

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	22/05/2023 16:32 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/05/2023 20:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Bukit Batok St 25
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG4606Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Rosilawati Binte Ahmad
NRIC No	S1754686D
Email Address	ltisyoyo@gmail.com
Mobile Phone No	(Phone) +65-98580291
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	21000484730-06

DRIVER

Name of Driver	Rosilawati Binte Ahmad
NRIC No	S1754686D
Date Of Birth	13/08/1966
Occupation	Indoor

Date Of Driving Pass	10/07/1984
Driving experience	38 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98580291
Alt. Phone Number	-
Email Address	Itisyoyo@gmail.com
Address	148 Lorong Sarina
Address complement	-
Postcode	416710
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 - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	UNKNOWN
Vehicle Category	Motorcycle

PASSENGER 1

Name	Suze mahmood
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

REFER TO POLICE REPORT

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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	Thamarai Selvi A/P Vijian
Work Permit No	404457306
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Thamarai Selvi A/P Vijian
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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

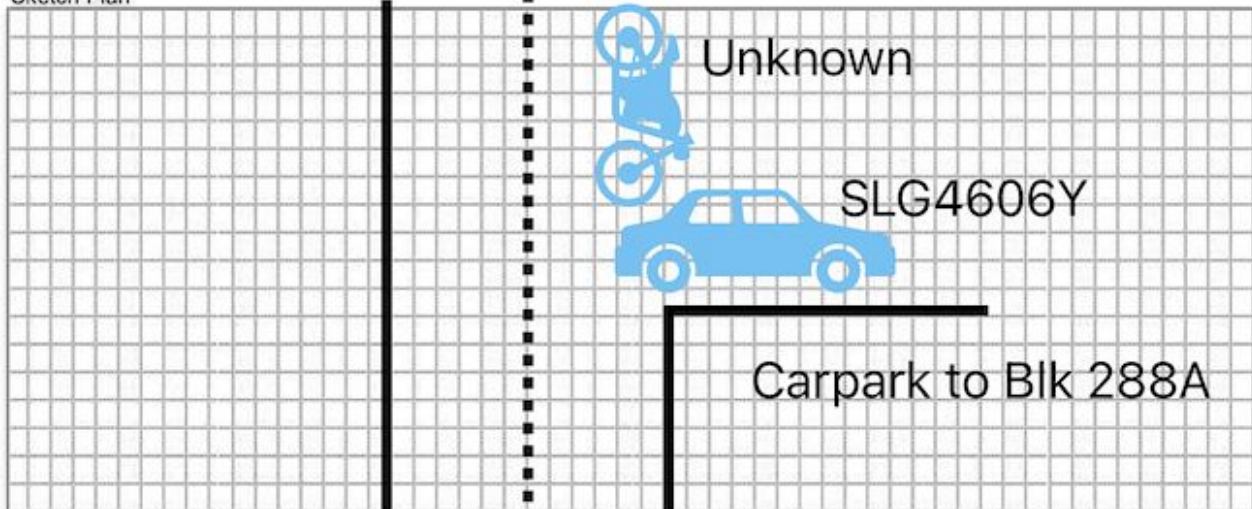
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including the lawyers/law firms), which may be sites outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Bukit Batok St 25

