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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- Please report <u>correctly</u> 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 witholding 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.

- 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

sforesaid.	
TO THE RESIDENCE OF THE	ACCIDENT STATEMENT
Date Of Report	19/02/2018 16:14
Date Of Accident	16/02/2018 15:50
Exact Location Of Accident	BLK 672 EDGEFIELD PLAINS MSCP LEVEL 2
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM7614Y
Insured/Policyholder	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	201602573M
Email Address	MICHAEL@CARCOVE.COM.SG
Mobile Phone No	(LOCAL) +65-91687532
Alternative Phone No	OFFICE-91687532
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE-1.5 G (A)
Exact Purpose for which vehicle was being used at time of accident	PARKING CAR
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No. Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	3100027691
Driver	
Name of Driver	MOHAMED RASHID BIN MOHAMED AYUB
NRIC No	S8207755C
Date Of Birth	03/03/1982
Occupation	OUTDOOR
Date Of Driving Pass	20/02/2009
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91687532
Fax Number	
Contact Number	OTHERS-91687532
	A SOLIT CONTROL CONTROL CONTROL

MICHAEL@CARCOVE.COM.SG

Address

BLK 671 EDGEFIELD PLAIN

#07-515

Postcode

821671

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

3

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

COLLISION - HEAD TO REAR

Type Of Accident 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?

YES

Was any injured conveyed to hospital by

NO

ambulance?

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)

151

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

PUNGGOL N.P.C

Police Station Address

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180218/2023 (TYPE OF COLLISION IS HEAD TO SIDE)

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

GBA9396U

Vehicle Make/Model/Colour

NISSAN CABSTAR

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

AZMAN BIN AZIZ

NRIC/Passport Number

S8705339C

Contact Number

92358530

Address

Postcode

Insurance Company Name

Nature Of Damage

#### 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
- 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.
- 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:

Briver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel' 9 Signature
Name:
NAME: VARIOUS IN PARTIES

NRIC/FIN No.:

BUK 672 EDGALFIELD PLOAN MSCP LAUFIL DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION I/We declare the foregoing particulars are true in every respect. 19/02/2018 CHEBB Reporting Centre Personnel's Signature Driver's Signature Policyholder's Signature Name: (If driver is not the policyholder) Date & Time: NRIC/FIN No.:

Date & Time:



1 of 3

Report No. T/20180218/2023

Police Station Of Origin: Punggol N.P.C

21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/02/2018 10:16		Vide Report No.:	Station Diary No.: 24		
Informa	nt's Particu	ulars			
Name of Informant: MOHAMED RASHID BIN MOHAMED AYUB			Address: APT BLK 671A EDGEFIELD PLAINS #07-515 SINGAPORE 821671		
ID Type / ID No.: NRIC NO / S8207755C		Contact No.: Home/Office: Mobile: 91687532			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Age: Date of Birth: Male 35 03/03/1982		Type of Informant: Driver			
Race: Indian		Language:	Institution / School Name:		
Occupation: OPERATION AND MAINTENANCE		Driving Licence Informat Class: 2B,2A,3	ion: Date of Expiry:		

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 16/02/2018 15:50	Type of Location: Car Park
Location: EDGEFIELD Blk 672 Edge	PLAINS field Plains MSCP, Lev	vel 2		
Weather: Clear	705-1 T - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Road Surface: Dry	F	Road Speed Limit:
Traffic Flow: Traffic Control: One Way Not Controlled		1.00	Traffic Volume; No Traffic	
Offe vvay				Anyone conveyed by

Details of Vehicle Involved						DHW PROS
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBA9396U	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T	Silver		1
SLM7614Y	Car	HONDA	SHUTTLE 1.5G A	Silver		0





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 2 of 3 Report No. T/20180218/2023

