDIN@GMAIL.COM		
Sex: Male	Age: 44	Date of Birth: 11/01/1979	Type of Informant: Driver		
Race: Javanese			Language: English		
Occupation: Management executive			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/04/2023 20:30	Type of Location: Straight Road
Location: UBI AVENUE 1				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGR7388H	Car	AUDI	A5+SB+2.0+TFSI+S+TRONIC+%28DESIGN%29	Red	Seriously Damaged	2
SJX9687P	Car				Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20230423/7034

2 of 4

Report No. T/20230423/7034

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

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLN4925P	Car				Seriously Damaged	4
SND8321J	Car				Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGR7388H	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800018939-05	01/03/2023	29/02/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	MOHAMMAD BASIR BIN BASARUDDIN		ID No.	S7901511C
Related Vehicle	SGR7388H (Car)		Contact No.	90023279
Hospital/Clinic	GLENEAGLES HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	22/04/2023		Date	23/04/2023
No. of Days granted Medical Leave		14	Degree of	Serious
Passenger				
Name	SYUHRA QISTINA BINTE MOHAMMAD BASIR		ID No.	T0839144G
Related Vehicle	SGR7388H (Car)		Contact No.	90023279
Hospital/Clinic	GLENEAGLES HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	22/04/2023		Date	23/04/2023
No. of Days granted Medical Leave		NIL	Degree of	Serious


**SINGAPORE
POLICE FORCE**


T/20230423/7034

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

3 of 4

Report No. T/20230423/7034

CONTINUATION OF REPORT

Passenger			
Name	SUHARTY BINTE OSMAN	ID No.	S7909533H
Related Vehicle	SGR7388H (Car)	Contact No.	90683479
Hospital/Clinic	GLENEAGLES HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	22/04/2023	Date	23/04/2023
No. of Days granted Medical Leave	14	Degree of	Serious

Brief Details.

ON 22/04/2023 AT ABOUT 20:33HR, I WAS DRIVING MY VEHICLE - SGR7388H, ALONG PIE IN THE DIRECTION OF CHANGI WITH MY WIFE & DAUGHTER. BEFORE THE EXIT TO EUNOS, FRONT VEHICLE MADE AN EMERGENCY BRAKE AND I IMMEDIATELY APPLY MY BRAKES, WITH NO CONTACT WITH THE FRONT VEHICLE. SUDDENLY, ABOUT 2-3 SECONDS LATER, I FELT A GREAT IMPACT ON MY VEHICLE' REAR PORTION IN WHICH CAUSES MY VEHICLE TO PROPEL FORWARD ONTO THE FRONT VEHICLE. WHEN I ALIGHTED, I THEN REALISED I WAS INVOLVED IN A CHAIN COLLISION OF 4 VEHICLES. THE PASSENGER OF THE 3RD VEHICLE IN THE COLLISION WAS SUBSEQUENTLY CONVEYED TO THE HOSPITAL FROM THE ACCIDENT SCENE. LATER ON IN THE EVENING, MY FAMILY & I THEN SOUGHT FOR MEDICAL ATTENTION AT GLENEAGLES HOSPITAL AND I HAD FRACTURED MY TOE DUE TO THE ACCIDENT.

**SINGAPORE
POLICE FORCE**

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



T/20230423/7034

4 of 4

Report No. T/20230423/7034

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
LEE GUANG HUI
Contact No.: 65476423

NP168

Signature Of Informant:

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

Date/Time:
23/04/2023 19:30

Classification Of Case: