

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 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. 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 | 15/11/2018 18:13 |
| Date Of Accident | 08/11/2018 17:30 |
| Exact Location Of Accident | KK HOSPITAL BASEMENT PARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKF3299Z |
| Insured/Policyholder | |
| Name Of Registered Owner | FARIDA BINTI ITHNIN |
| NRIC No | S3042338J |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-81211384 |
| Alternative Phone No | OFFICE-81211384 |

Vehicle Particulars

| | |
|--|-----------------|
| Manufacturer | VOLVO |
| Model | XC90-2.0 T5 (A) |
| Exact Purpose for which vehicle was being used at time of accident | SOCIAL |
| 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 | 2100301685 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | FARIDA BINTI ITHNIN |
| NRIC No | S3042338J |
| Date Of Birth | 14/07/1965 |
| Occupation | INDOOR |
| Date Of Driving Pass | 25/10/2002 |
| Driving Experience | 16 YEARS AND 0 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-81211384 |
| Fax Number | |
| Contact Number | OFFICE-81211384 |
| Email Address | NOEMAIL |

| | |
|---|--------------------|
| Address | 12 CEDARWOOD GROVE |
| Postcode | 738421 |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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) | 0 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | WOODLANDS WEST NPC |
| Police Station Address | ROAD: 9 MARSILING LANE , POSTCODE: 739146 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT

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 | SJJ6345U |
| 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 Pg. 1

Describe Circumstance of the Accident

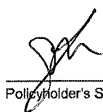
Refer to police report.

IMPORTANT NOTE

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

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

Witnessed by Reporting Centre Personnel

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181112/2139

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

1 of 3

Report No. T/20181112/2139

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made: 12/11/2018 19:27 | | Vide Report No.: | | Station Diary No.: 75 | |
| Informant's Particulars | | | | | |
| Name of Informant: FARIDA BINTI ITHNIN | | | Address: 12 CEDARWOOD GROVE SINGAPORE 738421 | | |
| ID Type / ID No.: NRIC NO / S3042338J | | | Contact No.: Home/Office: Mobile: 81211384 | | |
| Nationality: MALAYSIAN | | | Email: | | |
| Sex: Female | Age: 53 | Date of Birth: 14/07/1965 | Type of Informant: Driver | | |
| Race: Malay | | | Language: | | Institution / School Name: |
| Occupation: DOCTOR | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|---------------------------|--------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 08/11/2018 17:30 | Type of Location: |
| Location: BUKIT TIMAH ROAD BASEMENT ONE OF THE CARPARK OF KK HOSPITAL, WOMEN TOWER | | | | |
| Weather: | | Road Surface: | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| Type of Collision: | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------------|--|-------|------------------|-----------------|
| SJJ6345U | Car | MITSUBISHI | LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4DR | Gold | | 0 |
| SKF3299Z | Car | VOLVO | XC90 T5 A/T ABS D/AB 4WD 5DR TC | Brown | Slightly Damaged | 0 |

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181112/2139

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

2 of 3

Report No. T/20181112/2139

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--------------------------------------|---------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SKF3299Z | AIG ASIA PACIFIC INSURANCE PTE. LTD. | 2100301685-06 | 18/05/2018 | 17/05/2019 |

| Details of Person Involved | | | |
|-----------------------------------|---------------------|--------------------------------|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | FARIDA BINTI ITHNIN | | ID No. S3042338J |
| Related Vehicle | SKF3299Z (Car) | | Contact No. 81211384 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge NIL |
| No. of Days granted Medical Leave | | NIL | Degree of Injury NIL |

Brief Details.

V1) Car bearing vehicle registration number SKF3299Z

V2) Car bearing vehicle registration number SJJ6345U

On 08/12/2018, at around 1730hrs, I was leaving work at KK Hospital Women Wing when I discovered a note on my windscreen, stating: "Hi, your left rear bumper was hit by a Mitsubishi car (gold) SJJ6345. You can give me a call at 8418 8369." As I was in a rush for the airport, I did not call the number but noticed that my car, namely V1, had sustained some scratches on its left rear bumper and the rear sensor was faulty.

Subsequently 09/12/2018, I then contacted the said number and obtained the photographs of the accident from him. He had an in-car camera that had managed to capture the incident. However, I did not obtain the witness particulars. Through the images, I saw that V2 was reversing into the lot beside me when he hit my car that was parked. The driver of V2 then immediately drove off. I delayed in my report lodging as I was not in Singapore.

There is no damage to any government property. I do not have any in-car camera that would have captured the incident. I do not have any suspects in mind. I am lodging this as my insurance company requires a report for such hit and run cases.



**SINGAPORE
POLICE FORCE**



T/20181112/2139

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

3 of 3

Report No. T/20181112/2139

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:
J/
Insp WONG JAYMANN
Singapore Police Force

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI ABDUL KAREEM BIN ABDUL HAGUE
Contact No.: 65476079

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
12/11/2018 19:27

Classification Of Case:



CERTIFICATE OF INSURANCE

WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

Name of Policyholder : FARIDA BINTI ITHNIN
Period of Insurance : 18 May 2018 To 17 May 2019
Engine No. : B5254T4562244
Chassis No. : YV1CZ5957C1638949

Vehicle No. : SKF3299Z
Policy No. : 2100301685-06
Endorsement No. :
Issued Date : 30 Apr 2018

ABOUT THE COVER

Make/Model : VOLVO XC90 2.5T
Engine Capacity/Tonnage : 2,521.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2012
Insuring with COE/PARF : Yes

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 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 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 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.

Loss of Use 2000cc

* 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 - \$1600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

FARIDA BINTI ITHNIN - \$1600 (Own Damage)

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

1.Wearnes Automotive Pte Ltd Add: 249 Alexandra Road Singapore 159935 64304890 63789350

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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

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. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503485726

WEARNES AUTOMOTIVE - FAN (V)

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.


Manile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSCOSK

Accident Sketch Plan Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S3042338J



Name
FARIDA BINTI ITHNIN

Race
MALAY

Date of Birth
14-07-1965

Sex
F

Country of Birth
SINGAPORE

S3042338J

REPUBLIC OF SINGAPORE DRIVING LICENCE

S3042338J

FARIDA BINTI ITHNIN

Birth Date: **14 Jul 1965**

Issue Date: **15 Sep 2003**

000829735E

8515929



NRIC No: **S3042338J**



Nationality
MALAYSIAN

Blood Group Date of issue
28-05-2003

Address
**12 CEDARWOOD GROVE
SINGAPORE 738421**


NRIC No: **S3042338J** Date: **04/02/2008** No: **5953080**

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

| | PASS DATE |
|--|-------------|
| Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 25 Oct 2002 |

NP 428A

Licence No: S3042338J



Accident Sketch Plan Pg. 1

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

| | |
|----------------------------|------------------------------|
| Date and Time of Accident | Date: 08.11.18 Time: 1730 |
| Exact Location of Accident | KK Hospital basement carpark |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------|
| Vehicle Registration Number | 4KF 3299 Z |
|-----------------------------|------------|

INSURED / POLICYHOLDER (OWN VEHICLE)

| | |
|---|---------------------|
| Name of Registered Owner (See Insurance Cert.) | Farida Binti Ithnin |
| Personal Identification - NRIC (Singaporean/PR) | S 3042338 J |
| - FIN/Passport Number | |
| - Not Applicable | |

VEHICLE PARTICULARS (OWN VEHICLE)

| | |
|--|--|
| Vehicle Make / Model | Manufacturer Volvo Model XC90 |
| Type of Vehicle* | <input type="radio"/> Saloon <input type="radio"/> MPV <input checked="" type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others, _____ |
| Exact Purpose for which vehicle was being used at time of accident | Personal |
| Are you claiming under your own insurance policy for repair to your vehicle? | <input type="radio"/> Yes <input checked="" type="radio"/> No (If No, Pls select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting) |
| Vehicle Category* | <input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle |

INSURANCE COMPANY (OWN VEHICLE)

| | |
|-----------------------------|---|
| Name of Insurance Company * | Aik |
| Type of Policy | <input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only |
| Fleet Policy | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Policy Number | 2100301685 |
| Motor CI | |

DRIVER

| | |
|---|---|
| | <input checked="" type="radio"/> Same as Insured above |
| Name of Driver | Farida Binti Ithnin |
| Personal Identification - NRIC (Singaporean/PR) | S 3042338 J |
| - FIN/Passport Number | |
| Date of Birth | 14 dd/ 07 mm/ 1965 yy |
| Driving Date Pass | 25 dd/ 10 mm/ 2002 yy |
| Year of Driving Experience | Year(s) Month(s) |
| Occupation | <input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor |
| Gender | <input type="radio"/> Male <input checked="" type="radio"/> Female |
| Contact Number / Mobile Phone / Fax No. | 81211384 |

Accident Sketch Plan Pg. 1

| | |
|---|--|
| Address of Driver | 12 Cedarwood Grove |
| | Postcode (738421) |
| Email Address | no email |
| Was driver an employee of the Insured's Company? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| If No, Relationship of the Driver with the Insured | owner |
| Vehicle Registration Number of Driver's Own | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Vehicle Registration Number of Driver's Own Vehicle (if applicable) | |
| Insurance Company of Driver's Own Vehicle (if applicable) | |
| GENERAL INFORMATION OF THE ACCIDENT | |
| Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear) | parked & bound damaged |
| Weather Conditions | <input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____ |
| Road Surface | <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____ |
| OTHER INFORMATION | |
| Was any foreign vehicle involved in this accident? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Was any body injured in the accident? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Was any other vehicle or property damaged? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| Was there any video captured by Car Camera? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| Number of Passengers (Including Driver) | 0 |
| DETAILS OF POLICE ACTION | |
| Was the Accident reported to the Police? | <input checked="" type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station.) |
| Police Station Name | |
| Police Station Address | Refer to police report |
| Police Station Contact | Tel No. _____ Fax No. _____ |
| Was notice of intended Prosecution given? | <input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?) |
| DETAILS OF OTHER VEHICLE / PROPERTY 1 | |
| Vehicle Registration Number | SJ1 6345 U |
| Vehicle Make/ Model/ Colour | |
| Details of Properties | |
| Name of Driver | |
| Personal Identification - NRIC (Singaporean/PR) | |
| - FIN/Passport Number | |
| Contact Number | |
| Address | |
| Name of Insurance Company | |
| Nature of Damage | |
| No. of Passenger (Including Driver) | |
| (Note - Please use page 6 if you need to add more vehicles) | |

Accident Sketch Plan Pg. 1

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.
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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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

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' law yers/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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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

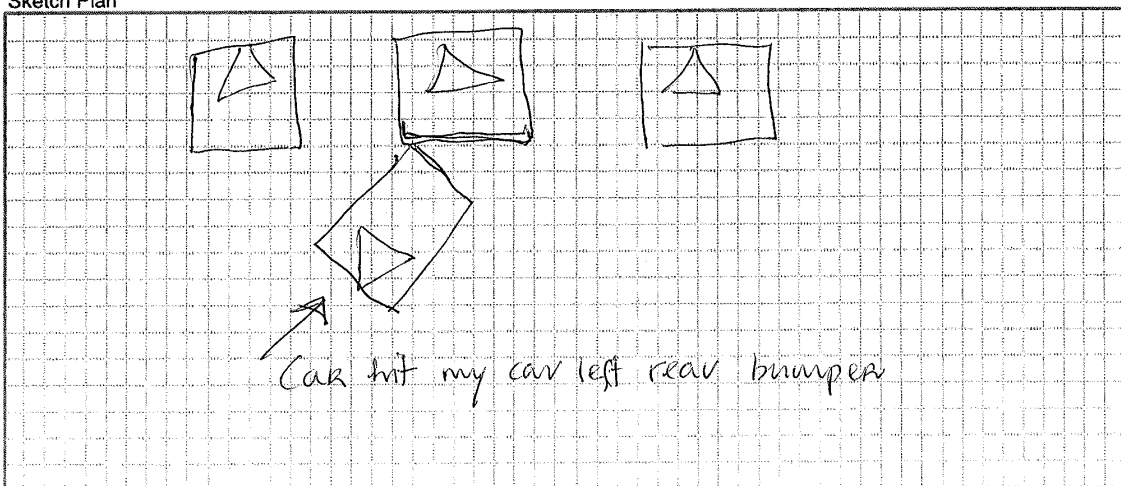
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Hi, your ^{left} ~~right~~ rear ^{bumper} was hit by
by a Mitsubishi car (gold) SJJ6345

You can give me a
call at 84188369.

Accident Photo



Accident Photo



Accident Photo



Accident Photo

