Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 25/08/2018 12:49

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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	25/08/2018 10:21
Date Of Accident	15/08/2018 16:30
Exact Location Of Accident	UPPER CHANGI ROAD NORTH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKV4216Y
Insured/Policyholder	
Name Of Registered Owner	MOHAMED NOORUDDIN MOHAMED IKBAL
NRIC No	S2630368J
Email Address	IKBAL1949@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97706042
Alternative Phone No	Home-67864245
Vehicle Particulars	
Manufacturer	NISSAN
Model	X-TRAIL-2.0 (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	THIRD PARTY
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	2100429445-02
Cover Note Number	
Driver	
Name of Driver	MOHAMED NOORUDDIN MOHAMED IKBAL
NRIC No	S2630368J
Date Of Birth	15/03/1949
Occupation	INDOOR

INDOOR

21/03/1992

26 YEARS AND 4 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-97706042

Fax Number

Contact Number HOME-67864245

EMail Address IKBAL1949@YAHOO.COM.SG

Address 57 SIMEI RISE #08-53

Postcode 528792 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 SIDE SWIPE **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

NO

1

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

SEE ATTACHED SKETCH PLAN

Attachment(s)

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT Are accident photos available for attachment?

Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLM1790K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver LAI HO YIN NRIC/Passport Number S9170886H **Contact Number** 91264776

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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

Date & Time: 25 AUG 2018

10.15 km

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

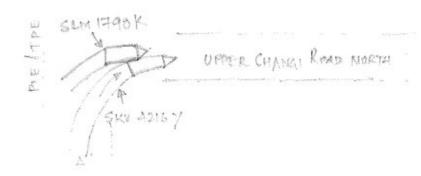
Name:

NRIC/FIN No.:

2 UBI ROAD 4 SINGAPORE 408623

SINGAPORE 408023 FEL: 6490 9665 FAX: 6846 7483

IN WINGSTREET THE LITE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on	car (SKV 4216 Y) (Just after Collection from
my	car (SKV 4216 Y) (Just after Collection from
NISS/	N UBI SERVICE CERTER AFTER SERVICINE) along PIE TPE and was taking a right turn on upper change Road North in order to go to Vicom
tr.	The charge and south in order to as to Vicens
tesi	center.
	of a Sudden I found a Vehicle Copel Astra
SLI	1 1790K) came behind very fast and hit my
cas	on the left side front wheel causing dent
and	- Scratches to my left front while and the bonn
	9 0

DECLARATION

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

Policyholder's Signature

Date & Time: 25 Aug 2018 10.15 Amy

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature LTD Nameu-LU-ION INDUSTRIAL PTE LTD NRIC/ENNINGDAD 4 'INGAPORE 408623 'INGAPORE 408623



MOHAMED NOORUDDIN MOHAMED IKBAL

மு முகம்மது இக்பால்

Rece INDIAN

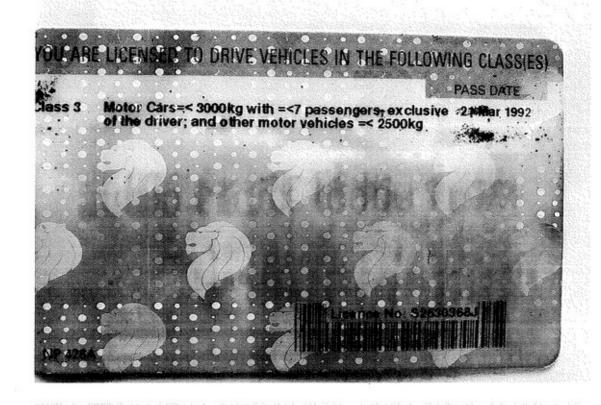
Date of birth Sex 15-03-1949 M Country of birth

Country of birth INDIA - /1agsdk

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*







Name of Policyholder : MOHAMED NOORUDDIN MOHAMED IKBAL

: 17 Sep 2017 To 16 Sep 2018 Period of Insurance

: MR20727168B Engine No.

Chassis No. : JN1JANT32Z0000737 Vehicle No. : SKV4216Y

Policy No. : 2100429445-02 Endorsement No.

Issued Date : 08 Sep 2017

ABOUT THE COVER

Make/Model : NISSAN X-TRAIL

Engine Capacity/Tonnage: 1,997.00 CC Sum Insured : Market Value First Year of Registration : 2015 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive":

a) The Policyholder

U) Any other person one is driving on the Policyholder's order or with higher pernessen.

This Policy will indemnify the Policyholder or any authorised driver only if heighe meets the specified age condition.

You have to say an additional sum of \$3,000 as "Intexperienced Dever Excess" (TDR") if You are or Your Authorised Driver (inamed or untermed) has less than 2 years, overlige expensive

Age Condition

: 40 years old and above

Limitation as to use* :

Use only for social identises and pleasure purposes and for the Policyholder's business. This Policy does not cover use for nice or reward, driving basic, naving test, recess, pede-making, retrability that or speed-tasting the camage 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

* 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 (Maleysia), 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 - S0

Windscreen: \$100

Named Driver and Excess (where applicable)

MOHAMED NOORUDDIN MOHAMED IKBAL - \$500 (Own Damage) Mohamed Ikbal Michamed Safir - \$500 (Own Damage)

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

- 1 TC AutoClinic. Adit. No.1. Swith Lak Yang Road Singapore 628099-62822212. 2 Autobition Industrial. Adid. 19 Ubi Roed 4 Sergepore 408523-64909856. 3 TC AutoClinic. Add. 25 Leng Kee Road Singapore 150997-87038511-87038512-67038513. 4 Tan Ching Motor Sales. Add. 913 Bikin Timah Road Singapore 539623-84694091-84694092-64694093. 5 Tan Chong Motor Sales. Add. 17 Lorong 8 Top Payoli Singapore 319254-63570753-63570754.

For other Approved Reporting Contres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotime at +65 8338 6200. Alternatively, you may refer to AIG section was comising or AIG SG Motelle App. Simply search and download. 'AIG SG' from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

IWe 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, 1969 (Malaysia).

0500610555

TAN CHONG CREDIT PTE LTD 911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE SINGAPORE 589622 ANSP-MOTOR Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE





