

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	20/03/2019 17:25
Date Of Accident	19/03/2019 17:00
Exact Location Of Accident	SLE TWDS BKE (B4 MANDAI RD EXIT)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKC3236X
Insured/Policyholder	
Name Of Registered Owner	ABDUL MALIK BIN ISMAIL
NRIC No	S7044180B
Email Address	MALIK_SEAFARER@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93360700
Alternative Phone No	OTHERS-93360700
Vehicle Particulars	
Manufacturer	KIA
Model	SORENTO 2.4 AT ABS D/AB 2WD 5DR HID SR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	2100349146-05
Cover Note Number	
Driver	
Name of Driver	ABDUL MALIK BIN ISMAIL
NRIC No	S7044180B
Date Of Birth	12/12/1970
Occupation	INDOOR
Date Of Driving Pass	11/05/1993
Driving Experience	25 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93360700
Fax Number	
Contact Number	OTHERS-93360700
EMail Address	MALIK_SEAFARER@YAHOO.COM

Address	BLK 787E WOODLANDS CRESCENT #04-02
Postcode	735787
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF4427C
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJV9804D
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)	

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.
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. 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:

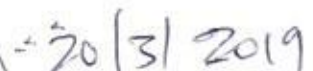
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



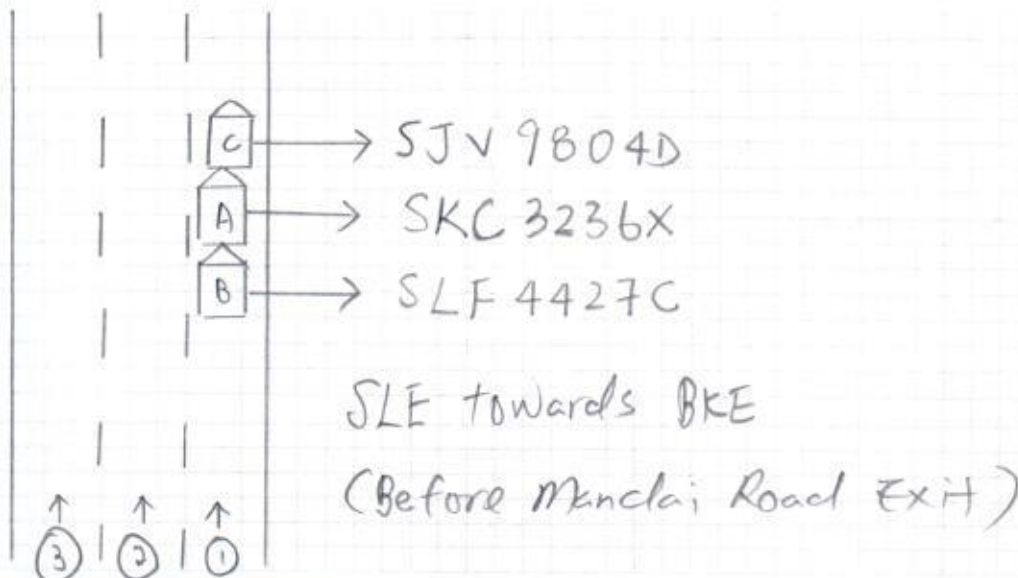
Driver's Signature
(If driver is not the policyholder)
Date & Time:



20/3/2019

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 20/3/2019

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

On 19.03.19 at about 17:00 hours along SLE towards BKE (Before Mandai Road Exit). I was travelling straight on lane 1, when my front vehicle (C) slowed down and stopped hence I follow suit.

Suddenly I heard a loud bang from behind and the impact forced my vehicle (A) to move forward hit onto the rear portion of vehicle (C). When I alighted I realised it was vehicle (B) who hit onto rear portion of my vehicle (A) causing damages to my front & rear portion of my vehicle (A). It was a chain collision of total 3 vehicles involved.

Vehicle (A): SKC 3236X

Vehicle (B): SLF 4427C

Vehicle (C): SJV 9804D

A handwritten signature in blue ink, appearing to read 'Anasik', is located to the right of the vehicle list.

Given on 20/3/2019

@ 1315hrs.

(Taken Photos) ✓

SINGAPORE ACCIDENT STATEMENT

Accident Date: 19/03/2019		Time: 17:00		(hh:mm) 24 hr format	
Location SLE towards BKE (Before Mandai Road Exit)					
Vehicle Number SKC3236X					
Insured Name Abdul Malik Bin Ismail					
NRIC/FIN S7044180B		Contact Number 9336 0700			
Make Kia		Model Sorento			
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes If No, Pls select: (✓) Third Party () Reporting					
Insurance Company AIG					
Type of Policy (✓) Comprehensive () Third Party Fire & Theft () TP Only					
Policy Number 2100349146-05					
Name of Driver (✓) Same as Insured					
NRIC / FIN		Contact Number			
Date of Birth 12/12/1970					
Driving Pass Date 11/05/1993					
Occupation (✓) Indoor () Outdoor					
Gender (✓) Male () Female					
Email Address malik_seafarer@yahoo.com NO EMAIL					
Address of Driver B1K 787E Woodlands Crescent					
#04-02, 5C735787					
Was driver an employee of the Insured's Company? () Yes (✓) No					
If No, Relationship of the Driver with the Insured					
(✓) Owner () Spouse () Friend () Relative () Children () Sibling					
Does the Driver Own Any Other Vehicle? () Yes () No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle					
Insurance Company of Driver's Own Vehicle					
Weather Conditions (✓) Clear () Raining () Others					
Road Surface (✓) Dry () Wet () Others					
Was any foreign vehicle involved in this accident? () Yes (✓) No					
Was anybody injured in the accident? () Yes (✓) No					
If yes, injured detail					
Was there any video captured by Car Camera? (✓) Yes () No					
Was the Accident reported to the Police? () Yes (✓) No If yes attach police report					
DETAILS OF 3 rd party		Name / Nric		Contact	
Veh B SLF4427C					
Veh C SJV9804D					
Veh D					
Veh E					
Veh F					

Driver Only.

Email: Visionauto work@gmail.com ✓

Tel: 63416789

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7044180B



Name

ABDUL MALIK BIN ISMAIL

Race

MALAY

Date of Birth

12-12-1970

Sex

M

Country of Birth

SINGAPORE

S7044180B

SAC 3236X

Adm & driver



0175226

NRIC No. S7044180B



Blood Group

A+

Date of Issue

04-12-1991

APT BLK 787E WOODLANDS CRESCENT #04-02
SINGAPORE 735787

NRIC No: S7044180B

Date: 06/09/2011


No: 6887527

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7044180B**
Name
ABDUL MALIK BIN ISMAIL

Birth Date: 12 Dec 1970
Issue Date: 12 Apr 2003

000379736G



SKC3236X


owner & driver

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

Class	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	11 May 1993

NP 428A

Licence No. S7044180B





CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Abdul Malik Bin Ismail
Period of Insurance : 15 Aug 2018 To 11 Aug 2019
Engine No. : G4KEBH763263
Chassis No. : KNAKU811MC5218678

Vehicle No. : SKC3236X
Policy No. : 2100349146-05
Endorsement No. :
Issued Date : 16 Jul 2018

ABOUT THE COVER

Make/Model : KIA SORENTO 2.4

Engine Capacity/Tonnage : 2,359.00 CC

Driver Restriction : NA

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.

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2011

Insuring with COE/PARF : Yes

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 30 years old and above

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 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, 1967 (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)

Abdul Malik Bin Ismail - \$600 (Own Damage)

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

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

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

3. Cycle & 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 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: MayBank

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, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500709000

CYCLE & CARRIAGE - KIA SCHEME

239 ALEXANDRA ROAD

SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.


AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSCD5K