Describe Circumstance of the Accident

Refer to police report

Declaration

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

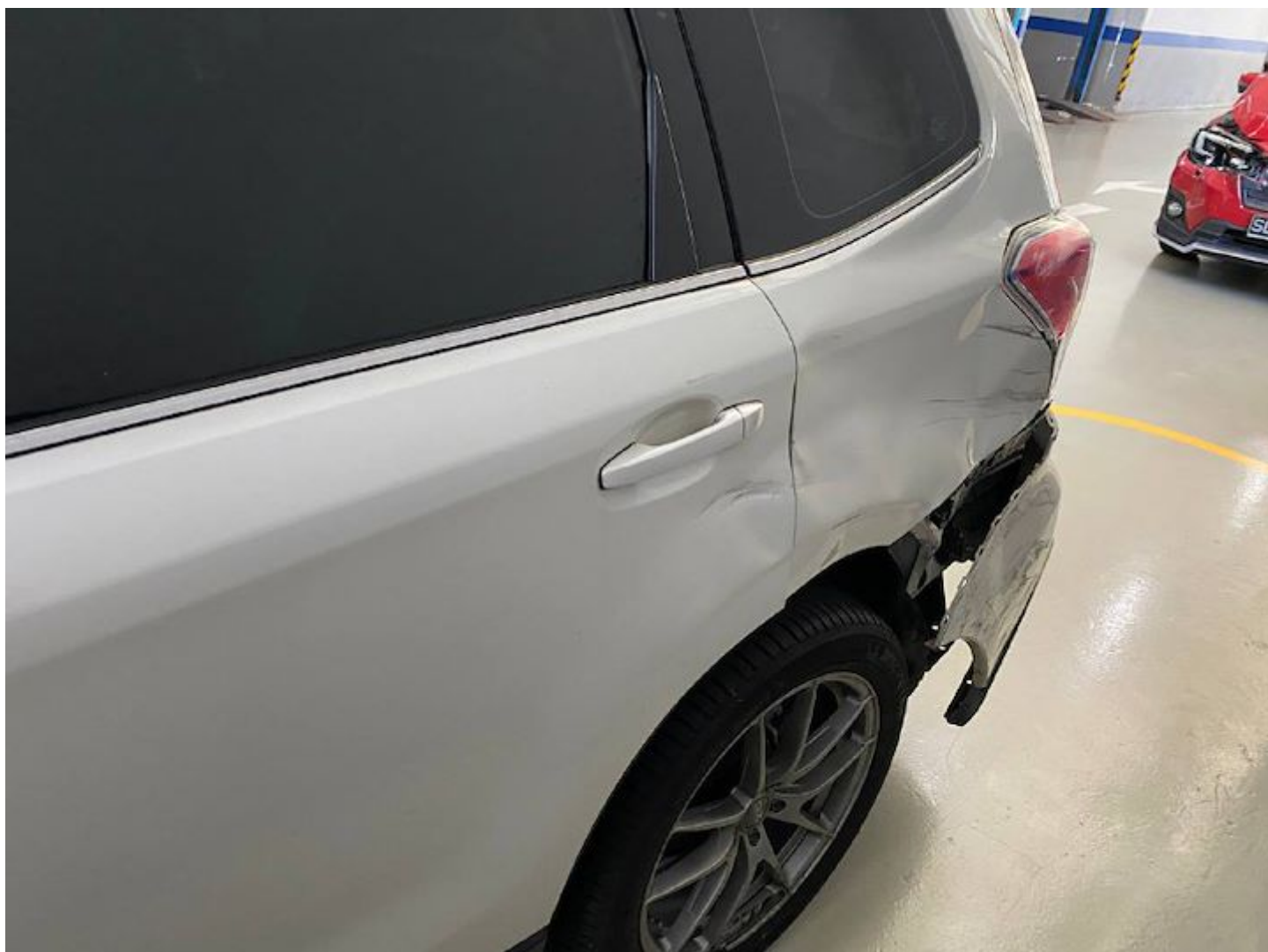

 Policyholder's Signature / Date & Time


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

 
 Witnessed by Reporting Centre Personnel



















































**SINGAPORE
POLICE FORCE**



T/20230521/7031

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

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Report No. T/20230521/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/05/2023 16:48		Vide Report No.: J/20230520/0117		Station Diary No.:
Informant's Particulars				
Name of Informant: ROSILAWATI BINTE AHMAD		Address: 148 LORONG SARINA SINGAPORE 416710		
ID Type / ID No.: NRIC NO / S1754686D		Contact No.: Home/Office: Mobile: 98580291		
Nationality: SINGAPORE CITIZEN		Email: ITISYOYO@GMAIL.COM		
Sex: Female	Age: 56	Date of Birth: 13/08/1966	Type of Informant: Driver	
Race: Malay		Language: English		
Occupation: Retiree		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: 20/05/2023 20:10	Type of Location: Straight Road
Location: BUKIT BATOK STREET 25				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SLG4606Y	Car	SUBARU	FORESTER 2.0I-L CVT AWD SR	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLG4606Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100484730-06	30/09/2022	29/09/2023



**SINGAPORE
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T/20230521/7031

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Tel No: 65470000

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Report No. T/20230521/7031

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ROSILAWATI BINTE AHMAD	ID No.	S1754686D
Related Vehicle	SLG4606Y (Car)	Contact No.	98580291
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Rider			
Name	THAMARAI SELVI A/P VIJIAN	ID No.	G2254623L
Related Vehicle	NIL	Contact No.	90897128
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

I was going to Block 288A at Bukit Batok St 25 and have been driving safely all the way there from the east, where I live. I have always been a careful and safe driver all my life of driving over three decades, with no accidents like this before. And as always, when I reached the entrance to the estate with Block 288A Bukit Batok Street 25 that night, I noted my surroundings and when I saw it was clear, I proceeded to make a right turn into the carpark. While almost inside, I felt something hit my rear left corner of the car and upon checking, I saw a rider laying on her side while still straddling the motorbike but she was not flung off. I quickly checked on her and noted she was conscious. She was wearing an all black attire and was repeatedly asking someone to call her boss to let them know she was not coming to work. She seemed more worried about that than her situation. I quickly called the police at 995 at 8:14 pm. The ambulance arrived about five minutes later and determined after assessment that she was okay enough to stand herself up in order to sit on the stretcher, before being taken to the hospital. She was very aware and was speaking normally. My passenger and I were both in shock as I least expect this to happen and we are now both feeling some form of phobia, especially of bikers. I am disappointed that this accident happened as I am always very, very careful driving on Singapore busy roads, and would always give way to traffic, especially to motorbikes who tend to scarily split lanes and ride fast. I am after all a careful retiree with nothing to rush. This incident serves as a reminder to me that while I may be careful, there may still remain risks from other road users, especially along dimmer roads. I noted this stretch of road is relatively dim. I wish the



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T/20230521/7031

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Report No. T/20230521/7031

CONTINUATION OF REPORT

rider a speedy recovery.



**SINGAPORE
POLICE FORCE**



T/20230521/7031

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Report No. T/20230521/7031

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
Ahmad Syafiq Bin Harris
Contact No.: 65476201

NP168

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

Date/Time:
21/05/2023 16:48

Classification Of Case: