Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 12/12/2018 15:07

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 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.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	12/12/2018 13:58
Date Of Accident	10/12/2018 15:50
Exact Location Of Accident	ALONG UPP BUKIT TIMAH RD & OLD JURONG RD JUNCTION
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLK2496P
Insured/Policyholder	
Name Of Registered Owner	BRAELISS ENTERPRISE PTE LTD
Co Reg No	201429970C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-98111555
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ALTIS
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	999994589
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD YAZIF BIN HAJI
NRIC No	S8423161D
Date Of Birth	23/07/1984

INDOOR

08/01/2004

14 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87484805

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 477 SEGAR ROAD #02-400

Postcode 670477
Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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?

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) 1

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

YES

Police Station Name BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 42 FAJAR ROAD, POSTCODE: 679005, COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-8929999 - **FAX NO**: 67673650

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT: T/20181211/2122.

Attachment(s)

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 SJR4748L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

VEHICLE B

PRIVATE CAR

HOE CLARENCE

NRIC/Passport Number

Contact Number

86086996

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 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. 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.
- 7. 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 ("GI♠") 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)
 - (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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to heir 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.
- 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.

Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SRICHPEAN TINT IN DIST.

This travelling along upper baker time in Rank down to so woodling Roak at the Justice of the light time Amber public I am pusting the Justice of Justice By died to Just and and the Justice By died to Just and and the Justice By died to Just and and the Justice By died to Justic





Police Station Of Origin: Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

1 of 3 Report No. T/20181211/2122

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 018 18:45	//ade:	Vide Report No.: J/20181210/0092	Station Diary No.: 149	
Informa	nt's Partic	ulars			
	f Informant: IMAD YAZI		Address: APT BLK 477 SEGAR ROAI	D #02-400 SINGAPORE 670477	
	/ ID No.: O / S842310	61D	Contact No.: Home/Office: Mobile: 87484805		
National SINGAP	ity: ORE CITIZ	EN .	Email:		
Sex: Male	Age: 34	Date of Birth: 23/07/1984	Type of Informant: Driver		
Race: Malay			Language:	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambula	nce Drink No			Type of Location:	
	T TIMAH ROAD					
Weather:		Road Surfac	e:	Roa	d Speed Limit:	
Clear		Dry				
Traffic Flow: Traffic		Traffic Contr	c Control:		Traffic Volume: Moderate	
Type of Collis	ion: ing Vehicles - Head To Re	or.			one conveyed by	

Details of V	ehicle Invo	lved	SUCCESSION OF SUCCESSION			
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SJR4748L	Car				Seriously Damaged	100000
SLK2496P	Car				Seriously Damaged	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





T/20181211/2122

Police Station Of Origin: Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

2 of 3 Report No. T/20181211/2122

CONTINUATION OF REPORT

Name	HOE CLARENCE		ID No		S8325305C	
Related Vehicle	SJR4748L (Car)		Conta	ct No.	86086896	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Dat			harge	NIL	
No. of Days granted Medical Leave NIL			Degree of	f Injury	NIL	
Driver						
Name	MUHAMMAD YAZIF BIN HAJI			ID No		S8423161D
Related Vehicle	SLK2496P (Car)		Conta	ct No.	87484805	
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	NIL Date			harge	NIL	
No. of Days grant	ted Medical Leave	Degree of		NIL		

Brief Details.

On 10th December 2018 I was travelling along Upper Bukit Timah Road towards Woodlands Road with my vehicle bearing registration number SLK2496P. On the same day at about 1550hrs, upon reaching the junction of Old Jurong Road, I was going straight and the traffic light turned amber. Suddenly another vehicle bearing registration number SJR4748L turn right into Old Jurong Road as such we collided into each other.

Both the drivers and I later came down to make a check and exchange particulars. No injuries for both me and the other driver. Due to the impact, my front bumper, car hood, left headlight, frame and left passenger door damaged. For the other vehicle, the rear bumper, rear light and left rear passenger door were damaged. Police and ambulance came down to scene and one of the passenger from the other vehicle was conveyed to hospital.

I have in car camera installed in my vehicle and I have handed the SD card to the police with the reference umber J/20181012/0092.





T/20181211/2122

3 of 3

Report No. T/20181211/2122

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

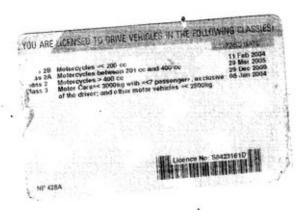
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Staff Sgt CHAN KANG YUAN	24
Signature Of Interpreter:	Date/Time:
Not applicable	11/12/2018 18:45
Officer In Charge Of Case:	Classification Of Case:
TP/GIT/	
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN	
Contact No.: 65476185	•
Authentication Stamp NP168 POTO POLICE FORCE	
The state of the s	1









2

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 188)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

NOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

HOTLINE TEL: (65) 6419-3000 FAX: (65) 6415-3723

(The below excess is subject to GST)

POLICY EXCESS

CERTIFICATE NO.

COMMERCIAL MOTOR

WINDSCREEN EXCESS

\$\$2000.00 (Sect II)

THIRD PARTY

SLK2496P .

NA

POLICY NO.

999994589

SUM INSURED

SLK2496P

NA INSURING WITH COE/PARF NA

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

Braeliss Enterprise Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

18 April 2018 29 May 2019

4) DATE OF EXPIRY OF INSURANCE

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the insured's order or with their permission

\$\$2,000.00 Section II Excess is applicable for driver who is above 22 years old with minimum 2 years driving experience.

The policy does not cover drivers who are below 22 years old and 3 or less than 2 year driving experience.

Provided that the person driving is permitted in accordance with it; licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE*

- 1) Use for social, domestic, pleasure purposes and business purposes of insured
- Use for social, domestic, pleasure purposes and business purposes of any person whom "ne vehicle is hired
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy dods not cover: 1) Use for tultion, driving test, racing, peco-making, reliability trial or speed-testing; 2) Use whilst drawing a trailor exite towing (other than for reward) of any one disabled mechanically proposed vehicle, 3) Use for any purpose in connection with the Motor Trad-

LOSS OF USE

Not included

HIRE PURCHASE COMPANY

NA

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1997 (Malayele), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third- Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 25 May 2018

HUND 55 Lorong L Telok Kurav, 802-59 Bright Centry Singapore 425500

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL

IF T LOSS, WILL BE CHARGED \$30

CHANGE OF VEHICLE / RENTAL EXTENSION AGREEMENT

This CHANGE OF VEHICLE AGREEMENT / RENTAL EXTENSION AGR#EMENT (hereinafter referred to as

"The Agreement	" is made on <u>260618</u>	
Between	Braeliss Enterprise Pte Ltd (Company Registration No.: 201429970C) Having its office at: LINK@AMK, 3 Ang Mo Kio Street 62 #06-06 S(569139) AND	Braeliss Enterprise Pte L
Hirer	Name: Muhd Yazif Bin Haji NRIC: S8423161D Address: Attached NRIC and Driving License on Page 2.	
mentioned vehic	s to acknowledge that the hirer has taken over and/or extended le and thus all existing terms and condition / clause stated in the (also mentioned below) still stands and will be carried over base auto renewed for additional three months unless stated otherwi	contract signed for the on the current vehicle.
Current vehicle n	number plate: SFG5440Y number plate: SLK2496P Lease extended to:	\$490/wk
	damage and fuel level on day of handover. Hirer liable for additional	

Attached page 2 if needed>