#### CONTINUATION OF REPORT

Details of Perso		STATISTICS.		SEL DON		
Any Pedestrian II No. of Pedestriar			line of t	Dadastdas		NA
Driver	is injured. NIL		Use of F	Pedestriar	Cross	sing: NA
Name	MOUANED DAGUE	DINIMO	IAMED	15.11		
ivame	MOHAMED RASHIE AYUB	D BIN MOI	HAMED	ID No		S8207755C
Related Vehicle	SLM7614Y (Car)			Conta	ct No.	91687532
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class Drivin Licent Expiry	g	Class: 2B,2A,3 Date of Expiry: NIL	
Date Treatment	16/02/2018		Date Di	ischarge	16/02	2/2018
No. of Days gran	ted Medical Leave	03	Degree	of Injury	NIL	
Name	Azman Bin Aziz		STATE OF STREET	ID No		S8705539C
Related Vehicle	NIL		Conta	ct No.	92358530	
Hospital/Clinic	NIL		Class Drivin Licena Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Di	ischarge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree	of Injury	NIL	

#### Brief Details.

On the 16/02/2018 at about 1550hrs, I was driving my vehicle(SLM7614Y) in the MSCP at Blk 672 Edgefield Plains Level 2 and while I was going straight towards the next slope to proceed up, a lorry(GBA9396U) came down from the slope and did not stop at the stop line and collided into the right side of my vehicle near the rear wheel. As such, I alighted my vehicle and checked my vehicle and exchanged particulars. The driver of the lorry admitted that he failed to stop which caused him to hit my car. Subsequently, I felt pain in my neck and back area and I proceeded to Khoo Teck Puat Hospital and was given 3 days of medical leave.





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

3 of 3 Report No. T/20180218/2023

CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sgt 2 CLARENCE TAN JIAN WEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/02/2018 10:16
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING	Classification Of Case:
Contact No.: 65476430  Authentication Stamp	J Struct



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I ASMAN BID AZIZ (SBTDS339(), WOLL MAKE THE NECESSARY TO OUR INSURANCE COMPANY.

0142A3 S 820775C

gen /19/02/2018
ROBLI WORDS

MINING OC



Khoo Teck Puat Hospital 90 Yishun Central Singapore 768828 Tel: (65) 6555 8000

Fax: (65) 6602 3700 Website: www.ktph.com.sg

MEDICAL CERTIFICATE

ORIGINAL

KHANE181294350

NAME: MOHAMED RASHID BIN MOHD AYUB

NRIC: S8207755C

Type of Medical Leave granted : OUTPATIENT SICK LEAVE

The above named attended Examination/Treatment from 16 Feb 2018 21:42 to 16 Feb 2018 22:18

The above named is unfit for duty for a period of 3 day(s), from 16 Feb 2018 to 18 Feb 2018 inclusive.

The Certificate is **not valid** for absence from court attendance.

Remarks :

16 Feb 2018

Dr Elangovan, Preetha (17469F)

A&E

ctor's Signature

Date

Issuing Doctor

Location

Reg No.: 200717564H

..... Tear Along Here -



Khoo Teck Puat Hospital 90 Yishun Central Singapore 768828 Tel: (65) 6555 8000

Fax: (65) 6602 3700 Website: www.ktph.com.sg

MEDICAL CERTIFICATE

DUPLICATE

KHANE181294350

NAME: MOHAMED RASHID BIN MOHD AYUB

NRIC: S8207755C

Type of Medical Leave granted: OUTPATIENT SICK LEAVE

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The Certificate is not valid for absence from court attendance.

Remarks:

16 Feb 2018

Dr Elangovan, Preetha (17469F)

A&E

Doctor's Signature

Date

Issuing Doctor

Location

Reg No.: 200717564H

# . A CCIDENT STATEMENT

(1)	A/111, IIMe:(-15-5
LOCATION MOS PIN STA EOGE	ELD PLANS
1. DETAILS OF VEHICLE  OJVEHICLE NUMBER SLM 761  BJINSURANCE COMPANY: AIG	
GIPOLICY NUMBER: 310003 769	IRD PARTY / THÍRD PARTY FIRE &THEFT)
e)MAKE & MODEL: WORD SAVE () TYPE: (SALOON / COUPE / MPY LY AN g) VEHICLE CATEGORY: (PRIVATE / CON h) PURPOSE OF USING AT ACCIDENT TIM	LORRY/MOTORCYCLE/OTHERS) AMERCIAL (MOTORCYCLE) AEL PARKING
I) ARE YOU CLAIMING UNDER YOUR OY IF NO, PLEASE STATE (THIRD PARTY CL.	YN INSURANCE (YES/NO)
2. INSURED / POLICY HOLDER COUK COOK COOK COOK COOK COOK COOK COOK	CONTACT!
CONTINUE TO 3, d IF DRIVER ALSO PC	NICY HOLDER
	#1111/19
(Including driver) DRIVER ONAME: MOHOMO RASK  (Including driver) DINRIC/FIN/PASSPORT!	CONTACT: 91677532
BOCCUPATION: (INDOOR / OUIDOC	
1) DATE OF DRIVING PASS	VER WITH INSUREDI,
5. DIWEATHER CONDITION: (CLEAR / RA DIROAD SURFACE: DRY / WET / OTHE	INING / OTHERS
6. WAS ANYBODY INJURED (YES / NO) 7. DIREPORTED TO POLICE (YES / NO) 15. DIREPORTED TO POLICE (YES / NO) 16. DES DIREASE STATE WHICH POLICE	STATION: PUMGER
A No of passenger a) VEHICLE NUMBER: 43A9	396U MODELL
(Induding driver) D) DRIVER'S NAME:	OONTACT:
() 9, THIRÔ P'ARTY VEHIQLE  O VEHICLE NUMBER:	MODEL!
(Induding driver) of DRIVER'S NAMEL (Induding driver) of NRIC ENPASSPORT!	CONTACT:
(	and the second

email =

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8207755C



MOHAMED RASHID BIN MOHAMED AYUB

INDIAN 03-09-1982 SINGAPORE







APT BLK 671A EDGEFIELD PLAINS-#07-615 SINGAPORE 821671

NRIC No: \$8207755C

Date: 28/05/2015

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 3 Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight << 2500kg 10 Aug 2000 22 Aug 2003 20 Feb 2009

Licence No:S8207755C

NP 428A

ORIGINAL

Co. Reg. No. 201009404M

Hotline: (65) 6419-3000 Fax: (65) 6415-3723

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.



Cover Note: 3100027691

The following risk described in the Schedule below is hereby covered subject to the applicable terms and conditions of AIG's policy issued to the Policyholder. The Policy to which this Cover Note relates to 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).

Schedule (please circle where applicable)

Policyholder/Inst	and Car cave leasing Ptelt
Age Condition	1 All@e
	2 30 Years Old and Above
	3 35 Years Old and Above
	4 40 Years Old and Above
	5 Named Driver Basis
Policy Type	Comprehensive
	Third Par ire and Theft
	Third Party only

Policy Period	14/02/2018 10/3/02/201823:59
Registration Number	SLM7614Y
Make/Model	HOUR SHUTTLE 15(A)
CC/Tonnage	149626
Engine Number	L1283237914
Chassis Number	C1K81006746
Year of Registration	2017
Hire Purchase Company	Heritage Auto Enterprise Pte
Excess	SS 2000 (Section I/DHoth) SS (Windscreen excess)

Please note that acceptance of the risk is subject to our final acceptance and the terms and conditions applicable to the policy. For important notes and applicable laws and regulations, please refer to the reverse page.

Issued in Singapore

Into of issumes

Authorised Representative

Agent Code

Manik Bucha, Personal Insurance

This insurance is underwritten by AIG Asia Pacific Insurance Pte. Ltd.