

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 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	09/04/2018 16:50
Date Of Accident	07/04/2018 00:00
Exact Location Of Accident	SENGKANG EAST ROAD TO SENGKANG EAST WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF1275T
Insured/Policyholder	
Name Of Registered Owner	NAIDIA BINTE ABDULLAH SANI
NRIC No	S7897193B
Email Address	DADESWIFT@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96509662
Alternative Phone No	Office-96509662

Vehicle Particulars

Manufacturer	SUZUKI
Model	VITARA-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	2100478789
Cover Note Number	

Driver

Name of Driver	NAIDIA BINTE ABDULLAH SANI
NRIC No	S7897193B
Date Of Birth	06/04/1978
Occupation	INDOOR
Date Of Driving Pass	29/10/2009
Driving Experience	8 YEARS AND 5 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-96509662
Fax Number	
Contact Number	OFFICE-96509662
E-Mail Address	DADESWIFT@HOTMAIL.COM
Address	614 ELIAS ROAD #05-116
Postcode	510614
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.	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

PLEASE REFER AS ATTACHED

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	SJL6950L
Vehicle Make/Model/Colour	TOYOTA/AXIO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH JUN TING
NRIC/Passport Number	S8531018F
Contact Number	

Address
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Accident Sketch Plan

SKETCH PLAN

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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

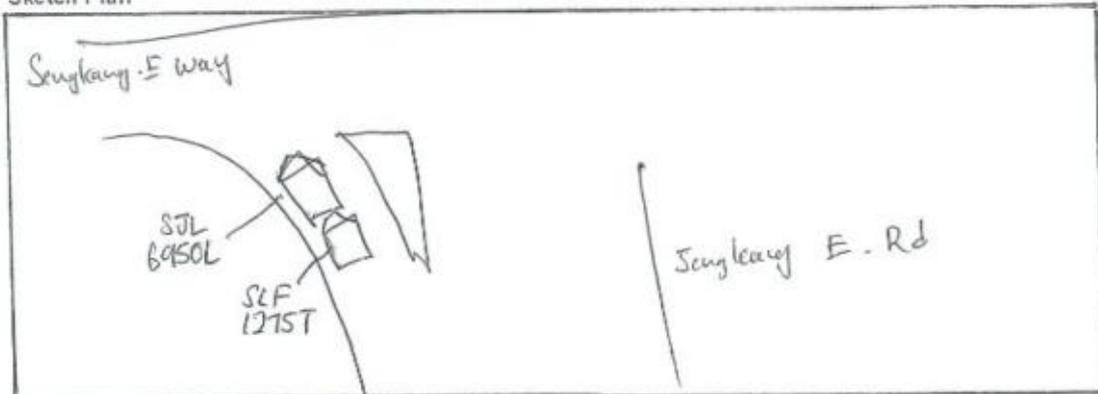
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

Sketch Plan



2100478789.



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Nadia bt Abdullah Sami

VEHICLE NUMBER : SLF 1275 T.

DATE/TIME OF ACCIDENT : 07-04-2018. | 0000 hrs.

PLACE OF ACCIDENT : Sengkang East Road to Sengkang East Way.

THIRD PARTY VEHICLE (IF ANY) : SJL 6950 L

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?
975 Anchorvale Crescent to G14 Elyse Road.

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?
Nope.

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?
Frontal collision

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?
Nope.

Nadia bt Abdullah Sami
 Name:

I Affirmed The Above Information Is Given To My Best Knowledge.

AIG Asia Pacific Insurance Pte. Ltd.
 AIG Building 78 Shenton Way #07-16 Singapore 079120
 Tel: 6419 3000

UNDERTAKING

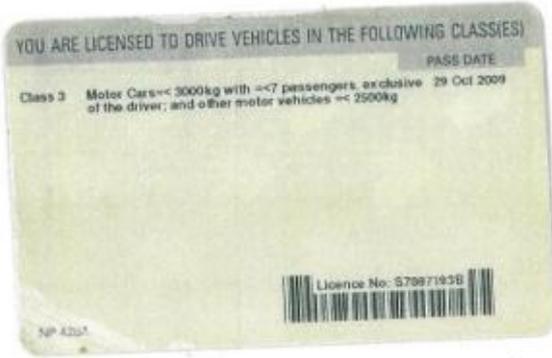
I, Naidia bt Abdullah Sami, (NRIC No. S7897193 B), hereby confirm that the Singapore Accident Statement lodged by me on 07-04-2016 at 00:00 hrs hours pertaining to the accident involving motor car Reg. No: SLF 1275 T, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

Signature : _____
Name of Insured / Driver : Naidia bt Abdullah Sami
Nric No. : S 7897193 B
Date : 09-04-2016

Signature : _____
Name of Policyholder : Naidia bt Abdullah Sami
Nric No. : S 7897193 B
Date : 09-04-2016





CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Naidia Bt Abdullah Sani
 Period of Insurance : 15 Aug 2017 To 14 Aug 2018
 Engine No. : M18A2030277
 Chassis No. : TSMLYD21S00207901

Vehicle No. : SLF1275T
 Policy No. : 2100478789-01
 Endorsement No. :
 Issued Date : 02 Aug 2017

ABOUT THE COVER

Make/Model : SUZUKI Vitara
 Engine Capacity/Tonnage : 1,585.00 CC
 Driver Restriction : NA
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2016
 Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

a) The Policyholder
 b) Any other person with a driving as the Policyholder's order or with his/her permission.
 This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 for "Young and/or Inexperienced Driver Excess" ("Y-IDE") if You are or Your Authorized Driver (named or unnamed) is under the age of 25 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, rally/city 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 (*3 days) 1500cc - 1600cc Optional

* Limitations rendered operative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 186) 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 - \$600 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Naidia Bt Abdullah Sani - \$000 (Own Damage)

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

Approved Reporting Centres/ AIG Authorized Repairers (For claims related repairs)
 Any accident repairs to the Vehicle must be carried out by one of our Authorized 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 Same Agent's workshop.
 For other Approved Reporting Centres/AIG Authorized 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: HONG LEONG FINANCE LTD

I/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. 186), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia).

0030213000

AIG ASIA PACIFIC INSURANCE P.L.
 78 SHENTON WAY #07-19 AIG BUILDING
 SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSPK.T

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Scene Photo



Accident Scene Photo



Accident Scene Photo

