

## 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 Authorised 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 ability
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 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 Report	11/03/2016 11:25
Date Of Accident	11/03/2016 08:00
Exact Location Of Accident	SLE MANDAI
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX5194G
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#### Insured/Policyholder

Name Of Registered Owner	TARIQ MALIK @ NICHOLAS TARIQ MALIK
NRIC No	S6872460J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98734853
Alternative Phone No	Office-98734853

#### Vehicle Particulars

Manufacturer	DODGE
Model	CALIBER
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?	Yes
If No, Please state action to be taken	
Vehicle Category	Private Car

#### Insurance Company

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100038674
Cover Note Number	

#### Driver

Name of Driver	TARIQ MALIK @ NICHOLAS TARIQ MALIK
NRIC No	S6872460J
Date Of Birth	19/04/1968
Occupation	Indoor
Date Of Driving Pass	13/11/2003
Driving Experience	12 Years And 3 Months
Gender	Male
Mobile Number	(Local) +65-98734853
Fax Number	
Contact Number	Office-98734853
EEmail Address	NOEMAIL

Address	BLK 219 LORONG 8 TOA PAYOH #10-631
Postcode	310219
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Owner
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	Collision- Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHMENT

Are accident photos available for attachment?	Yes
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP4440J
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKK5948U
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness**

Name

Phone Number

Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

SKV4629P

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness**

Name

Phone Number

Email Address

Sketch Plan

SKETCH PLAN

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6. The 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.
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 :

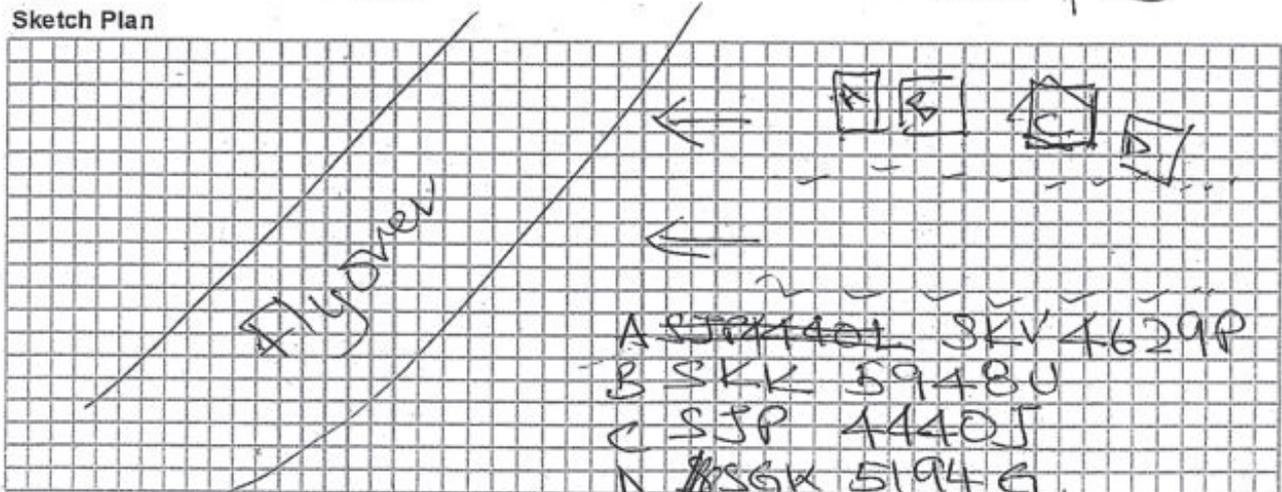
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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

**Sketch Plan**



Describe Circumstances of the Accident

On SLT heading towards Woodlands ave towards Republic Policy.

The fire Jan on lane one stationary position, gradually accelerating to move forward, ~~and~~ side approx.

Suddenly the black car ~~stopped~~ jammed brakes and I was not able to stop in time and hit his left rear.

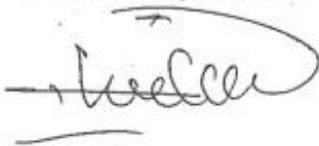
I immediately got out the car and checked on the rest of the car and passengers they were all fine.

We exchanged our particulars and took photos of each other's car.

30 mins later they drove off and I drove to the side and called for a tow.

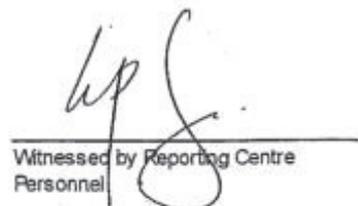
Declaration

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

Details of Other Vehicle/Property 1	THIRD PARTY PARTICULAR
Vehicle Registration Number*	SKK 59480
Vehicle Make/ Model/ Colour	Toyota Grey
Details of Properties	
<b>INSURED/POLICYHOLDER/DRIVER</b>	
Name of Driver	
Personal Identification*	
NRIC (Singaporean/PR)	
FIN/Passport Number	
Contact Number	
Address	
<b>INSURANCE COMPANY</b>	
Name of Insurance Company	
<b>Details of Witness</b>	
Name	
Phone	
Address	
<b>Details of Injured Person 1</b>	
Name	
Address	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was injured conveyed to hospital by ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Details of Other Vehicle/Property 2</b>	<b>THIRD PARTY PARTICULAR</b>
Vehicle Registration Number*	SKV 4629P
Vehicle Make/ Model/ Colour	Honda Blue
Details of Properties	
<b>INSURED/POLICYHOLDER/DRIVER</b>	
Name of Driver	
Personal Identification*	
NRIC (Singaporean/PR)	
FIN/Passport Number	
Contact Number	
Address	
<b>INSURANCE COMPANY</b>	
Name of Insurance Company	
<b>Details of Witness</b>	
Name	
Phone	
Email Address	
<b>Details of Injured Person 1</b>	
Name	
Address	
Approximate Age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seat belts worn?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was injured conveyed to hospital by ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No



HOTLINE TEL: (65) 6419 3000  
FAX: (65) 6415-3723

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT(CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

M.X.1

AUTOPLUS (A)	OWN DAMAGE EXCESS	SS500.00 (1)
CERTIFICATE NO. 2100038674-08000	WINDSCREEN EXCESS	SS100.00
	(for policies with effect from 1st November 2002)	
	SUM INSURED	Market Value
1) VEHICLE REGISTRATION NO.	INSURING WITH COE/PARF	Yes
2) NAME OF INSURED	SGX5194G	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	Tariq Malik @ Nicholas Tariq Malik	
4) DATE OF EXPIRY OF INSURANCE	28 Aug 2015	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE * SUBJECT TO AGE CONDITION :40 years old and above	27 Aug 2016	
a) The Insured. b) Any other person who is driving on the Insured's order or with his permission. An "Elderly, Young and/or Inexperienced Driver Excess" ("EYIDR") of an additional sum of S\$3,000.00 in addition to the Policy Excess applies to You and an Authorised Driver (named or unnamed) if You are or the said Authorised Driver is above the age of 65, below the age of 23 and/or has less than 2 year's driving experience.		
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.		
<b>6) LIMITATION AS TO USE *</b> Use only for social, domestic and pleasure purposes and for the Insured's business. The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.		
SOLE AGENT'S WORKSHOP : For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop. APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS) 1. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 2. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only 3. Ethoz - 30 Bukit Batok Cres(Tel:66547777) 4. DPS Body & Paint (Subsidiary of C & C) - 209 Pandan Gardens (Tel: 65684501) 5. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 6. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110) 7. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336) 9. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)		
<b>LOSS OF USE</b> Loss of Use 10 Days (1600cc) - Refer to policy wordings for details		
<b>NAMED DRIVER</b> NA		
<b>HIRE PURCHASE COMPANY / EMPLOYER'S LOAN</b> MayBank		
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.		

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 3 Aug 2015

AIG Asia Pacific Insurance Pte. Ltd.

691291-000  
WONG SIEW MIENG  
3 TAMPINES GRANDE  
#06-33A AIA TAMPINES  
SINGAPORE 528799  
SP-KONGGING-SAM

AUTHORISED REPRESENTATIVE

ORIGINAL

SSCSAN

Co. Reg. No. 201009404A

3B-K01/02/13

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6872460J




Name  
**TARIQ MALIK**  
**@NICHOLAS TARIQ MALIK**

Race  
**PAKISTANI**

Date of birth  
**19-04-1968**

Sex  
**M**

Country of birth  
**HONG KONG**

S6872460J

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S6872460J

Name  
**TARIQ MALIK**  
**@ NICHOLAS TARIQ MALIK**

Birth Date: 19 Apr 1968

Issue Date: 20 Aug 2009



001775864



3411904




MTC No. S6872460J

Date of Issue  
**25-09-2003**

Address  
**APT BLK 219 LORONG 8 TOA PAYOH**  
**#10-631**  
**SINGAPORE 310219**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

