NATIONAL Assessment Centre Services [WELL JONOS] . MWA 118159060. Done by Date &Time Completed Jeb description Date In: 10/12/18 11:36 SAS c-filing Ref No: MA/ AIG 18022 108/64 E-mail (within Shrs, AIC 2hrs) Veli No: 5MO 2831E i-Motor Claim Form D.O.A 8112118 13:30-I-Motor W/O (Within: OD 2hrs, TP 4brs) ' Reporting Only OD : AP I-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Tol: Preferred Wksp / INC Assign Wksp / QW: ()/Non-INC (INC (Veh No: TP Particulars: XD 96485. Tcl: Owner / Driver: (Cover Type: () Policy No: (Period: (Time: Confirmed by : (Date: %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. Insured/Driver Liability: (Year of Registration: (Warranty: YES ()/NO(Excess: (\$ Loading: \$1,000 ()/\$2,000(General Remarks & Special Constitution of the Control of the Contr) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY.) ; Towing Co: (Drive-In ()/Towed-In (); Invoice: YES () / NO (Remarks: (INC hothics 6788 6616) Now 18 18 1) Apply for Transfort Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury : Invoice Preparation C MA 1808072 1) AR : Accident Reporting (530); Claimant's Particulars : INC (\$30) 2) DA : Damage Assessment (5100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 230 5) PT : Follow-Through Survey (Resurvey) Contact No: Por claiming against INC Only (wef 10 Jan 2005) \$75 6) TR : Re-inspection Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 5) NTUC Additional Services:-OD. QC Checked by (Engr-In-Charge): *NS: Courtesy Car / Tpt Allowance \$5 510 *N6: Repair Co-ordination \$25 * N7; Post Repair Inspection Auditors Comments 33 *NS: DV / Collect Excess Coordination TP (N11): TP (Non INC) against INC \$20 Cat. 1: 30 9) N12: Idao Mobile Fee Charged Involce dated 3: 2/3: Mark N Fee Charged Involce dated

1 - per et 1 ce

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 witholding 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.

一种的一种,	ACCIDENT STATEMENT						
ate Of Report	10/12/2018 11:36						
ate Of Accident	08/12/2018 13:30						
xact Location Of Accident	ADMIRALTY RD WEST AFTER SENOKO RD TWDS MARSILING						
country/State of Loss	SINGAPORE						
	DETAILS OF OWN VEHICLE						
ehicle Registration Number	SMD2831E						
nsured/Policyholder							
lame Of Registered Owner	MOHAMMAD ESA BIN BARI						
IRIC No	S1462795B						
mail Address	NOEMAIL						
fobile Phone No	(LOCAL) +65-96445691						
Iternative Phone No	OFFICE-96445691						
/ehicle Particulars							
1anufacturer	KIA						
fodel	CERATO K3						
xact Purpose for which vehicle was being used a me of accident	PRIVATE USE						
re you claiming under your own insurance policy or repair to your vehicle?	NO						
No, Please state action to be taken	THIRD PARTY						
ehicle Category	PRIVATE CAR						
nsurance Company							
lame of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE, LTD.						
ype Of Coverage	COMPREHENSIVE						
leet Policy	NO						
olicy Number							
over Note Number	1800095780						
Driver							
ame of Driver	MOHAMMAD ESA BIN BARI						
RIC No	S1462795B						
ate Of Birth	07/02/1961						
ccupation	INDOOR						
ate Of Driving Pass	25/09/1992						
riving Experience	26 YEARS AND 2 MONTHS						
ender	MALE						
lobile Number							
	(LOCAL) +65-96445691						
ax Number	(LOCAL) +65-96445691						
ax Number ontact Number	(LOCAL) +65-96445691 OFFICE-96445691						

Address BLK 606 SENJA RD #03-49

Postcode 670606

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

0.000

Insurance Company of Driver's Own Vehicle

8

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? YES
Was any injured conveyed to hospital by

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

ambulance?

NAME: : MOHAMMAD SHALAN BIN MOHD SALLEH

GENDER: : MALE

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?

NO

YES

NO

2

NO

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO

Was there any audio recorded?

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XD9648S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MOHAMMAD ESA BIN BARI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMD2831E

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name

MOHAMMAD SHALAN BIN MOHD SALLEH

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMD2831E

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.
- 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:
 - 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)

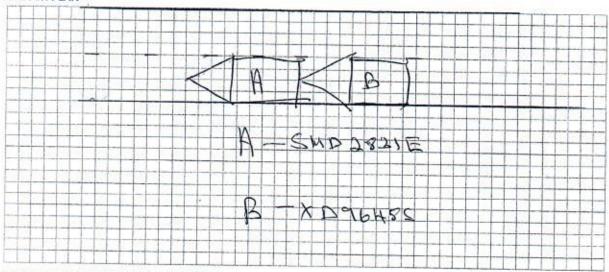
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

				9990			- COVID-			
J. Sudden	Wus J	Jairly felt	di	Yeh	A	dien	the	mation alight	date	n time
veh A	coall	nut	stop	in	tine	4	hit	the row	an of	rhy
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					-2000	1100				
- 1								=		
	46									

DECLARATION

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

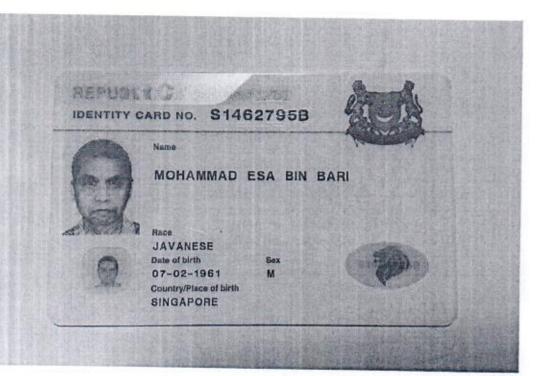
Policyholder's Signature Date & Time:

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

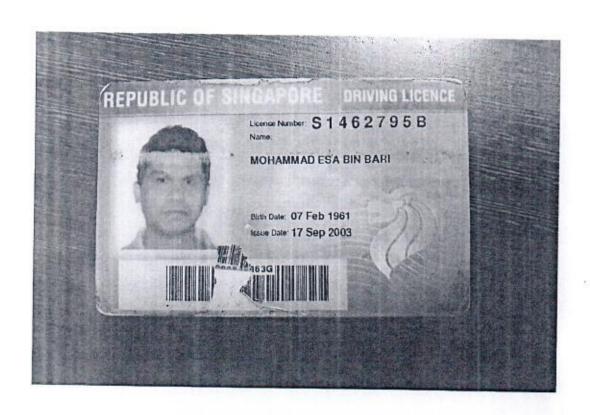
Reporting Centre Personnel's Signature Name:

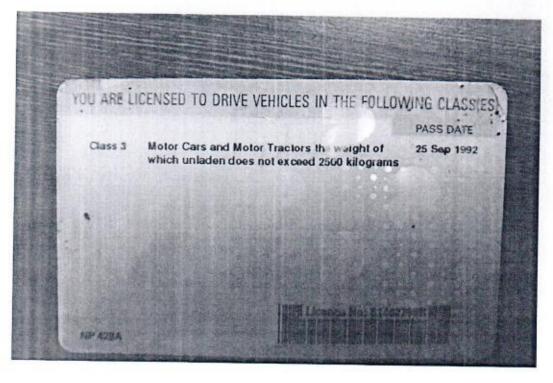
NRIC/FIN No.:

Date of Accident	: 8/12/19 Accident Time: 130pm (24-HR-Format)
Accident Place	: Admirity RJ west after senoke R& towards Menst
Vehicle. No. (Car Plate No.)	SA SMOJASIFMake/Model: KIG
Insurace Company	: A16 Policy No: 1800095780
Owner or Company Name /IC No.	: Molammad Esa Bin Bari /51462795B
Owner or Company Contact No.	Owner's Hp 96445691 Company Tel
DRIVER'S Name / IC No.	: as above
DRIVER'S Date Of Birth	: 7/2 /1961 DRIVER'S License Pass Date 25/9/1992
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: BIK 606 Senja Road #03-49 5670606
DRIVER'S Contact No./ Alt No.	:1)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: MohdesA 2010@ hotmail . com
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	
Was there any video Captured by ca Exact purpose for which vehicle was Any Injury (If YES, Pls state):	s being used at the time of cooldant P.
Other P	arty Driver's Particular (if any)
Vehicle, No: XP 96485	(Liberty) Vehicle. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	
IC No. Driver/Contact:	IC No. Driver/Contact:
* NEW - Passenger's name &	gender: Mohammad Shalan Bin Model Sallah











COVER NOTE

GA AUTO PROTECTOR PRIVATE VEHICLE

to following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

Vame of Policyholder eriod of Insurance

: MOHAMMAD ESA BIN BARI : 07Aug 2018 to 02 Aug 2020

Engine No.

Chasis No.

: G4FGJH703934 : KNAF3416MK5013525

Vehicle No.

Cover Note No. Endorsement No.

Issued Date

: 07 Aug 2018

: 1800095780

ABOUT THE COVER

Make/Model

: KIA Cerato K3 1.6/EX

Engine Capacity/Tonnage : 1,591.00 CC Driver Restriction

: NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2018

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder or 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 halshe mosts 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 unnerned) 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 fultion, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with Motor Trade,

Loss of Use 1500cc - 1600cc

* Limitations rendered inoperative by Section 6 of the Motor Vahicles (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

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

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

1, Cycle & Carriage Body & Paint Centre Add: 209 Pandan Bardons Singapore 809339 66684501

2 Cycle & Camage Authorised Service Centre Add: 241 Alexandra Road Singapore 159931 64278800

3,0 yelle & Carriage Authorised Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hottine at +65 6338 6200, Attennatively, you may refer to AIG website www.aig.com.ag or AIG SG Mobile App, Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Standard Chartered Bank (Singapore) Limited

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, IWe hereby certify that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and C Malaciya) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaciya) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaciya) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaciya) and Motor Vehicles, this Cover Note is welld for 60 days from ediately. 189), Part IV of the Road Transport Act, 1987

0504622224

C&CKICP2 - MELVIN

239 ALEXANDRA ROAD

SINGAPORE 169930

Underwritten by AIG Asia Pacific Insurance Pte, Ltd.

AIG Asia Pacific Insurance Pte. Ltd. **AUTHORISED REPRESENTATIVE**