

## 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	27/08/2018 17:18
Date Of Accident	27/08/2018 14:45
Exact Location Of Accident	TUAS EXPRESSWAY BEFORE EXITING STEVENS ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH4761A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	IBRAHIM BIN MOHAMED ALI
NRIC No	S1358083I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90672567
Alternative Phone No	Others-90672567

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO-1.5 X (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?	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	1800088701
Cover Note Number	28/07/2018 TO 27/07/2019

### Driver

Name of Driver	MUHAMMAD ZUHAIRI BIN IBRAHIM
NRIC No	S9426581I
Date Of Birth	21/07/1994
Occupation	INDOOR
Date Of Driving Pass	09/07/2015
Driving Experience	3 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-97306470
Fax Number	
Contact Number	
E-Mail Address	ZUHAIRI.IBRAHIM94@GMAIL.COM
Address	BLK 917 HOUGANG AVE 9 02-28 (S) 530917
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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) 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

refer with attach.

#### 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	SKZ297T
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

### SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

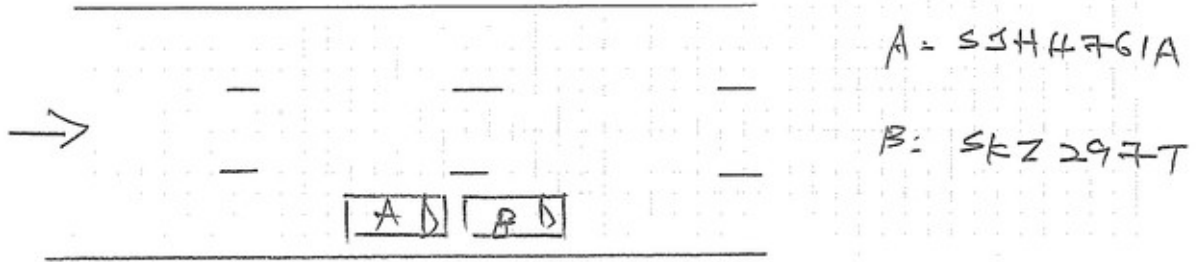
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 27-08-16 / 14:30 HRS

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN




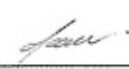
## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving behind the car, approximately 2 car's distance away, but the car brake abruptly in which I do not know the reason for. I immediately braked but with the speed limit of around 90 km/h, I wasn't able to put the car to a complete stop and knocked into the rear.

## DECLARATION

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

  
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 27-08-18 / 17:28 HRS

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Muhammad Zuhairi Bin Ibrahim  
VEHICLE NUMBER : SJH 4761A  
DATE/TIME OF ACCIDENT : 27/8/2018 @ 11:45hrs  
PLACE OF ACCIDENT : tar expressway before exiting  
THIRD PARTY VEHICLE (IF ANY) : skz 2927 stevens road

\*\*\*\*\*

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

from hougou to conberra

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?

no

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

head to rear

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

no

for  
Name: MUHAMMAD ZUHAIRI BIN IBRAHIM.

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

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S94265811**

Name: **MUHAMMAD ZUHAIRI BIN IBRAHIM**

Birth Date: **21 Jul 1994**

Issue Date: **09 Jul 2015**

002449443A

SG 50

**SINGAPORE ARMED FORCES**

**IDENTITY CARD**

Name: **MUHAMMAD ZUHAIRI BIN IBRAHIM**

NRC No: **S94265811**

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to fore it without delay to Central Manpower Base or any Police Station.

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

Class 2B Motorcycles <= 200 CC  
Class 3 Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver, and other traction vehicles <= 3500 kg

**EFFECTIVE DATE**

09 Jan 2015  
09 Jul 2015

S / No 9000255521

S94265811

NP 428A



NRC No/Colour  
**S94265811/ PINK**  
Race  
**MALAY**  
Date Of Birth  
**21/07/1994**  
Service Status  
**NSF**  
Address

Blood Group  
**B (+)**  
Country Of Birth  
**SINGAPORE**  
Military Rank Status  
**ENLISTEE**

Sex  
**M**

**Blk 917 HOUGANG AVENUE 9**  
**#02-28 SINGAPORE 530917**



certificate of insurance



## CERTIFICATE OF INSURANCE

### AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : IBRAHIM BIN MOHAMED ALI  
Period of Insurance : 28 Jul 2018 To 27 Jul 2019  
Engine No. : 1NZD113864  
Chassis No. : NZE1416088386

Vehicle No. : SJH4761A  
Policy No. : 1800088701  
Endorsement No. :  
Issued Date : 27 Jul 2018

#### ABOUT THE COVER

Make/Model : TOYOTA COROLLA AXIO 1.5  
Engine Capacity/Tonnage : 1,496.00 CC  
Driver Restriction : NA  
Person or Classes of Persons Entitled to Drive\* :  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2008  
Insuring with COE/PAF : Yes

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 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.

\* 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 - \$600 Theft - \$0 Flood Cover - \$0

Section 2  
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

IBRAHIM BIN MOHAMED ALI

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. 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](http://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: TOKYO CENTURY LEASING (SINGAPORE) PTE 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).

0504615000

COSMO INSURANCE AGENCY PTE LTD  
210 TURF CLUB ROAD LOT A16, THE GRANDSTAND  
SINGAPORE 287995  
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE  
Cosmo Insurance Agency Pte Ltd



Accident Photo



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