# **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 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.

- 4. The issue and acceptance 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 First Submission 02/10/2024 12:12 (SGT) Reported by **Actual Driver** Date of Accident 01/10/2024 12:36 (SGT) Exact Location of Accident Singapore Additional Location Information SYED ALWI RD - BEHIND MUSTAFA CENTRE Country/State of Loss Singapore

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

Hino

Vehicle Registration Number YQ1478M

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner MOHAMED MUSTAFA & SAMSUDDIN CO. PTE LTD Company Reg No 198900680Z Email Address ASHA@MUSTAFA.COM.SG Mobile Phone No (Phone) +65-64190654 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Model XZU710R 14FT WIDE CAB 5T 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? No - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 4009 Vehicle Fuel Diesel

First Regisration Date Chassis no JHHUCV3H80K031909

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 1900163979-05

DRIVER

Name of Driver Passport No/FIN Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	WEI LINLIN G8572381U 20/11/1985 Outdoor 08/02/2019 4 Valid 5 YEARS AND 8 MONTHS Male (Phone) +65-89081656 - WEILINLIN27@GMAIL.COM 668 Chander Road, Singapore, 210668 Singapore 210668 - No Employee No			
GENERAL INFORMATION OF THE ACCIDENT				
Type of Accident Weather Conditions Road Surface	Collided into Parked Vehicle DRIZZLING Wet			
OTHER INFORMATION				
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's ID  Translator's phone number  Translator's email  Original language used in the statement	-			
DETAILS OF POLICE ACTION				
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -			
CIRCUMSTANCES OF ACCIDENT				
REFER TO ATTACHED REPORT				
ATTACHMENT(S)				
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No			
DETAILS OF OTHER VEHICLE PROPERTY 1				
Vehicle Registration Number Vehicle Manufacturer	SHB5921D -			

Vehicle Model Vehicle Variant	-
	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

#### 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 malling 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")

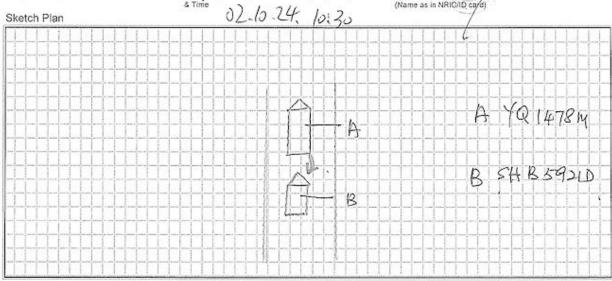
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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

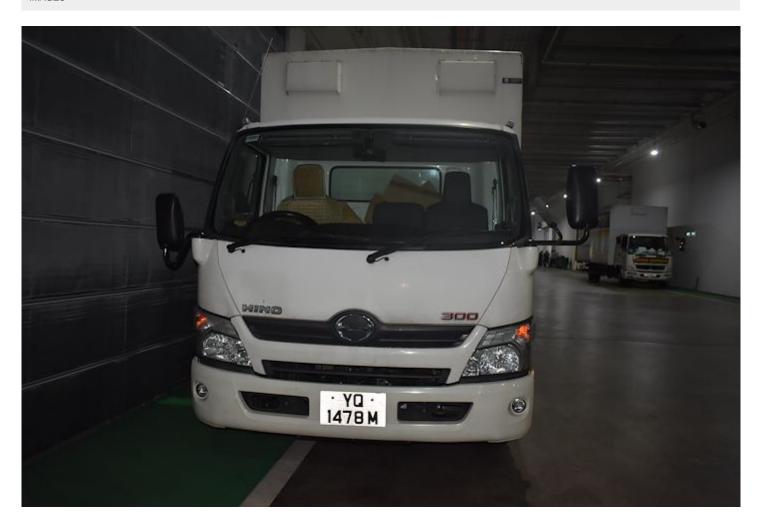
WG G1 LS1 briver's Signature (if driver is not the policyholder) / Date

