

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 | 16/04/2019 17:05 |
| Date Of Accident | 16/04/2019 08:45 |
| Exact Location Of Accident | KJE-BKE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SJZ7717P |
|-----------------------------|----------|

Insured/Policyholder

| | |
|--------------------------|----------------------|
| Name Of Registered Owner | SUJAT BIN HJ YASIN |
| NRIC No | S0217619Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96796567 |
| Alternative Phone No | Office-96796567 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | BMW |
| Model | X6 |
| 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 | REPORTING ONLY |
| 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 | 2100448216-03 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | SUJAT BIN HJ YASIN |
| NRIC No | S0217619Z |
| Date Of Birth | 09/07/1953 |
| Occupation | INDOOR |
| Date Of Driving Pass | 24/06/1975 |
| Driving Experience | 43 YEARS AND 9 MONTHS |

| | |
|---|--------------------------|
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96796567 |
| Fax Number | |
| Contact Number | OFFICE-96796567 |
| EMail Address | NOEMAIL |
| Address | 877 YISHUN ST 81 #05-293 |
| Postcode | 760877 |
| 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 | SIDE SWIPE |
| 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 | 2 |
| 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

REFER TO ATTACHED.

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 | SLU1411M |
| 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

SKETCH PLAN

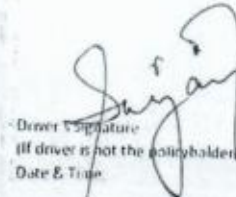
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

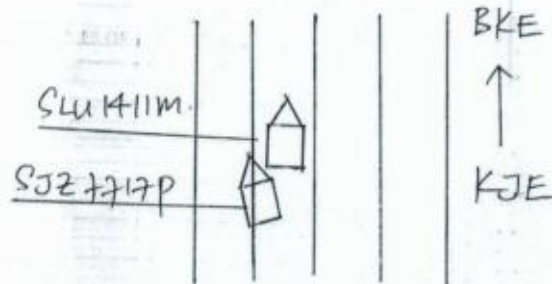

Policyholder's Signature
Date & Time


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

16/4/19

Reporting Centre Personnel's Signature
Name: _____
NIC/FIN No: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 16/4/19 @ ABOUT 0845 HR, I WAS DRIVING ALONG
 KJE TOWARDS BKE, IN MY VEHICLE SJZ 7717P. I
 WAS INTENDING TO SWITCH TO LEFT LANE. I ENSURED
 CLEARANCE & SAFE DISTANCE & SHIFTED OUT BUT
 SUDDENLY VEHICLE SLU 1411M APPLIED HIS BRAKE &
 I SCRATCHED LIGHTLY ON HIS VEHICLE'S REAR LH CORNER.
 NO VISIBLE DAMAGES TO MY VEHICLE. NO INJURIES.

DECLARATION

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

[Signature]
 Driver's Signature
 Date & Time

[Signature]
 Driver's Signature
 (If driver is not the sole holder)
 Date & Time

16/4/19

[Signature]
 Reporting Centre Personnel's Signature
 No. / FIN No.



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Sujat Bin HY Yasin
Period of Insurance : 14 Feb 2019 To 13 Feb 2020
Engine No. : 06138466N55830A
Chassis No. : WBAFG22020L597422

Vehicle No. : SJZ7717P
Policy No. : 2100448216-03
Endorsement No. : 000000000254999
Issued Date : 29 Jan 2019

ABOUT THE COVER

Make/Model : BMW X6 XDRIVE 35i
Engine Capacity/Tonnage : 2,979.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2014
Insuring with COE/PAF : Yes

* The Policyholder
is the person who is driving, on the Policyholder's order or with his/her permission.
This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$1,000 as "Young and Inexperienced Driver Charge" ("YIDC") if You are a Young Authorized Driver (defined as a person below the age of 23 and has less than 1 year of driving experience).

Age Condition : All Age Condition

Limitation as to use* :

This Policy does not cover use for hire or reward, delivery, towing, driving test, racing, gun running, liability, total or partial loss, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Limit of Use: 1500cc - 1600cc Optional

* Limitations mentioned hereunder by Section 2 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 130) and Section 90 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
Fire - \$0. Own Damage - \$3000. Theft - \$0. Flood Cover - \$0.

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Sujat Bin HY Yasin - \$3000. Own Damages

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

Approved Reporting Centres/AIG Authorized Repairers (for claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorized Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the "AIG Approved" repair shop.
For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency helpline at +65 6336 6300. 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

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. 130), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1988 (Malaysia).

0500656000

INSURANCE AGENCY PTE
NO 1 KAKI BUKET ROAD 1 #02-07 ENTERPRISE ONE
SINGAPORE 4115934

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

37/2016

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

0500656000

78 Bras Basah Way #07-01 AIG Building 0770120 | T: +65 65 65 3000 | www.aig.com.sg

AIG Asia Pacific Insurance Pte. Ltd.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0217619Z



Name

SUJAT BIN HJ YASIN

Race

JAVANESE

Date of birth

09-07-1953

Sex

M

Country/Place of birth

SINGAPORE

9679 6567



6103128

NRIC No. S0217619Z



Date of issue

15-01-2019

Address

APT BLK 877 YISHUN STREET 81
#05-193
SINGAPORE 760877

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S0217619Z**
 Name:
SUJAT BIN HJ YASIN
 Sub-Date: 09 Jul 1953
 Issue Date: 17 Apr 2003

900393667H

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

PASS DATE

| Class | Motor car, ≤ 3500 kg with ≤ 7 passengers, exclusive of driver, and motor motorcycles ≤ 2500 kg | 24 Jun 1978 |
|-------|---|-------------|
| | | |

S / No. 9000282041

S0217619Z



Licence No: S0217619Z

NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo

