



## 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

### IMPORTANT NOTICE

- (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.

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

Vehicle A: SGR7388H  
Vehicle B: STX9687P  
Vehicle C: SLN4925P  
Vehicle D: SND8321J

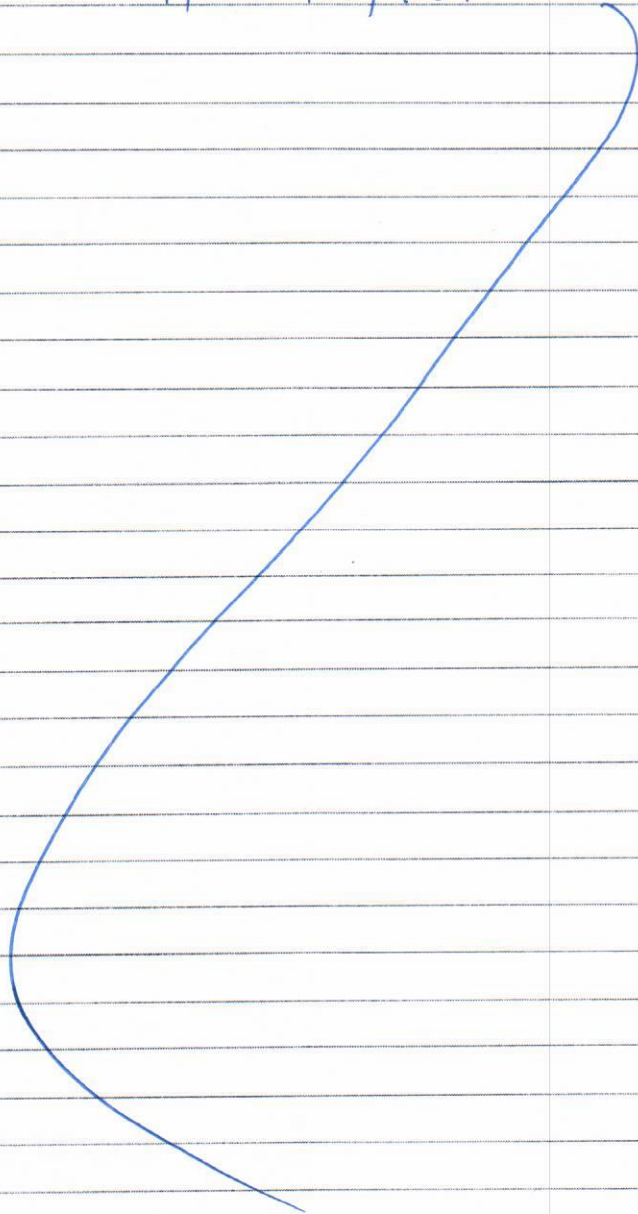
REC (range) before turns

Δ D
Δ A
Δ B
Δ C

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

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

1 of 4

Report No. T/20230423/7034

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/04/2023 19:30		Vide Report No.: G/20230422/0246		Station Diary No.:	
<b>Informant's Particulars</b>					
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+TR ONIC+%28D ESIGN%29	Red	Seriously Damaged	2
SJX9687P	Car				Seriously Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20230423/7034

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

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Report No. T/20230423/7034

**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

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Report No. T/20230423/7034

**CONTINUATION OF REPORT**

<b>Passenger</b>			
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**



T/20230423/7034

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

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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

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:

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 Eunos

Country/State of Loss:

SG.

Type of Accident:

Head to Rear.

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 accident?

Yes / No

If yes, please state Vehicle No & Vehicle Type:

No. of vehicles Involved in the accident (include own vehicle) 04.

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Yes / No

Was the accident reported to the police?

Yes / No

If yes, police station name:

Was notice of Prosecution given?

Yes / No

If yes, against whom?

Files

Are accident photos available for attachment?

Yes / No

Was there any video captured?

Yes / No

Was there any audio captured?

Yes / No

### Details of Own Vehicle

Vehicle Registration No: SAR 7388H.

Vehicle Category: Private.

Vehicle Manufacturer: Audi Vehicle Model: A5.

Transmission: Manual / Auto Cc:

Exact purpose for which vehicle was being used at the time of accident:

Private Car / Private Use / Employment

No. of passengers (including driver) 03

Passenger Name: Suharty Binte Osman S7909533H.

Gender: Male / Female

Passenger Name: Syuhra Aistina Binte Mohammad Basir

Gender: Male / Female T0839144G.

### Own Vehicle Policy

Handling Insurer: Alfa.

Coverage Type: ACT / Comprehensive / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes / No

Registered Owner Name: Mohammad Basir Bin Basaruddin

ID Type: UEN / NRIC / Passport or FIN / Work Permit

Registered Owner ID: S7901511C

Email: basir.basaruddin@gmail.com.

Mobile No: 9002 3279

Alt. No Type: Home / Office / Not in List

If Not in List, please specify

Owner Alt Phone No:

### Driver's Information

Is the driver the policy holder? Yes / ☒ No

Name of Driver: As above.

Gender: ☒ Male / Female

ID Type: ☒ NRIC / Passport or FIN / Work Permit

Driver's ID: As above

Date of Birth: 11/01/1979

Driving Pass Date: 16/07/2005

Mobile No: As above

Email: As above.

Address 1: 708 Clementi West Street 2.

Address 2: #06-313 Postal Code: S(120708)

Occupation: ☒ Indoor / Outdoor

Driver Owner Relationship owner

Does Driver own other vehicles? Yes / ☒ No

If yes, please provide Vehicle Registration No: \_\_\_\_\_

Handling Insurer: \_\_\_\_\_

### TP Vehicle or Property

Was there any other vehicle or property damaged? ☒ Yes / No

If yes, please provide:

(i) Vehicle Registration No: SJX9687P → 02.

(ii) Vehicle Category: SLN 4925P-7 05

(iii) No. of passengers (including driver) SND8321J → 02.

Passenger Name: \_\_\_\_\_

Gender: Male / Female

### Translation

Was the Sketch Plan Statement translated from another language?

Yes / ☒ No

Name of Translator: \_\_\_\_\_

ID Type: \_\_\_\_\_  
NRIC / Passport or FIN / Work Permit

Phone No: \_\_\_\_\_

Email: \_\_\_\_\_

What is the original language used in the statement?

☒ English / Mandarin / Malay / Tamil / Others: \_\_\_\_\_

Please attach the following documents:

- Original report in original language
- Translated report to English

### Injured Person's Details

Was anyone injured in the accident? ☒ Yes / ☒ No

Any injured conveyed to hospital by Ambulance? ☒ Yes / ☒ No

If yes, please provide:

- (i) Name: \_\_\_\_\_
- (ii) Gender: \_\_\_\_\_ Male / Female
- (iii) Injured Person in which Vehicle? \_\_\_\_\_
- (iv) Full Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Witness Details

Was there any witnesses? ☒ Yes / ☒ No

If yes, please provide:

Witness Name: \_\_\_\_\_

Witness Contact: \_\_\_\_\_



# CERTIFICATE OF INSURANCE

## AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : MOHAMMAD BASIR BIN BASARUDDIN  
Period of Insurance : 01 Mar 2023 To 29 Feb 2024  
Engine No. : CVK050339  
Chassis No. : 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 : NA  
Person or Classes of Persons Entitled to Drive\* :  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2018  
Insuring with COE/PAF : Yes

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 than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use\* :

Mileage Condition : Unlimited Mileage

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

#### Section 1

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](http://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.

AIGSGMOBILEAPP

78 Shenton Way #09-16 AIG Building S079120 | T: +65 6419 3000 | [www.aig.sg](http://www.aig.sg)

AIG Asia Pacific Insurance Pte. Ltd.