Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 16/06/2018 12:25

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Birth

Occupation

Date Of Driving Pass

Driving Experience

- 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 <u>truthful and accurate</u> 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.
- 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	16/06/2018 12:10
Date Of Accident	17/04/2018 14:30
Exact Location Of Accident	317 ALEXANDRIA ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKD5635J
Insured/Policyholder	
Name Of Registered Owner	KHANBABI NAMIR AHMED
Passport No/FIN	G5993046Q
Email Address	NAMIRKHANBABI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96404077
Alternative Phone No	Others-82333437
Vehicle Particulars	
Manufacturer	VOLVO
Model	XC90-2.0 T5 (A)
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	YES
Policy Number	
Cover Note Number	
Driver	
Name of Driver	KHANBABI BARBARA JAMES
Passport No/FIN	G5993054R

21/02/1970

18/02/2009

9 YEARS AND 1 MONTH

INDOOR

Gender **FEMALE**

Mobile Number (LOCAL) +65-96404077

Fax Number

Contact Number OTHERS-82333437

EMail Address BARBARAKHANBABI@GMAIL.COM

Address 75 CORONATION ROAD WEST

Postcode 269287 Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE**

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1

Number of Passengers (Including Driver)

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

REFERRAL AS STATEMENT OF BARBARA JAMES KHANBABI

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 SKL2210D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver TAN SUEL YNN NRIC/Passport Number S7521023Z

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 :
 - 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

16 June 2018

Driver's Signature (If driver is not the policyholder)

Date & Time:

16 JUNE 2018.

Reporting Centre Personnel's Signature

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ICENSE PLATE: J			ACCIDENT	DATE & TIN	ME: 17/04	1208	J:30Pm	
CONTACT NUMBER:	9640	140577	E-MAIL AD	DRESS: N	Samurk			
OCATION:						otmail.	COM	
	8233	35437	Barbo	irakl	nanba	bil @	anail-	·cc
							0	
								7
							440	
NOTE: PLEAS	SE NOTE TH	AT YOUR INSURER	MAY HAVE 14 DA	YS TIME F	RAME FOR	OU TO SU	BMIT AN	
OWN DAMAGE	CLAIM UND	ER YOUR OWN POLI	ICY. PLEASE CH	CK YOUR	POLICY FOR	NORE INF	ORMATION	
lease state:								
() Claim Own	Policy	() Claim Third Party	() Claim Of	/TP at other	workshop	Kepor	ting Only	
ECLARATION								
Ne declare the fore	going particu	lars are true in every re	espect.					
NO to	> r	RIVIA	tali					
olicyholder's Signatur	e	Driver's Signature	1000		Reporting Ce	ntre Personne	l's Signature	-
ste & Time:		(If driver is not th	e policyholder)		Name:			
6 FUNE 2	8165	Date & Time:	NE 201,	9	NRIC/FIN No.			
0		16 Ju	NE ZOI	9.				

Statement of Barbara James Khanbabi

- I, Barbara James Khanbabi, of 75 Coronation Road West, Singapore 269287, state:
- On 17 April 2018 at about 2:30pm, I was leaving Ikea, located at 317 Alexandria Road.
- I observed an off white Honda Stream on the ramp exit out of Ikea, onto Alexandria Road, sit for a long time even when the road was clear.
- The Car moved forward and then slammed on the breaks causing me to do the same the movement of me hitting the breaks knocked my handbag over on the front seat.
- The car in front then sat there, I could not go round as it was blocking the exit.The driver remained in the car and did not get out.
- The car then moved onto the road and I followed the car it then stopped and blocked the road. The driver, a lady got out and came to my window (she was blocking my road the way I was going as I was going to pick my children up from school).
- 6. The driver then alledged that I had hit her. She did not seem to be hurt.
- 7. I said I didn't as I had not felt any impact and I got out of the car. I looked at her car and my car and there was no damage. The driver insisted that I had hit her and because I had a big car I did not feel it. At this stage it felt wrong so I offered to call the police she said NO. I then took pictures.
- Both drivers exchanged details. I gave her my diving license and my husband's,
 Namir Khanbabi's number and I took her name and number. She said to me that she would take her car to her mechanic and I would have to pay for it.
- She then opened and closed her boot, I saw it open and close she tested it she then got into her car then she got out again as I had returned to my car waiting to move off.
- She came to my window and said her boot was damaged, she again opens and closed it, I watched her check it then she got back in her car and moved off.

Signed: Barbara James Khanbabi

Dated: Saturday, 16 June 2018

3)Khantadi

REPUBLIC OF SINGAPORE

FIN G5993054R



KHANBABI BARBARA JAMES

Date of Birth 21-02-1970 Nationality BRITISH



FA1528906

DEPENDANT'S PASS

Immigration Regulations



rin G5993054R

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE:

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 18 Feb 2009 of the driver; and other motor vehicles << 2500kg

NP 428A



EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer AUSTRAL ASIA LINE PTE. LTD.



KHANBABI NAMIR AHMED MANAGING DIRECTOR

07-10-2015 Oare of Issue 02-11-2015 Oare of Expiry 29-11-2018



L6213919

VISIT PASS Immigration Regulations

Name KHANBABI NAMIR AHMED



 Date of Birth
 Se Nahonakty

 01-12-1971
 M
 BRITISH

 Fin
 Date of Issue
 Gate of Expiry

 G59930460
 02-11-2015
 29-11-2018

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.





CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : KHANBABI NAMIR AHMED Vehicle No. : SKD5635J Period of Insurance : 30 May 2017 To 14 Jun 2018 Policy No. : 1700012220 Engine No. : B5254T4531134 Endorsement No. : 00000000197509 Chassis No. : YV1CZ5957C1618086 Issued Date : 30 Apr 2018

ABOUT THE COVER

Make/Model : VOLVO XC90 T5

Engine Capacity/Tonnage : 2,521.00 CC Sum Insured : Market Value First Year of Registration : 2011 Driver Restriction Insuring with COE/PARF : Yes : NA Off Peak Car : No

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 informatly the Policyholder or any authorised driver only if heistle meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or hesperenced 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 revard, divining historic divining tost, 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 purposes in connection with Motol Trade.

* 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 - 50 Own Damage - \$1600 Theft - 50 Flood Cover - 50

Section 2 Property Damage - S0

Windscreen: \$100

Named Driver and Excess (where applicable)

BARBARA JAMES IOHANBABI - \$1600 (Own Damage), NAMIR AHMED KHANBABI - \$1600 (Own Damage)

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 can be carried out at the repairer of Your choice (unless specifically excluded by Us).
For Approved Reporting Centres!AIG Authorised Repairers, please centact our 24-hour accident emergency holime at +65 6338 6200. Alternatively, you may refer to AIG website winn aig com.sg or AIG
SG Beole App. Simply search and download "AIG SG" from Tutes or Google Pilay.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: SING INVESTMENTS & FINANCE LTD

I/We hereby certify that the policy to which this Certificate of Incurance 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, 1907 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504398000

PRIVILEGE CAPITAL PTE LTD

MAPEX BUILDING 37 JALAN PEINIMPIN #01-01

SINGAPORE 577177

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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AIG Asia Pacific Insurance Pte. Ltd.

































