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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 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,	
AND SERVICE SE	ACCIDENT STATEMENT
Date Of Report	17/10/2019 19:06
Date Of Accident	17/10/2019 09:20
Exact Location Of Accident	DNEST BASEMENT CARPARK
Country/State of Loss	SINGAPORE
第一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGL9509U
Insured/Policyholder	
Name Of Registered Owner	ORANGE CARS
Co Reg No	53314768M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH 1.8 A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994037
Cover Note Number	
Driver	
Name of Driver	FAIZAL BIN MOHD A'ALI
NRIC No	S7511390J
Date Of Birth	15/04/1975

 NRIC No
 \$7511390J

 Date Of Birth
 15/04/1975

 Occupation
 OUTDOOR

 Date Of Driving Pass
 28/04/2016

Driving Experience 3 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88151675

Fax Number

Contact Number OFFICE-88151675

EMail Address NOEMAIL

BLK 485A CHOA CHU KANG AVENUE 5 Address

#16-108

Postcode 681485

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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?

YES

Was any injured conveyed to hospital by ambulance?

NO

YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

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 STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMK5124G

Vehicle Make/Model/Colour

HONDA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ABDUL MALLIK BIN SAFIE

NRIC/Passport Number

S7118980E

Contact Number

91801565

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Page 2 of 21

Name

FAIZAL BIN MOHD A'ALI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SGL9509U

YES

NO

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.

Policyholdes Signature

REG.NO. 53314768M

Driver's Signature

(If driver is not the policyholder)

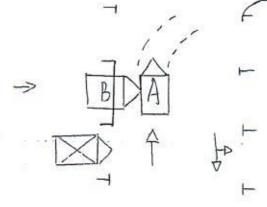
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

145 Pasir Eis Grove, D'NEST Busement Cp.



(A) SGL954U (B) SMKS174G.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	l was	travelling.	straight	along 145	Parir Ru	Gove, D	'NR1
oserve	ent Carpor			*			
leff,	nithout	give n	ing to	my ve	hive at	the c	top line.
	vehicle	B hit	onto t	he left	portion	of my	vehicle.
	whole	accident	was	captived	by my	1 vehicle	built-in
rides	recorde						
	720						
200 - 100 1							

DECLARATIONS CONTROL Particulars are true in every respect.

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No :

Date of Accident	: 17/0 9 Accident Time 9- 70 hr (24-HR-Format)
Accident Place	: 145 Pasiv Pison BNEST Basement CP
Vehicle Reg. No. (Car Plate No.)	:
Vehicle Make/Model	70407A) WISH
Insurance Company	:A/GPolicy No. 999994637
Owner or Company Name /IC No.	: Unive Cars / 523/4768 M
Owner or Company Contact No.	:Owner's HpCompany Tel
DRIVER'S Name / IC No.	FAIZAL BIN MUHD A'ALI 157511340J
DRIVER'S Date Of Birth	: 15 4 97 DRIVER'S License Pass Date 78 April 6
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: M7 BUC485A CHUA CHU KANG AVES #16/08
DRIVER'S Contact No./ Alt No.	:1) 88151625. 2) 51681485
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	:CLEAR & DRY (RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including D	Driver): I diver thly
Was there any video Captured by c Exact purpose for which vehicle wa	ar camera: YES \ NO as being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: B) SN	1KSIV4 G Vehicle Reg. No:
Vehicle MakelModel: Hund	Vehicle Make\Model:
Name Driver: ABDUL MALUK	BIN SAFE Name Driver:
IC No. Driver: 571189	Poモ IC No. Driver:
Driver's Contact & Add: 918	DISGS Driver's Contact & Add: Driver's Contact & Add:

 $T_{a^{\prime}}^{-1}a^{\prime}$



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

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

ROAD TRANSPORT ACT, 1987 (MALAYSIA) AND ROAD TRASPORT (AMENDMENT) ACT 2819.

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

M.Z.400

(The below excess is subject to GST) COMMERCIAL MOTOR THIRD PARTY POLICY EXCESS REFER TO ITEM 5 CERTIFICATE NO. SGL9509U WINDSCREEN EXCESS POLICY NO. 999994037 SUM INSURED NA INSURING WITH COE/PARF 1) VEHICLE REGISTRATION NO. SGL9509U 2) NAME OF INSURED **ORANGE CARS** 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF 24 September 2019 4) DATE OF EXPIRY OF INSURANCE 06 September 2020 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE* Any person who is driving on the insured's order or with their permission. \$\$1,500.00 Section II Excess is applicable for driver who is between 23 years to 70 years old with minimum 2 years driving experience.

Provided that the person driving is permitted in accordance with the 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
- 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the 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 does not cover: 1) Use for fullon, driving test, racing, pace-making, reliability trial or speed-testing: 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle: 3) Use for any purpose in connection with the Motor Trade.

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, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

I / We hereby Certify that the policy to which this Cartificate 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 (Melaysia) and Road Transport (Amendment) Act 2019,

Issued in Singapore 24 Sep 2019

220001-000 Choy Weng Hong Eric 25 Toh Tuck Walk Singapore 596604

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL