

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	25/11/2019 15:19
Date Of Accident	25/11/2019 14:10
Exact Location Of Accident	BEDOK NORTH AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA7617P
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Insured/Policyholder

Name Of Registered Owner	SYED HUSAIN BIN ALI BIN MOHD ALMUTAHAR
NRIC No	S8038514E
Email Address	ALMUTAHAR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97643102
Alternative Phone No	Office-97643102

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER-2.0 (A)

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?	YES
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If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	SYED HUSAIN BIN ALI BIN MOHD ALMUTAHAR
NRIC No	S8038514E
Date Of Birth	04/12/1980
Occupation	INDOOR
Date Of Driving Pass	13/07/2006
Driving Experience	13 YEARS AND 4 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97643102
Fax Number	
Contact Number	OFFICE-97643102
EMail Address	ALMUTAHAR@GMAIL.COM
Address	3 EVERGREEN GARDENS S468879
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 - HEAD TO REAR
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?	
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)	6
Passenger 1	Name: : Ameerah Binte Hassan Albahar Gender: : Female
Passenger 2	Name: : Moznah Binte Saleh Basharahil Gender: : Female
Passenger 3	Name: : Sharifah Umairah Binte Husain Almutahar Gender: : Female
Passenger 4	Name: : Mikail Bin Husain Almutahar Gender: : Male
Passenger 5	Name: : Amani Alaweeyah Binte Husain Almutahar Gender: : Female

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 REPORT

Attachment(s)

Are accident photos available for attachment?	YES
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Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKQ550J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

JOLYN

NRIC/Passport Number

Contact Number

97599612

Address

NA

NA

Postcode

NA

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1

Name:

: PASSANGER

Gender:

: Male

Passenger 2

Name:

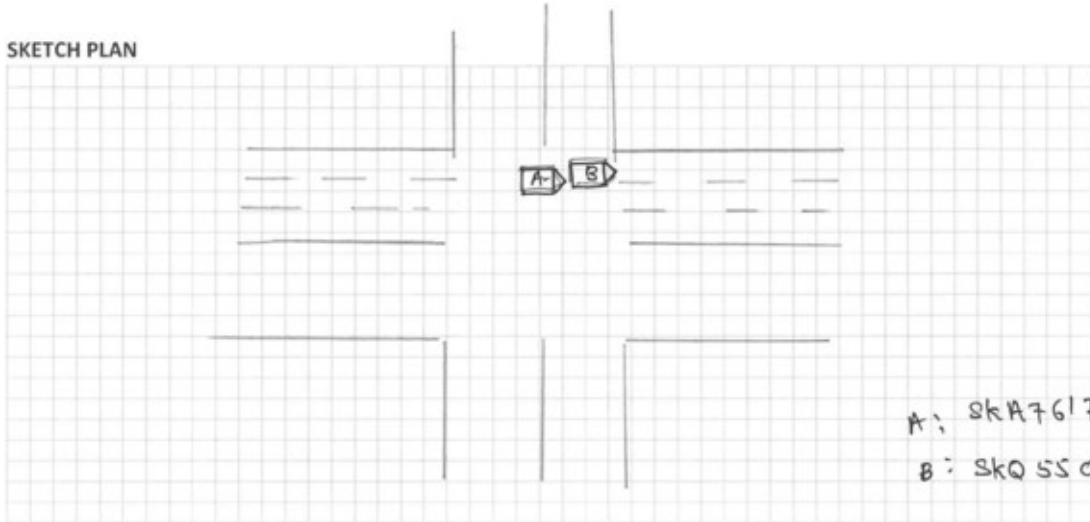
: PASSANGER

Gender:

: Female

Accident Sketch Plan

SKETCH PLAN



A: SKA7617P.

B: SKQ550J.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was approaching the junction, traffic light was in our favour, I was following behind vehicle B, keeping my distance. In the middle of the junction I notice vehicle B stop, I follow suit ^{to stop}. However, I did not applied my brake enough for my vehicle to come to a complete stop. As a result bump onto vehicle B's rear portion.

INSURER: AIG.

VEHICLE: SKA7617P.

DOA: 25/11/19.

CLAIM TYPE: OD.

WORKSHOP: KFS.

DECLARATION

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

Policyholder's Signature

Date & Time: 25/11/19

GUARANTY

4:50pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 25/11/19

4:50pm



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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:



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

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Syed Husqin Bin Ali Bin Mohd Almutahow
VEHICLE NUMBER : SKA 7617 P.
DATE/TIME OF ACCIDENT : 25/11/19 , 14/10
PLACE OF ACCIDENT : x Bedok Nth Ave 1
THIRD PARTY VEHICLE (IF ANY) : SKQ 5505

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

3 Evergreen Gardens - - Hanyang.

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 IS THE RESULT?

NO

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

Front to Rear

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

NO -



Name:

I Affirmed The Above Information Is Given To My Best Knowledge.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8038514E



NAME
SYED HUSAIN BIN ALI BIN
MOHAMED ALMUTAHAR

NRIC No.

04-12-1980

Country/Place of birth

SINGAPORE

Sex

M

S8038514E

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8038514E

Name:

SYED HUSAIN BIN ALI BIN
MOHAMED ALMUTAHAR

Birth Date: 04 Dec 1980

Issue Date: 11 Nov 2016



002628119E



NRIC No. S8038514E



Date of issue

10-10-2016

Address

3 EVERGREEN GARDENS
SINGAPORE 468879

5665737

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 13 Jul 2005

NP 428A



Licence No: S8038514E

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder : Syed Husain Bin Ali Bin Mohamed Almutahar /
 Period of Insurance : 08 Aug 2018 to 07 Aug 2020
 Engine No. : 4J11YP4579 /
 Chassis No. : GF7W0401964 /

Vehicle No. : SKA7617P
 Cover Note No. : 1800095332
 Endorsement No. :
 Issued Date : 06 Aug 2018



ABOUT THE COVER

Make/Model : MITSUBISHI Outlander 2.0 Elegance/Sports /
 Engine Capacity/Tonnage : 1,998.00 CC / Sum Insured : Market Value First Year of Registration : 2018
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : 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 he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 25 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 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, 1987 (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)
 Syed Husain Bin Ali Bin Mohamed Almutahar - \$600 (Own Damage)

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

1 Cycle & Carriage Authorised Service Centre Add: 20 Leng Kee Rd Singapore 159094 64708688

2 Cycle & Carriage Authorised Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67481000

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

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: HL Bank

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.
 I/We hereby certify that this Cover Note 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) Rules, 1959 (Malaysia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0504623210

FULCOMIP2 - PY

22 UBI ROAD 4 FULCO BUILDING

SINGAPORE 408617

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. Anile

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE CHN Ex Ltd

Accident Photo



Accident Photo



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