

## 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	08/01/2018 12:41
Date Of Accident	07/01/2018 15:55
Exact Location Of Accident	JUNCTION OF BT BATOK EAST AVE 4 TWD BT BATOK ST 21
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV6916Y
-----------------------------	----------

### Insured/Policyholder

Name Of Registered Owner	ABDUL JALIL BIN ALIYAR KUNJU
NRIC No	S1498394E
Email Address	RAZZY_CD@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93880540
Alternative Phone No	Others-93880540

### Vehicle Particulars

Manufacturer	AUDI
Model	A8L 3.2 FSI MU FACELIFT
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
If No, Please state action to be taken	REPORTING ONLY
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	2100494763
Cover Note Number	

### Driver

Name of Driver	ABDUL JALIL BIN ALIYAR KUNJU
NRIC No	S1498394E
Date Of Birth	12/05/1961
Occupation	INDOOR
Date Of Driving Pass	20/11/1982
Driving Experience	35 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93880540
Fax Number	
Contact Number	OTHERS-93880540
EMail Address	RAZZY_CD@YAHOO.COM.SG

Address	BLK 5 TOH YI DRIVE #02-225
Postcode	590005
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
Number of Passengers (Including Driver)	3
Passenger 1	Name: : SHARIFAH Gender: : Female
Passenger 2	Name: : AMINA Gender: : Female

#### 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

KINDLY REFER TO SKETCH PLAN.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD9247E
Vehicle Make/Model/Colour	TRANSCAB
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### 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 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 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. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

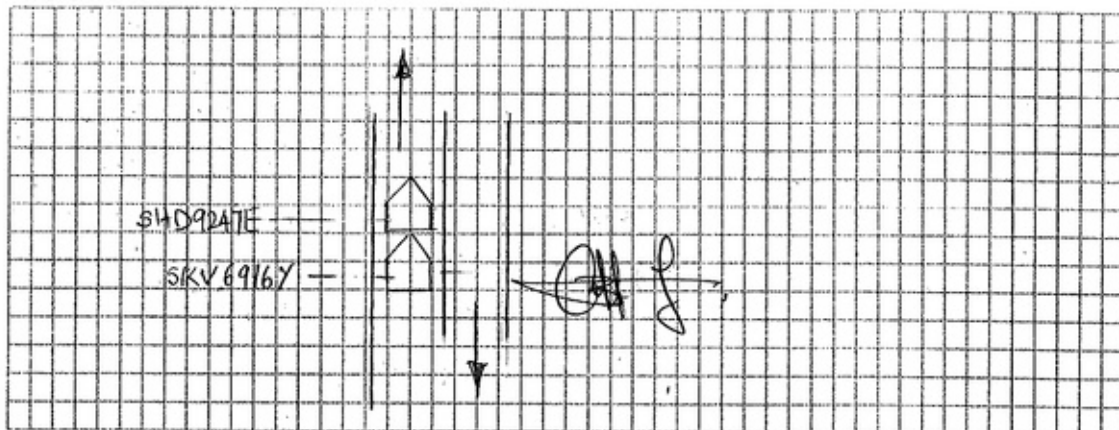
8/1/2018

13:35 hrs

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7th January 2017, on or at about 1555hrs, at the traffic junction of Bukit Batok East Ave 4 towards Bukit Batok St 21 near to Bukit Batok East Community Centre. I started to move off when the front vehicle bearing registration no. SHD9247E started to move. All of a sudden, the front vehicle SHD9247E jammed brake. I jammed brake but could not avoid hitting on to the rear of the front vehicle.

The driver of SHD9247E demanded my i/c for her to take a picture of it which I refused, as I told her repeatedly that I am willing to write and pass my particulars, which she did not want to accept. I requested for her particulars but she refused to give. The driver started to film us without our permission and continued to film us even though she was requested to stop.

~~Damaged to~~ My vehicle's grille had a crack and the bumper had a slight dent. There was a scratch mark on the rear portion of the


**Important:** other vehicle SHD9247E

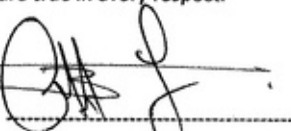
You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

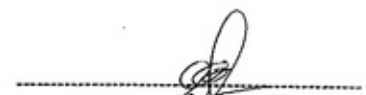
✓	- Reporting Only
	- Claim OD
	- Claim TP
	- Claim OD/TP at other workshop

## DECLARATION

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

  
Policyholder's signature  
Date & Time

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

  
Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.


**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S1498394E**

Name:  
**ABDUL JALIL BIN ALIYAR KUNJU**

Birth Date: **12 May 1961**  
Issue Date: **20 Nov 2003**

**001000711G**



**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S1498394E**

Name  
**ABDUL JALIL BIN ALIYAR KUNJU**



Race  
**MALAYALEE**

Date of birth  
**12-05-1961**

Sex  
**M**

Country of birth  
**SINGAPORE**

**S1498394E**

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

Class	Description	PASS DATE
<b>Class 3</b>	<b>Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms</b>	<b>20 Nov 1982</b>

**NP 428A**

License No: **S1498394E**



**4904556**

**S1498394E**

NRIC No: **S1498394E**

Date of issue:  
**12-11-2012**

Address  
**APT BLK 5 TOH YI DRIVE  
#02-225  
SINGAPORE 590005**





# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : ABDUL JALIL BIN ALIYAR KUNJU  
 Period of Insurance : 19 Dec 2016 To 23 Mar 2018  
 Engine No. : BPK013318  
 Chassis No. : WAUZZ4E79N013199

Vehicle No. : SKV6916Y  
 Policy No. : 2100494763  
 Endorsement No. : 000000000149223  
 Issued Date : 04 Oct 2017

### ABOUT THE COVER

Make/Model : AUDI A8LWB 3.2 FSI  
 Engine Capacity/Tonnage : 3,123.00 CC  
 Driver Restriction : NA  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2009  
 Insuring with COE/PAF : Yes

#### 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 \$53,000 as "Young and/or Inexperienced Driver Excess" ("YIDER") 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. This additional sum does not apply if your policy is a Named Driver policy.

Age Condition : All Age Condition

#### 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 1500cc - 1600cc Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

### EXCESS

Section 1  
 Own Damage - \$1400

Section 2

Windscreen : \$100

Named Driver and Excess (where applicable)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.  
 For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6335 6200. Alternatively, You may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Genie Financial Services Pte Ltd

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 (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504125000

PREMIUM LEASING PTE LTD

281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG ASIA PACIFIC INSURANCE PTE. LTD.  
 AUTHORISED REPRESENTATIVE

GGPESL

75 Shenton Way #07-10 AIG Building S079120 | T: +65 6410 3000 | F: +65 6415 3723 | [www.aig.com.sg](http://www.aig.com.sg)

AIG Asia Pacific Insurance Pte. Ltd.



Accident Photo



Accident Photo





Accident Photo



Accident Photo



**Accident Photo**



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo

