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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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
- 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.

Any false reporting may be referred to the Police for investigation.

- 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

the property to the late of th	ACCIDENT STATEMENT
Date Of Report	03/02/2020 17:24
Date Of Accident	01/02/2020 19:10
	HAMPSHIRE RD L/P 2
	SINGAPORE
District of Edition	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMD3101Y
Insured/Policyholder	
Name Of Registered Owner	JIN & WEI ENTERPRISES
Co Reg No	<i>9</i>
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64661009
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	THIRD PARTY
Fleet Policy	NO
Policy Number	999994250
Cover Note Number	
Driver	
Name of Driver	IBRAHIM BIN BANDING
NRIC No	SXXXX684G
Date Of Birth	25/02/1966
Occupation	OUTDOOR
Date Of Driving Pass	01/08/1994
Driving Experience	25 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92740941
Fax Number	
Contract Number	

NOEMAIL

BLK 877 WOODLANDS AVE 9 #11-268 Address

730877 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD ON COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2 involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO 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

WOODLANDS WEST N.P.C Police Station Name

ROAD: 1 WOODLANDS STREET 12, POSTCODE: 738622, COUNTRY:

Police Station Address SINGAPORE

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20200201/2143

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

FV7174Z Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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 insurers) 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")
- 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:
 - 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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

Policyholder's Signatur
Date & Time

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Hanne	hire Rd.				
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DECLARATION					
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ACCIDENT STATEMENT

LOCA	TION: Hampshire Rd L/P2
	DETAILS OF VEHICLE
	GIVEHICLE NUMBER: SMD 31014
	b)INSURANCE COMPANY: AIG
*	- IDOLICY ALLA PED
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	THAKE & MODEL:
	FITYPE (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS)
	GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
	DIPURPOSE OF USING AT ACCIDENT TIME: COMMERCIAL
	ILARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2.	INSURED / POLICY HOLDER
	A)NAME: Jin & Wei Enterprises. [MALE / FEMALE]
	b)NRIC/FIN/PASSPORT:CONTACT: 6466 1009
	c)ADDRESS:
4	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
c of personga	DRIVER (MALE / FEMALE)
including driver)	a)NAME: Ibrahim Bin Banding. (MALE/FEMALE) DINDIC/FIN/PASSPORT: CONTACT: 9274 0941
(1)	DIAMOTINI NOS OM.
	c)ADDRESS:
	*d)DATE OF BIRTH: (/)(DD/MM/YYYY)
	e)OCCUPATION: (INDOOR / OUTDOOR)
	SIVE ABS OF DRIVING EXPRERIENCE:
4.	WAS DETVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
	IF NO. RELATIONSHIP OF THE DRIVER WITH INSURED:
5.	a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
	b)ROAD SURFACE: (DRY / WET / OTHERS
6.	WAS ANYBODY INJURED (YES / NO)
7.	a)REPORTED TO POLICE (YES / NO)
	IF YES, PLEASE STATE WHICH POLICE STATION: U.O. Manus West
8.	THIPD PARTY VEHICLE
of passenger	a) VEHICLE NUMBER: FV 71742 MODEL:
ducting driver)	b) DRIVER'S NAME: CONTACT:
7 1	c) NRIC/FIN/PASSPORT:CONTACT:
Property of the second of	THIRD PARTY VEHICLE d) VEHICLE NUMBER:MODEL:
9.	
	a) DDIVED'S NAME.
	e) DRIVER 3 NAME.
	e) DRIVER'S NAME:

Cinail = Shareatl @ 7 hotmail. com

fax =

VIDEO = No.





1 of 3

Report No. T/20200201/2143

Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999

REPORT OF A TRAFFIC ACCIDE	1T
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REPORT OF	A TRAFFIC	ACCIDENT	List Deport No.:	Station Diary No.:	
	Report Ma		Vide Report No.: A/20200201/0104	264	
		Contract of the Contract of th	and the second s	The second secon	
Name of	t's Particu Informant: BIN BAND		Address: APT BLK 877 WOODLANDS / SINGAPORE 730877	AVENUE 9 #11-268	
ID Type / ID No.: NRIC NO / S1752684G Nationality: SINGAPORE CITIZEN		34G	Contact No.: Home/Office:	Mobile: 92740941	
			Email:		
Sex:	Age:	Date of Birth: 25/02/1966	Type of Informant: Driver	Institution / School Name:	
Male Race:	53 25/02/1966		Language:	Institution / School Harris	
Occupat GRAB D	tion:		Driving Licence Information: Class:	Date of Expiry:	

General Information Type of Accident:	Injury Conveyed By Ambul	lance	Drink Drive: No	Date/Time of Accident: 01/02/2020 19:10	Type of Location Straight Road
Location: Along Road 1 HAMPSHIRE Lamp Post N	ROAD	Poac	Surface:		Road Speed Limit:
Weather: Clear Traffic Flow:		Dry	ic Control:		Traffic Volume:
Tune of Colli					Anyone conveyed by ambulance: Yes

Details of Ve	ehicle Involve	d	I. C. L.I.	Color	Condition	No of Passenge
Vehicle No.	Type Motorcycle	Make	Model	Red	Seriously	0
FV7174Z				Red	Damaged	
Anti-Safe Colonia (Safe)	22		Stream	Black	Slightly	0
SMD3101Y	Car	HONDA	Stream	D.C.C.	Damaged	

Details of Person Involved	
Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	Ose of 1 odeomis





2 of 3

Police Station Of Origin: Woodlands West N.P.C.

1 Woodlands Street 12 SINGAPORE 738622

Tel No: 1800-363 9999

CONTINUATION OF REPORT

Report No. T/20200201/2143

Driver			ID No.	ALP IN TRACE	S1752684G
Name	IBRAHIM BIN BANDING				317320040
Related Vehicle	NIL			t No.	92740941
Hospital/Clinic	NIL		Class of		Class: NIL
1 Toopical of the			Driving Licenc Expiry	e &	Date of Expiry: NIL
Date Treatment	NIL	Date Disch	arge	NIL	
No. of Days gran	ted Medical Leave NIL Degree of		of Injury NIL		
Rider			Willian		00000500D
Name	Arumugam Gunasekaran NIL		ID No. Contact No.		S8082599D
Related Vehicle					92476039
Hespital/Clinic	NIL		Class	of	Class: NIL
Hospital/Clinic	INIL		Drivin Licent Expiry	ce &	Date of Expiry: NIL
Data Treatment	NIL	Date Disc		NIL	
Date Treatment	nted Medical Leave NIL	Degree of	Injury	NIL	

Brief Details.

On 01/02/2020 at about 1910hrs, I was driving my vehicle(SMD3101Y) along Hamsphire Road towards Kampung Java Road. As I was making a right turn towards Rutland Road I make a check and did not notice any incoming vehicles. Out of sudden, there was a motorbike(FV7174Z) from the opposite road Hampshire Road. I then stepped on my brake and my vehicle was at almost complete stop however it still collided onto the motorbike front portion.

The rider was then conveyed to Hospital via ambulance however I am unsure the extend of his injuries. I did not suffer any injuries. My vehicle suffered damages to the front portion such as dent, scratches.

I am lodging this police report viding to incident A/20200201/0104





Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622

3 of 3 Report No. T/20200201/2143

Tel No: 1800-363 9999

CONTINUATION OF REPORT

Sketch Plan

NP168

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: L / Staff Sgt GOH ZHONG SHENG, JOHNSON	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/02/2020 22:44
Officer In Charge Of Case: TP / GIT / SI VILTON HIA WEE SIANG	Classification Of Case:

M.Z.400



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)

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

Third Party Commercial Insurance

1) VEHICLE REGISTRATION NO.

CERTIFICATE NO.

POLICY NO.

(The below excess is subject to GST)

S\$1,500.00 (II) POLICY EXCESS

N.A WINDSCREEN EXCESS

N.A

SUM INSURED INSURING WITH COE/PARF No

SMD3101Y

Jin & Wei Enterprises

2) NAME OF POLICYHOLDER 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE

FOR THE PURPOSES OF THE ACT

SMD3101Y

999994250

22 February 2019

4) DATE OF EXPIRY OF INSURANCE

21 February 2020

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the Insured's order or with their permission.

The Authorised driver must be age within 22 to 65 years old with at least 2 years driving experience unless specified otherwise

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

Additional Excess \$ 1,000 is applicable Outside Singapore

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 Provided that the person driving is permitted in accordance with the licensing or differ laws or regulations to 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*

- Use for social, domestic, pleasure purposes and business purposes of Insured
- Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- 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 tuition, 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 Applicable

HIRE PURCHASE COMPANY

N.A

*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), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate 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 (Malaysia).

Issued in Singapore 21 Feb 2019

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AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPIUS