

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	06/01/2018 12:57
Date Of Accident	05/01/2018 23:10
Exact Location Of Accident	TPE TOWARDS KPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBZ1111X
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Insured/Policyholder

Name Of Registered Owner	MOHAMMED HANIFF BIN ALI
NRIC No	S7320698G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96252769
Alternative Phone No	Others-96252769

Vehicle Particulars

Manufacturer	VOLVO
Model	V40-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	SOCIAL
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	2100394288-03
Cover Note Number	

Driver

Name of Driver	MOHAMMED HANIFF BIN ALI
NRIC No	S7320698G
Date Of Birth	14/06/1973
Occupation	INDOOR
Date Of Driving Pass	26/05/1998
Driving Experience	19 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96252769
Fax Number	
Contact Number	OTHERS-96252769
EMail Address	NOEMAIL

Address	BLK 335 TAMPINES STREET 32
Postcode	#10-504 520335
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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.	NO
Number of Passengers (Including Driver)	2
Passenger 1	Name: : SHARIDA BINTE BATCHA SALIB Gender: : Male

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.

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	SKW8449K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan



CERTIFICATE OF INSURANCE

WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

Name of Policyholder	: MOHAMMED HANIFF BIN ALI	Vehicle No.	: SBZ1111X
Period of Insurance	: 27 Nov 2017 To 26 Nov 2018	Policy No.	: 2100394288-03
Engine No.	: D4162T2869922	Endorsement No.	:
Chassis No.	: YV1MV845BE2159588	Issued Date	: 24 Oct 2017

ABOUT THE COVER

Make/Model	: VOLVO V40 D2	Sum Insured	: Market Value	First Year of Registration	: 2014
Engine Capacity/Tonnage	: 1,560.00 CC	Off Peak Car	: No	Insuring with COE/PARF	: Yes
Driver Restriction	: NA				

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 \$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* :

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 2000cc

* 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
 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

MOHAMMED HANIFF BIN ALI - \$800 (Own Damage)

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

1. Wearn's Automotive Pte Ltd Add: 249 Alexandra Road Singapore 159935 64304890 63789350

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.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: OCBC Bank 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).

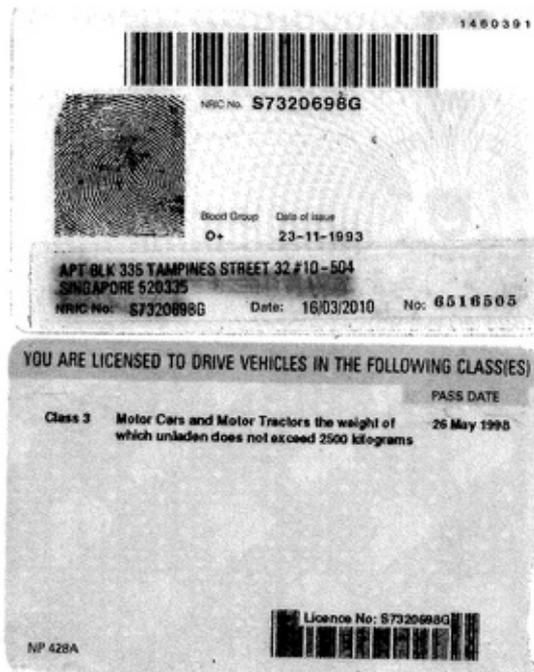
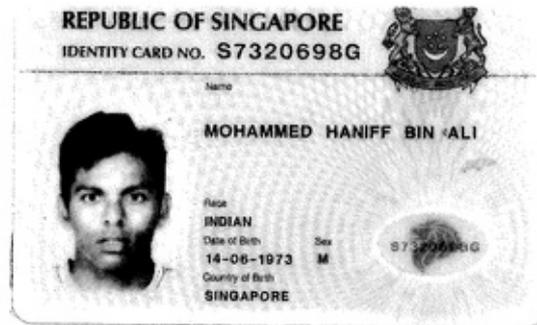
0503485715

WEARNES AUTOMOTIVE - RY (V)
 45 LENG KEE ROAD
 SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte, Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSPLUC



Accident Sketch Plan

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident Date: 06/01/2018 Time: 2310hrs
 Exact Location of Accident TPE towards KPE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBZ 1111X

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.) Mohammed Haniff Bin Afi
 Personal Identification - NRIC (Singaporean/PR) S7320698G
 - FIN/Passport Number
 - Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model Manufacturer Volvo Model V40
 Type of Vehicle* Saloon MPV CRV Van Lorry
 Bus M/cycle Others, _____
 Exact Purpose for which vehicle was being used at time of accident A Social
 Are you claiming under your own insurance policy for repair to your vehicle? Yes No (If No, Pls select: Third Party, Reporting)
 Vehicle Category* Private Commercial Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company* ATG
 Type of Policy Comprehensive Third Party Fire & Theft TP Only
 Fleet Policy Yes No
 Policy Number 2100394288 - 03
 Motor CI

DRIVER

Same as Insured above
 Name of Driver Mohammed Haniff Bin Afi
 Personal Identification - NRIC (Singaporean/PR) S7320698G
 - FIN/Passport Number
 Date of Birth 14 dd/ 06 mm/ 1973 yy
 Driving Date Pass 26 dd/ 05 mm/ 1998 yy
 Year of Driving Experience Year(s) Month(s)
 Occupation Indoor Outdoor
 Gender Male Female
 Contact Number / Mobile Phone / Fax No. 9625 2769

Address of Driver	BK 335 Tampines St 32 #10-504	Postcode (520335)
Email Address		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	Owner	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Self-Carried (No Collision)	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____	
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____	
OTHER INFORMATION		
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Was there any video captured by Car Camera?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Number of Passengers (Including Driver)	1 Sharida Binte Batcha Sahib	
DETAILS OF POLICE ACTION		
Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name		
Police Station Address		
Police Station Contact	Tel No.	Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)	
DETAILS OF OTHER VEHICLE / PROPERTY 1		
Vehicle Registration Number	SKW 8449K	
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver		
Personal Identification - NRIC (Singaporean/PR) - FIN/Passport Number		
Contact Number		
Address		
Name of Insurance Company		
Nature of Damage		
No. of Passenger (Including Driver)		
(Note - Please use page 6 if you need to add more vehicles.)		

SKETCH PLAN

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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

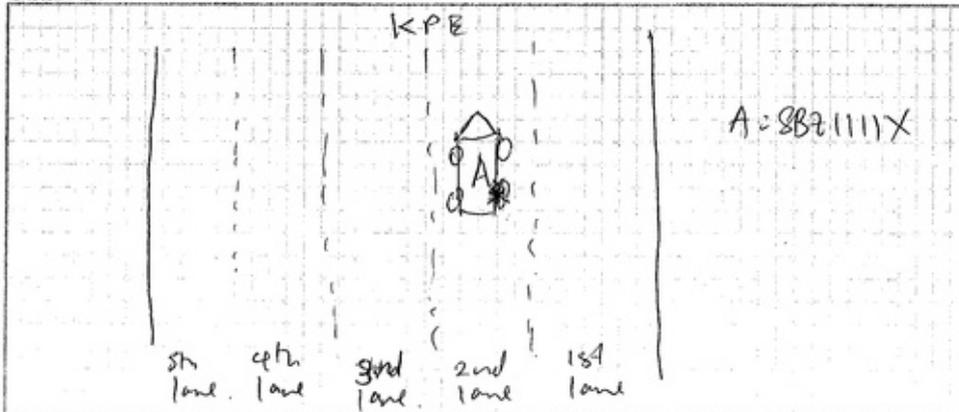
11/3/20

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

& Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

I was driving along Tampines Expressway (TPE) towards (KPE) around 2310 hrs. As I was driving, suddenly, I ~~heard~~ ^{AS} I was driving on the second lane, when suddenly I heard a loud sound and felt my tyre was wobbling that I drove to the shoulder and pulled over. That's where I found out ^{that} the tyre ~~was~~ already burst.

While checking the tyre, suddenly there was another car SKW 8449K pulled over in front of my car and he had a scratch on the passenger door.

There was no collision and no physical contact between our cars.

IMPORTANT NOTE

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

Declaration

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

 11/3/18
cl/18

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

