

## 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	11/06/2019 18:47
Date Of Accident	11/06/2019 16:35
Exact Location Of Accident	MINAMAR HOTEL CAR-PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF8533P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ALLAUDEEN S/O S HAMEED
NRIC No	S1467852B
Email Address	ALLAUDEEN1@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97953460
Alternative Phone No	OTHERS-97953460

### Vehicle Particulars

Manufacturer	AUDI
Model	A4 SEDAN 2.0 TFSI
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800150379
Cover Note Number	

### Driver

Name of Driver	ALLAUDEEN S/O S HAMEED
NRIC No	S1467852B
Date Of Birth	13/12/1961
Occupation	INDOOR
Date Of Driving Pass	08/12/1986
Driving Experience	32 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97953460
Fax Number	
Contact Number	OTHERS-97953460
EEmail Address	ALLAUDEEN1@YAHOO.COM

Address	9 UPPER BUKIT TIMAH VIEW #03-02
Postcode	588136
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	COLLIDED INTO PROPERTY
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

I WAS MAKING TURN UP THE RAMP OF THE CARPARK, WHEN THE DOOR GREASED AGAINST THE WALL, (PILLAR) LEADING TO SCRATCH MARKS ON THE DOOR.

#### Attachment(s)

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

## Sketch Plan

### SKETCH PLAN

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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:

*[Signature]*  
June 11, 2019  
4:35pm

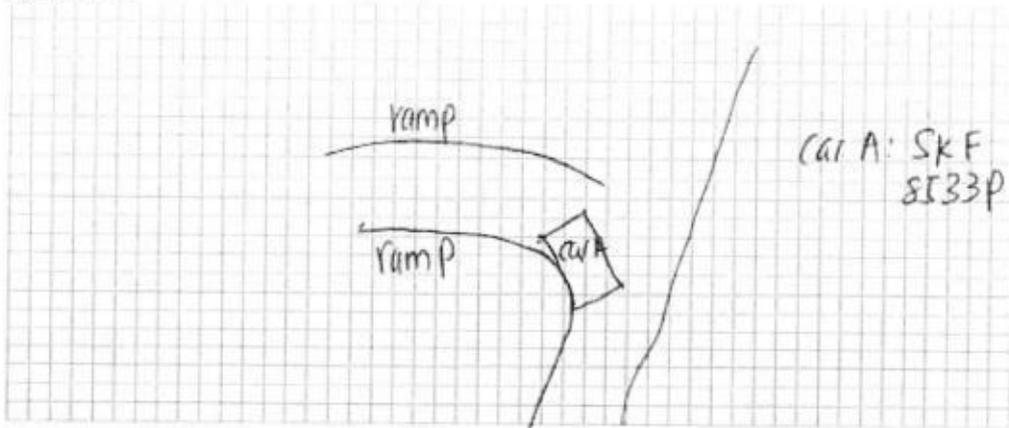
GIACC Form 10 (Rev. 1/1)

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

Reporting Centre Personnel's Signature  
Name: *Siti Marsilia*  
NRIC/FIN No: *S89102602*

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was making a turn up the ramp of the carpark, when the door (gripped against the wall, pillar) leading to scratch marks on the door

DECLARATION

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

  
Policyholder's Signature

Date & Time  
June 11, 2019  
4:35pm

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

Date & Time:

  
Reporting Centre Personnel's Signature

Name: Siti Mersilin  
NIC/FIN No: SS910260Z

Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500296 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA 119070311 Vehicle Registration No: SKF 8533P
Name (as shown in NRIC) : Alaudeen S/o S Hameed NRIC/FIN/Passport No : S1467852B
(\*Vehicle Driver / Vehicle Owner) (\* Please delete as appropriate
Address : 9 Upper Bukit Timah View Singapore 6788136
Contact (Tel) : Mobile No. : 97953460
Email Address : Alaudeen1@yahoo.com
Date of Accident : 11/06/2019 Time of Accident : 16:35 hrs
Place of Accident : Minamar Hotel Carpark
Insurance Company : AIG

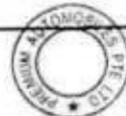
(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amendment of insurance's company.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Nurdiana Binte Ahmad
NRIC/FIN No.: 99121950F
Date: 17/6/19



## AUDI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : ALLAUDEEN S/O S HAMEED  
 Period of Insurance : 27 Dec 2018 To 26 Dec 2020  
 Engine No. : CVK 072225  
 Chassis No. : WAUZZZF42K3N000987

Vehicle No. : SKF8533P  
 Policy No. : 1800150379  
 Endorsement No. :  
 Issued Date : 11 Jan 2019

**APPROVED INFORMATION**

Make/Model : AUDI A4 Sedan 2.0 TFSI S tronic  
 Engine Capacity/Tonnage : 1,984.00 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 authorized driver only if he/she meets the specified age condition.

Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2018  
 Insuring with COE/PARF : Yes

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDE") if You are or Your Authorized 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 1800cc - 2000cc Optional  
 \* Limitations rendered inoperative by Section 9 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)  
 ALLAUDEEN S/O S HAMEED - \$1600 (Own Damage)

**APPROVED REPORTING CENTRE**

1. Audi Customer Service Center Add: 55 Ubi Road 1 Singapore 408609 63662323

For other Approved Reporting Centres/AIG Authorized Repairs, please contact our 24-hour accident emergency hotline at +65 6999 8200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SC Multi-App (Driving, Search and Download "AIG SC" from iTunes or Google Play.

**IMPORTANT NOTES**

Hire Purchase Company/Employer's Loan: NA

We hereby certify that the policy 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 and Compensation) Act, 1987 (Malaysia).

Co. Reg. No. 201009404M | Copyright © 2016 AIG Asia Pacific Insurance Pte. Ltd.

0504125287  
 PREMIUM LEASING - OYY  
 281 ALEXANDRA ROAD #01-01/02, SINGAPORE 159938  
 SINGAPORE 159938  
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.



*M. J. J. J.*  
 J. J. J.

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.

**What can the 24-hour AIG Auto Emergency Hotline provide for you?**

- Immediate assistance after an accident
- Emergency breakdown service
- Towing service (accident or non-accident related)
- Advice on Motor Claims procedures
- Medical Referral Assistance

**If no one is injured in the accident:**

- You are not required to make any police report.
- Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s).
- Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident.
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.

**If the accident involves injuries or damage to government property & vehicles, foreign registered vehicles or non-injury hit & run case:**

- Report the accident to the police, providing full details of the circumstances of the accident.
- Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s), if applicable.
- Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident.
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.

**What should I do in the event of an accident?**

- Keep calm and move your car to a safe place.
- Do not admit or discuss fault or blame with the other party(ies).
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.
- Submit Writ/Summons/Correspondences from third party(ies) to AIG immediately.

**LOSS OF USE CAR REPLACEMENT BENEFIT**

Applicable only if this benefit is included in your motor insurance. Please refer to your Policy Schedule for details. Policy terms and conditions apply. Please call our customer service hotline number (65) 6419-3000 for assistance.

The Certificate of Insurance (CI) should be produced without demand when collecting the Rental Car and the Rental Car Company reserves the right to verify the identity of the holder. The CI is the property of AIG and its use is subject to the terms and conditions contained in the Loss of Use Endorsement under the policy issued to the policyholder.

**Steps to activate Loss of Use Car Replacement Benefit and Important Information**

1. To activate your loss of use car replacement, please contact the Rental Car Company (listed below) after filing/reporting your accident claim.
2. Your rental car will be made available within 5 working hours of activation with the Rental Car Company.
3. At the time of collection of the Rental Car, the original insurance policy and schedule issued by AIG, a copy of the Accident Report from Audi Customer Service Centre must be produced.
4. The number of days is based on the period your vehicle is in the repair workshop unless the number of days of loss of use entitlement is stated in the Policy.
5. Rental cars are strictly for use in Singapore only.
6. Extension of rental beyond repair period approved by AIG surveyor will be chargeable by the Rental Car Company on per day basis.
7. Upgrade of Rental Car is available upon request subject to additional charges by the Rental Car Company.

**Rental Car Company: Popular Rent A Car Pte. Ltd.**

**Activation Hotline: 67428888**

**501 Guillemard Road Singapore 399840**

**Operation Hours: Monday to Friday: 9am to 6pm Saturday (Half Day): 9am to 4pm**

\*The Rental Car Company's Terms & Conditions apply (i.e., refundable security deposit, excess liability for the Rental Car, Collision Damage Waiver, etc).

**IMPORTANT NOTICE**

If you sell your motor vehicle, this Notice is **IMPORTANT** and **MUST** be complied with. Policyholders are hereby warned that under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap.99), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

The Policyholder is further warned that should the sale of a motor vehicle, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap.99).

This Policy will cease to be valid once the motor vehicle has been sold to another person unless the Insurer is notified of the sale and notified to and agreed to by the insurance company concerned. If the insurance company agrees to cover the new owner, they will issue a new Certificate of Insurance in the new owner's name. The premium charged to vary vary according to the new owner's profile.

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1467852B



Name

ALLAUDEEN S/O S HAMEED



Race

INDIAN

Date of Birth

13-12-1961

Country of Birth

SINGAPORE

Sex

M

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1467852B

Name

ALLAUDEEN S/O S HAMEED



Birth Date: 13 Dec 1961

Issue Date: 07 May 2004



2273778



NRIC No. S1467852B



Blood Group Date of issue

O+ 13-08-1994

9 UPPER BUKIT TIMAH VIEW #03-02  
SINGAPORE 588136

S1467852B

26/05/2013

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 08 Dec 1986

NP 428A





AIG Asia Pacific Insurance Pte. Ltd  
AIG Building  
78 Shenton Way  
#07-16

**MOTOR ACCIDENT INTERVIEW FORM**

NAME : Allandeen Hameed  
VEHICLE NUMBER : SKF8583P  
DATE/ TIME OF ACCIDENT : June 11, 2019, 14:00hrs  
PLACE OF ACCIDENT : Miramar Hotel Carpark  
THIRD PARTY VEHICLE (IF ANY) : None

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

I was driving from a bus my workplace to  
at Kent Ridge Drive to Miramar Hotel.  
I was going to park my car at the carpark.

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?

NO

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

There is no collision. As I was driving  
up the ramp in the carpark, at  
the turn, the car door grazed against  
the wall. This led to scratches on the  
door.

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

There was no passengers and I  
was not injured

Allandeen Hameed

NAME:

**I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE**

**UNDERTAKING**

I, Allandeem Hameed, (NRIC No. S1467832B), hereby confirm that the Singapore Accident Statement lodged by me on 11 June 2019 at 16:35 hours pertaining to the accident involving motor car Reg. No: CF8533P, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

Signature :   
Name of Insured / Driver : Allandeem Hameed  
Nric No. : S1467832B  
Date : June 11, 2019

Signature : same as above  
Name of Policyholder : \_\_\_\_\_  
Nric No. : \_\_\_\_\_  
Date : \_\_\_\_\_