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### SINGAPORE ACCIDENT STATEMENT

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 witholding 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

25/04/2023 13:00 (SGT) Both Policyholder and Actual Driver 22/04/2023 20:33 (SGT) PIE, Singapore (CHANGI) BEFORE EUNOS Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

**SGR7388H** 

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

**Email Address** Mobile Phone No Alternative Phone No No

MOHAMMAD BASIR BIN BASARUDDIN

SXXXX511C

basir.basaruddin@gmail.com (Phone) +65-90023279

VEHICLE PARTICULARS

Manufacturer

Model 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?

Vehicle Category Transmission

CC

Audi

A5

Private use

No - Claiming third party

Private car Auto

1984

INSURANCE COMPANY

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

1800018939-05

DRIVER

Name of Driver NRIC No Date Of Birth

Occupation

MOHAMMAD BASIR BIN BASARUDDIN

SXXXX511C 11/01/1979 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 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)

Yes

No

Are accident photos available for attachment?

Was there any video captured by Car Camera?

#### **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	120
Details of property damaged in accident	
No. Of Passenger (Including Driver)	-
No. Of Passenger (including Driver)	2

#### **DETAILS OF OTHER VEHICLE PROPERTY 2**

SLN4925P
-
_
_
-
Private car
-
-
_
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-
-
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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	2
Insurance Company Name	27
Nature Of Damage	
Details of property damaged in accident	=
No. Of Passenger (Including Driver)	-
No. Of Fasseriger (including Driver)	2

#### **INJURED PERSONS DETAILS**

INJURED 1

Name of injured person

Gender

Mohammad Basir Bin Basaruddin
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? 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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

Vehicu 1. Sar7386H	EMMOS	
venicu B: GJX9687P		
venicu C: SIN4925P	4 (lbula	
lehicle D: snlD 83213-	21)731	

Describe Circumstance of the Accident	
- Refer to police Report	
7 20236423 7034	
	A STATE OF THE STA

#### Declaration

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

4

Policyholder's Signature / Date & Time

A

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

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





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

		O D. M.
Date/Time Report Made:	Vide Report No.:	Station Diary No.:
23/04/2023 19:30	G/20230422/0246	

23/04/202	3 19:30		G/20230422/0240		
Informant	's Particu	llars	<b>对公司为</b> 明的制度。1963年,1963年,	<b>经</b> 国的联系的特别的	
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: Age: Date of Birth: Male 44 11/01/1979		THE PERSON NAMED AND POST OFFICE AND PARTY.	Type of Informant: Driver		
Race: Javanese			Language: English		
	Occupation: Management executive		Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/04/2023 20:3	Type of Location Straight Road
Location: UBI AVENUE	<u>:</u> 1			
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
One Way				Anyone conveyed by

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGR7388H		AUDI	A5+SB+2.0+ TFSI+S+TR ONIC+%28D ESIGN%29	100 mar 100 m	Seriously Damaged	2
SJX9687P	Car				Seriously Damaged	1





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

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

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

Details of Person	n Involved					
Any Pedestrian Ir	volved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver						
Name	MOHAMMAD BASIR BIN BASARUDDIN		ID No.		S7901511C	
Related Vehicle	SGR7388H (Car)		Contac	t No.	90023279	
Hospital/Clinic	GLENEAGLES HOSPITAL			Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date	22/04/2023		Date		23/04	/2023
No. of Days gran			Degree of	Serious		us
Passenger						MARKET CONTRACTOR AND ADMINISTRATION OF
Name	SYUHRA QISTINA BINTE MOHAMMAD BASIR		ID No.		T0839144G	
Related Vehicle	SGR7388H (Car)		Contac	ct No.	90023279	
Hospital/Clinic	GLENEAGLES HOSPITAL		Class Driving Licend Expiry	e &	Class: NIL Date of Expiry: NIL	
Date	22/04/2023 Date		Date	23/04/2023		1/2023
No. of Days gran	ted Medical Leave	NIL	Degree of	f	Serio	ous



T/20230422/7024

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

Name	SUHARTY PINTE	001441				
	SUHARTY BINTE OSMAN			ID No.		S7909533H
Related Vehicle	SGR7388H (Car)					
				Contact No.		90683479
Hospital/Clinic	GI ENEAGI ES HOSPITA					
			Class of Driving Licence		Class: NIL Date of Expiry: NIL	
Date	22/04/2023	04/2023		Expiry		
No. of Days granted Medical Leave 14		Date	2	3/04/	/2023	
		Degree of		eriou		

#### 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.





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

4 of 4 Report No. T/20230423/7034

#### CONTINUATION OF REPORT

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: 23/04/2023 19:30			
Officer In Charge Of Case: TP / TPIB / LEE GUANG HUI Contact No.: 65476423	Classification Of Case:			
NP168				





### SINGAPORE ACCIDENT STATEMENT

### **Accident Details**

Who reported the accident?	Owner / Driver / Both
Date of Accident:	22/04/2023.
Time of Accident:	20 :33 (AM / PM)
Location of Accident:	PIE(changi) before Euni
Country/State of Loss:	29.
Type of Accident:	tread to Reav.
Weather Condition: Clear / Raining	Road Surface: Dry/ Wet
If Not in List, please specify	
Are you claiming under your own insurance policy for repair to your vehicle?	Yes / No
If No, please state action to be taken	Third Party / Reporting Only
Was any foreign vehicle involved in accide	nt? Yes / 😡
If yes, please state Vehicle No & Vehicle Ty	/pe:
No. of vehicles Involved in the accident (in	nclude own vehicle) 0 사 ·
Has the driver been approached by unkno accident claims assistance?	own person(s) soliciting/offering Yes / No
Was the accident reported to the police?	ves/16
If yes, police station name:	
Was notice of Prosecution given?	Yes / No
If yes, against whom?	
<u>Files</u>	
Are accident photos available for attachm	nent? Yes / No
Was there any video captured?	Yes / (Vo
Was there any audio captured?	Yes / No

Details of Own Vehic	<u>:le</u>		
Vehicle Registration N	Vo:SAR 7388H.		
Vehicle Category:	Private.		
Vehicle Manufacturer	:tudiVehicle Model:t5'		
Transmission:	Manual / Auto Cc:		
Exact purpose for which	ch vehicle was being used at the time of accident:		
Priva	te Car / Private Use / Employment		
No. of passengers (incl			
Passenger Name:	Suharty Binte Osman S7909533+1.		
Gender:	Male / Female		
Passenger Name:	Syuhra Disting Binte Mohammad Bas		
Gender:	Male / Female T08391446.		
Own Vehicle Policy			
Handling Insurer:	K167.		
Coverage Type: ACT /	Comprehensive / Third Party / Third Party, Fire & Theft		
Fleet Policy:	Yes / No		
Registered Owner Name	Mohammad Bacir Bin Basarudain		
ID Type:	UEN / NRIC / Passport or FIN / Work Permit		
Registered Owner ID:	S7901511C		
Email:	basir basaryddin egmail com.		
Mobile No:	9002 3279		
Alt. No Type:	Home / Office / Not in List		
If Not in List, please speci			
Owner Alt Phone No:			

<u>Driver's Information</u>		
Is the driver the policy holder?	Yes No	
Name of Driver:	As above.	
Gender:	Male / Female	
ID Type:	NRIC / Passport or FIN / Wo	rk Permit
Driver's ID:	As above	
Date of Birth:	11  01   1979	
Driving Pass Date:	16/07/2005	•
Mobile No:	hs above	
Email:	As above.	
Address 1:	708 clementi	West Street 2
Address 2:	# 06-313 Posts	al Code: 8 (120708.
Occupation:	Indoor / Outdoor	
Driver Owner Relationship	OWNER	e. 79-11-11-11-11-11-11-11-11-11-11-11-11-11
Does Driver own other vehicle	s? Yes / No	
If yes, please provide Vehicle R		
Handling Insurer:		
TP Vehicle or Property		
Was there any other vehicle or	r property damaged?	No No
If yes, please provide:		6.
(i) Vehicle Registration	PXC2	6879-7 05.
(ii) Vehicle Category:	SLN	4925P-705
	cluding driver) SN	. co < t16880
Passenger Name:		
Gender: Male / Fem	nale	

<u>Translation</u>		
Was the Sketch P	Plan Statement translated from another language?	
Yes / Ño	rom another language?	
Name of Translate	or:	
ID Type:	NRIC / Passport or FIN / Work Permit	
Phone No:		
Email:	DEBILISIO	
English / Mandarin	al language used in the statement?  In / Malay / Tamil / Others:  Following documents:	
- Original repo	ort in original language eport to English	
Injured Person's De		
Was anyone injured	(5)	
If yes, please provide	ed to hospital by Ambulance? (Yes / No	
(i) Name:		
(ii) Gender:	Male / Female	
(iii) Injured Pers (iv) Full Address	son in which Vehicle?	
Witness Details	S. M. Agrees	
Was there any witness  If yes, please provide:	ses? Yes / No	
Witness Name:		
Witness Contact:		-



# CERTIFICATE OF INSURANCE

## AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: MOHAMMAD BASIR BIN BASARUDDIN

Period of Insurance Engine No.

: 01 Mar 2023 To 29 Feb 2024

Chassis No.

: CVK050339 : WAUZZZF52JA048287 Vehicle No.

: SGR7388H

Policy No.

: 1800018939-05

Endorsement No.

**Issued Date** 

: 04 Feb 2023 14:24

### **ABOUT THE COVER**

Make/Model

: AUDI A5 Sportback 2.0TFSI S Tronic (Design)

Engine Capacity/Tonnage : 1,984.00 CC Driver Restriction

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2018 Insuring with COE/PARF : Yes

: NA 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 authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of S\$\$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less

Age Condition

: All Age Condition

Mileage Condition

: Unlimited Mileage

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, pace-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.

Loss of Use 1800cc - 2000cc Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960, Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

#### **EXCESS**

Fire - \$0 Own Damage - \$1600 Theft - \$0 Flood Cover - \$1600

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

MOHAMMAD BASIR BIN BASARUDDIN - \$1600 (Own Damage), \$1600 (Flood Cover)

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

1.Audi Customer Service Center Add: 55 Ubi Road 1 Singapore 408699 63662323

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from Apple App Store or Google Play Store.

#### **IMPORTANT NOTES**

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

I/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 1960, Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504125261

PREMIUM LEASING - CYS

281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE

SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIGSGMORII FAPP