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

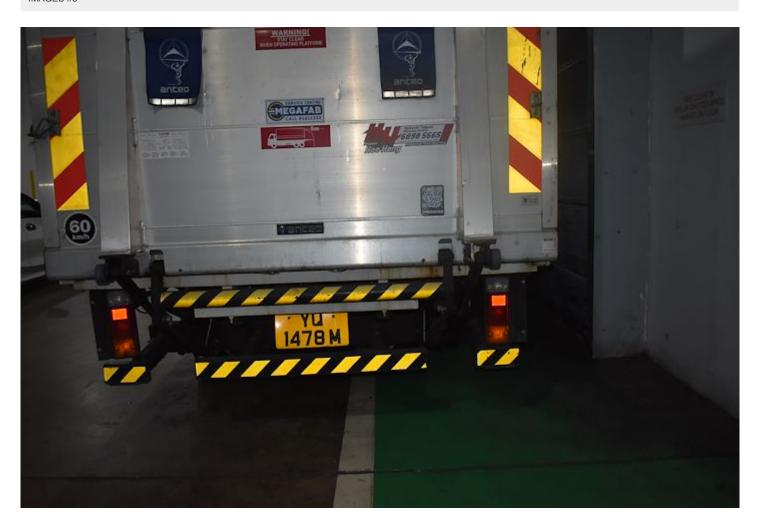
Sketch Plan



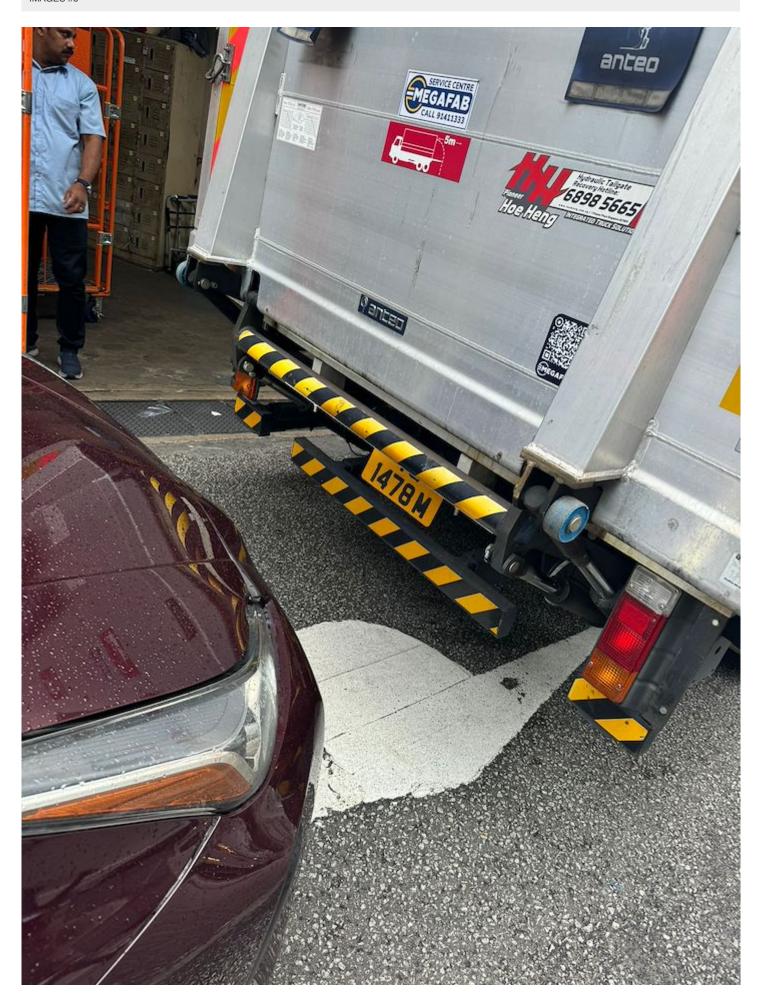
scribe Circumstance of the Acc	ident				
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vehi de	B ( SHB50	72(D)	Which	was	
Stanona	y .				
			V - 2000 (2-5)		
te: Please note that	your insurer may h	ave 14 day	s time frame	for you to subm	it an own
mage claim under your	own policy, pleas	e check yo	our policy fo	r more informati	ion.
Declaration We declare the foregoing particul	ars are true in every respec	LA LI	1		100%
Policyholder's Signature / Date & Time	Driver's Signature (if driv & Time		yholder)/Date	Witnessed by Reporting (Name as in NRIC/ID ca	

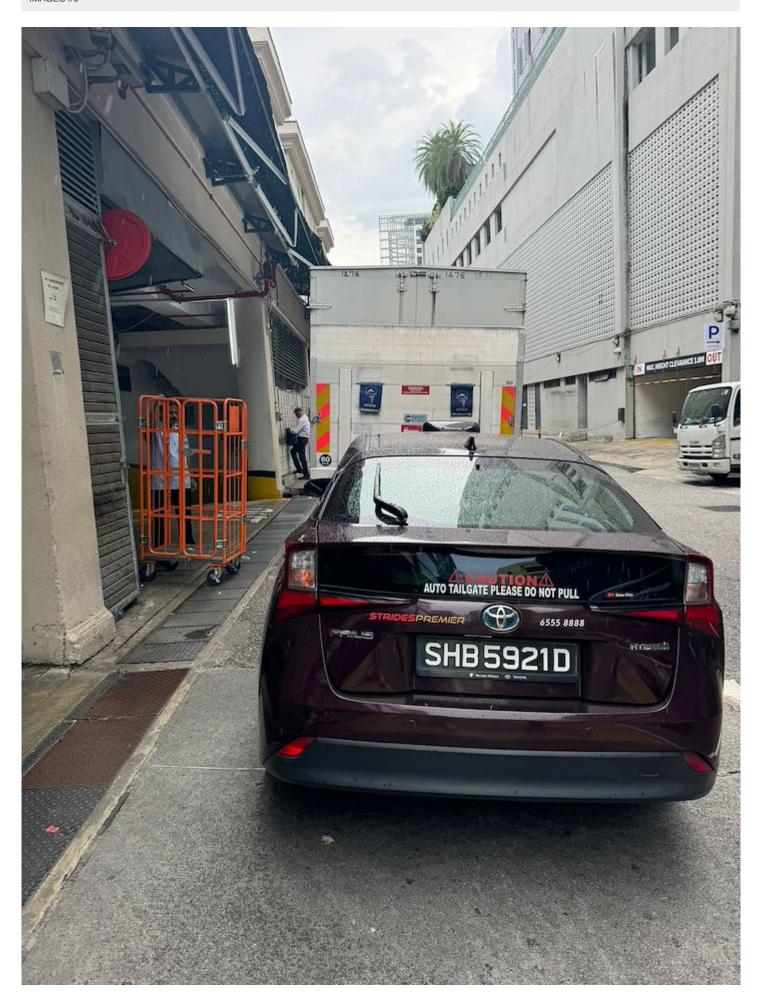


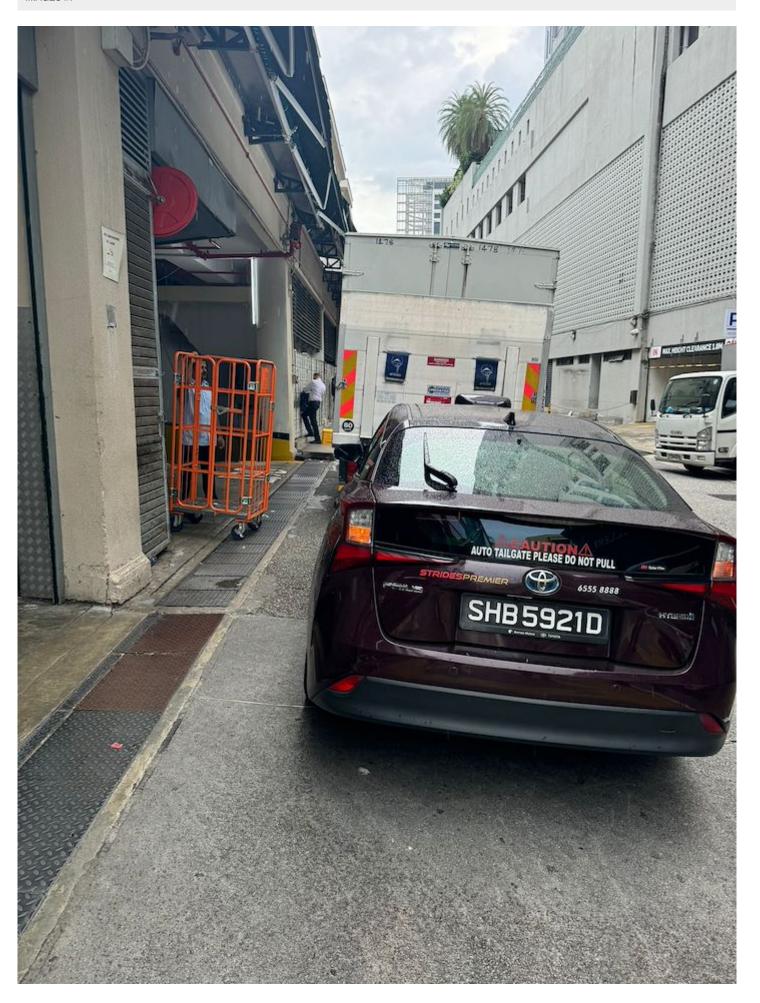




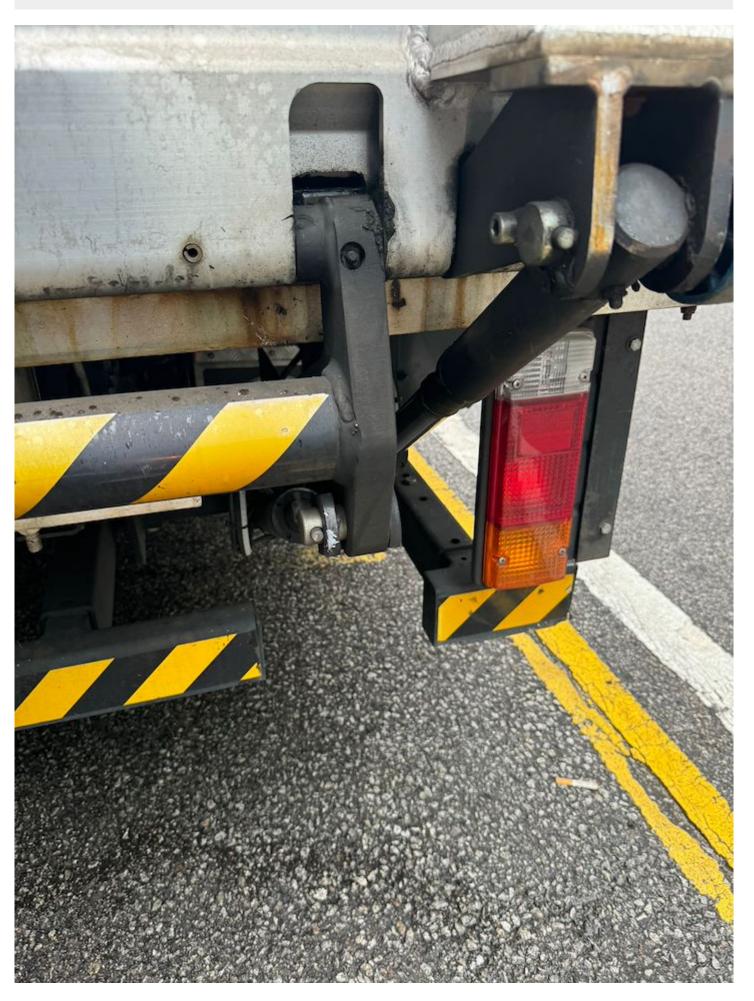




















# CERTIFICATE OF INSURANCE

# COMMERCIAL AUTO THIRD PARTY FIRE AND THEFT COMMERCIAL VEHICLE

Name of Policyholder

: Mohamed Mustafa & Samsuddin Co. Pte Ltd

Vehicle No.

: YQ1478M

Period of Insurance

: 10 Sep 2024 To 09 Sep 2025

Policy No.

: 1900163979-05

Engine/Motor No. Chassis No.

: N04CVV10827

Endorsement No. Issued Date

: 02 Aug 2024 17:56

ALBOURT TIME COMER

Make/Model

: HINO XZU710R [VAN]

: JHHUCV3H80K031909

Engine Capacity/Tonnage : 2.5 Tonnage

Sum Insured : Market Value

First Year of Registration : 2019

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

a) Any person who is driving on the Policyholder's order or with their permission.
 b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition

Age Condition

: All Age Condition

Limitation as to use\* :

I I you in connection with the Policyhalder's business.

2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.

3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving builden, driving test, racing, pace-making, reliability trial or speed-testing; b) use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically proposed vehicle; and c) use for any purpose in connection with Motor Trade.

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

Section 1

Fire - \$0 Theft - \$0

Section 2

Property Damage - \$0

Windscreen: NA

Named Driver and Excess (where applicable)

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

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For Approved Reporting Centres/AliG Authorised Repairers, please contact our 24-hour accident emergency holline at +65 0338 6200, Alternatively, you may refer to AliG website www.alig.sg.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

I/We hareby certify that the policy to which this Certificate of insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third-Perty Risks and Compensation) Act 1960, Part IV of the Read Transport Act, 1987 (Malaysia), Read Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

ASHADEVI JITENDRA KUMAR SHAH

BLK 498A TAMPINES ST 45 #09-350

SINGAPORE 520498

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Accident report SK0N24A2M003