PASS DATE

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg . 13 Nov 2003

NP 428A

Licence No: S6872460J



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



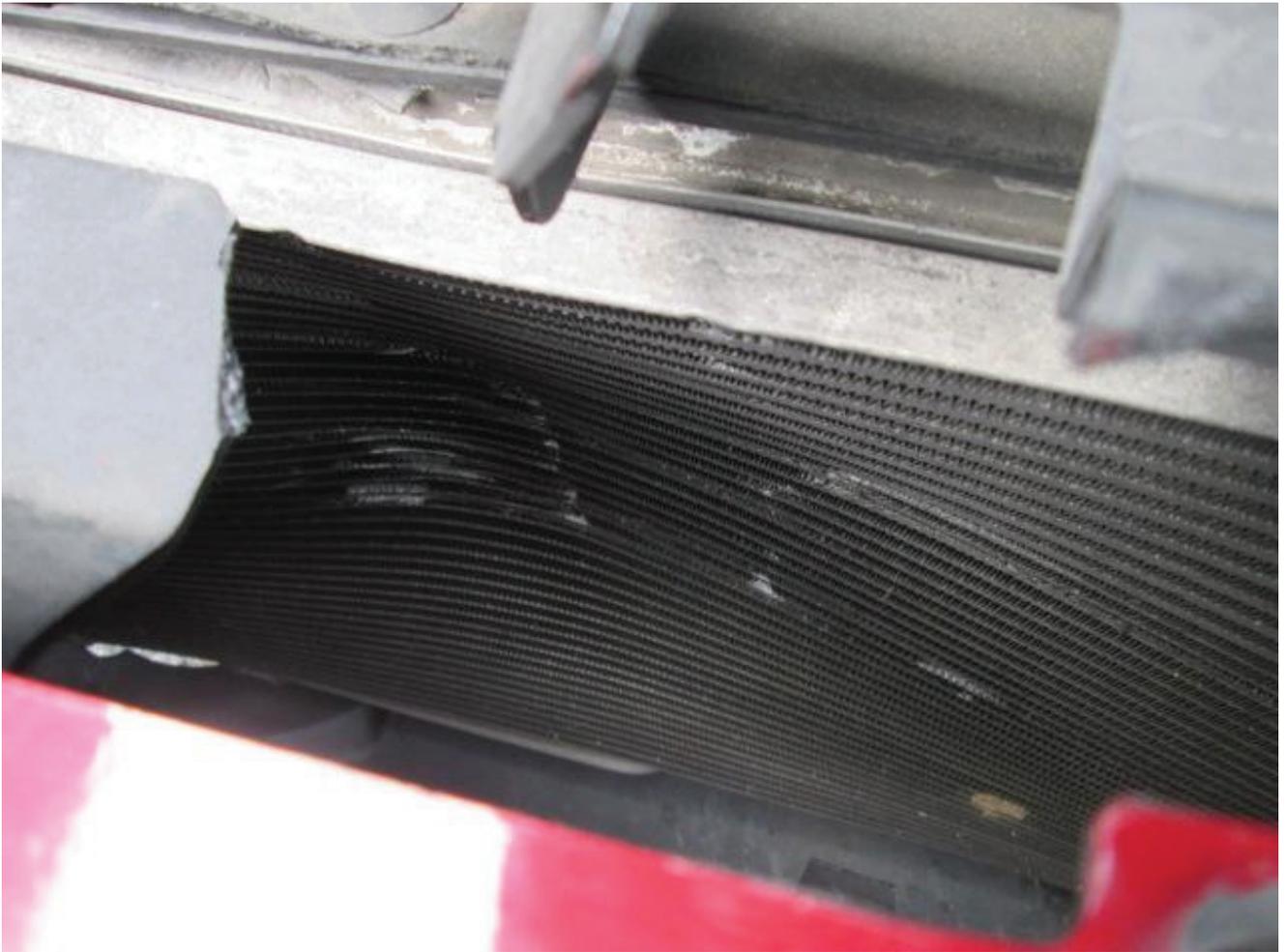
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