#### 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 <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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	26/08/2019 17:14
Date Of Accident	16/08/2019 12:30
Exact Location Of Accident	ROUNDABOUT TUAS RD HEADING TO AYE (CHANGI)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKF8691R
Insured/Policyholder	
Name Of Registered Owner	AZMAN BIN HAROON
NRIC No	S7218492J
Email Address	MANNARINA29@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91469443
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	SUBARU
Model	XV-1.6 I (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL/LEISURE
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	2100307138-07
Cover Note Number	
Driver	

Name of Driver AZMAN BIN HAROON

NRIC No S7218492J
Date Of Birth 29/05/1972
Occupation INDOOR
Date Of Driving Pass 06/11/1998

Driving Experience 20 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91469443

Fax Number

Contact Number OFFICE-NOPHONE

EMail Address MANNARINA29@GMAIL.COM

BLK 915 JURONG WEST ST 91 #07-198 Address

Postcode

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 **COLLISION - ROUNDABOUT** 

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? YES

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.

1 Number of Passengers (Including Driver)

#### **Details of Police Action**

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name NANYANG N.P.C

ROAD: 2 JURONG WEST AVE 5, POSTCODE: 649482, COUNTRY: Police Station Address

**SINGAPORE** 

NO

TEL NO: 1800-7929999 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO POLICE REPORT T/20190818/2018

#### Attachment(s)

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

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SKV7233C

Vehicle Make/Model/Colour **VOLKSWAGEN** 

LEFT HAND FRONT PORTION **Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver MOHAMMED FAIZ BIN JASMAN

NRIC/Passport Number S8829521H Contact Number 97336426

Address

Postcode

Insurance Company Name AXA INSURANCE PTE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

# **Accident Sketch Plan**

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SKETCH PLAN	2	
	3 SKF 869	II P
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	( (SKV 7233)C	Ahmad Ibrahim AyE Chang
	1/	
	TUAS	Flyover (toll road)
	The state of the s	Figure Collings
	Two said	
DESCRIBE CIRCUMSTANCES OF T	HE ACCIDENT	
Planes refer to Tras	the source of ment	number: 7/20190818/2048
THE PETER AB THE	HIE MEGLERICA NEPORT I	winber: 1 2010 18 12045
DECLARATION		
I/We declare the foregoing particulars	are true in every respect.	<i>n</i>
me 26/8/19		Konson
Policybelper's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Date & Time:	NRIC/FIN No.: \$8101831F
DWMAC State Standard VS		201 A19 21 L

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#### **Accident 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.
- 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.
- 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:
  - (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)

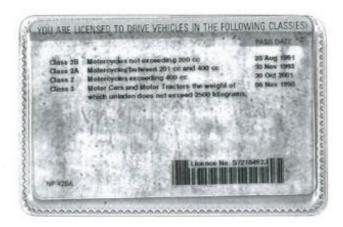
Date & Time:

Reporting Centre Personnel's Signature

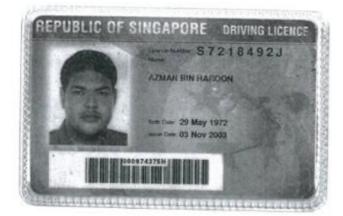
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NRIC/FIN No.: 98000

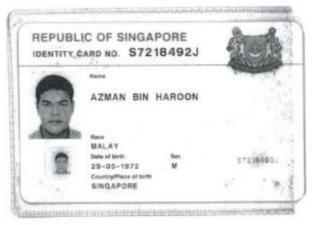
S8101832

#### **Identification Card**











# CERTIFICATE OF INSURANCE

#### SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Azman Bin Haroon

Period of Insurance

: 12 Jul 2019 To 11 Jul 2020

Engine No.

Chassis No.

: FB16R300476

: JF1GP3KC5CG008520

Vehicle No.

: SKF8691R

Policy No.

: 2100307138-07

Endorsement No.

Issued Date

: 19 Jun 2019

#### ABOUT THE COVER

Make/Model

: SUBARU XV 1.6

Engine Capacity/Tonnage : 1,600.00 CC Driver Restriction

: NA

Off Peak Car ; No

Sum Insured : Market Value

First Year of Registration : 2012

Insuring with COE/PARF : Yes

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 heishe meets the specified age condition.

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

: 40 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 him or reward, driving fulfion, driving test, racing, pace-making, reliability trial or speed-lesting, the carriage of goods other than samples in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

\* Limitations medered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169), Section 95 of the Road Transport Act, 1987 (Malayela) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

#### EXCESS

Section 1 Fire - \$0 Own Damage - \$1800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Azman Bin Haroon - \$1800 (Own Damage)

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

1.Motor image Enterprises Pte Ltd. Add: 19 Lowing 8 Toe Payoh Singapore 319255 64170100

ct our 24-hour accident amergency hottine at +65 6336 6200. Alternatively, 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: DBS BANK LTD

(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. 169), Part IV of the Road Transport Act, 1967 (Malaysia). Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia).

0500619010

TAN CHONG CREDIT - SUBARU PA 911 BUKIT TIMAH ROAD

SINGAPORE 589622 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

75 Sherton Way #07-16 AIG Building 8079120 | T:+65 6419 3000 | w





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Report No. T/20190818/2048

1 of 4

Tel No: 1800-7929999

REPORT OF A T	RAFFIC	ACCIDENT
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Date/Time Report Made: 18/08/2019 13:29			Vide Report No.:	Station Diary No.: 109	
Informa	nt's Partic	ulars			
	Informant: BIN HARO		Address: APT BLK 915 JURONG WE SINGAPORE 640915	ST STREET 91 #07-198	
ID Type / ID No.: NRIC NO / S7218492J		92J	Contact No.: Home/Office: 91469443	Mobile:	
National SINGAP	ity: ORE CITIZ	ŒN.	Email:	hrispeli (600	
Sex: Age: Date of Birth: Male 47 29/05/1972			Type of Informant: Driver		
Race: Malay			Language:	Institution / School Name:	
Occupation: COATING ENGINEER		ER	Driving Licence Information Class:	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/08/2019 12:3	Ro	pe of Location oundabout	
Location: Along Road 1 TUAS ROAD JALAN AHMA At the round a		S12/1F.				
		Road Surface: Dry			Road Speed Limit:	
		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Light		
Type of Collis Between Mov	iion; ring Vehicles - Head To F	Rear	944-454 <b>G</b> 0	Anyone ambular	conveyed by nce:	

A / - L / - A / -	-			0.1-	0 - 111 -	11 (0
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SKF8691R	Car	SUBARU	SUBARU XV 1.6I AWD CVT	White	Slightly Damaged	0
SKV7233C	Car	40			Slightly Damaged	0

Details of V	ehicle Insurance	AND SHIP SHIP SHIP	Mark Lat	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





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Report No. T/20190818/2048

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SKF8691R	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100307138-07	12/07/2019	11/07/2020	

<b>Details of Perso</b>	n Involved					
Any Pedestrian Ir	volved: No					
No. of Pedestrian	Use of Pe	destrian	Cross	ing: NA		
Driver	and the state of t	the Market				The state of the s
Name	AZMAN BIN HARO	ON		ID No.		S7218492J
Related Vehicle	NIL			Conta	ct No.	91469443
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	charge	NIL		
No. of Days gran	Days granted Medical Leave NIL			Degree of Injury NIL		
Driver						
Name	Mohammed Faiz Bin Jasman			ID No	-	S8829521H
Related Vehicle	NIL			Contact No.		97336426
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	Discharge NIL			
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

#### Brief Details

On 16/08/2019, at about 1235hrs, I was driving along Tuas road at the roundabout going towards Jalan Ahmad Ibrahim. I was driving my car SKF8691R while Mohammed Faiz Bin Jasman, S8829521H was driving a car SKV7233C on the inner lane at the roundabout. However, he wanted to turn into Tuas Road from the inner lane and hit my vehicle at the rear right side. He did not stop right away but drove a bit and stopped at the bus stop number 24509, at Tuas Road. I came out of my vehicle but he did not. Fortunately, Police was there who helped to assist to bring the other guy out of his vehicle. I injured a strain from the neck to the right arm and I told the officer that I do not need an ambulance as my injury was minor and that I will go to see a doctor myself. My vehicle had some scratches on the rim and rear back and part of the rear back came off from the clip. His car also has scratches on the front left tire and the left fork light came off. I am making this report for insurance purpose and as I have a medical Leave of 3 days.





T/20190818/2048

Report No. T/20190818/2048

4 of 4

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

CONTINUATION OF REPORT

### Sketch Plan

Signature :

Singapore Police Force

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: J / SC2 M AHMED TUSHAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time:
Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN Contact No.: 65476170	Classification Of Case:
Althentication Stamp	





1/20190818/2048

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Report No. T/20190818/2048

3 of 4

Tel No: 1800-7929999

CONTINUATION OF REPORT



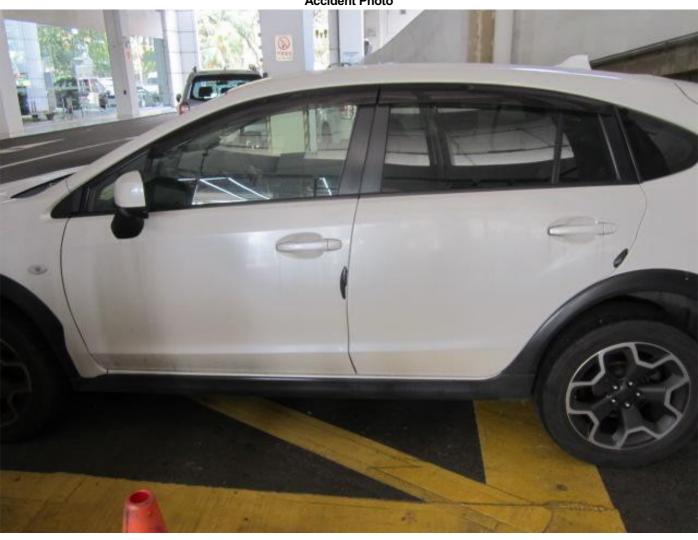






























#### **Addendum Sheet**



#### 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: 5665500206 / 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 : MMIE 19113560 Vehicle Registration No: SKF 8691 R Name(as shown in NRIC); AZMAN &N HAROON NRIC/FIN/Passport No : \$7218492 J (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate BLK 915 JURONG WEST ST 91 #07-198 Address Singapore(640915) \_\_\_\_\_Mobile No.: 91469448 Contact (Tel) : mannaring 29 egmail.com Email Address Date of Accident : 16/08/2019 Time of Accident: 1230HeS Place of Accident : ROWNDAROUT THAS RD HEADING TO AYE (CHANGE) AIG Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: TO CHANGE INJURED COLUMN TO YES

Policyholder / Driver's Signature Date:

Reporting Centre Personnel's Signature

Name: (Swign)

NRIC/FINNO .: 3810831F

Date: