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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 <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.
- 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.

Water and the second	ACCIDENT STATEMENT
Date Of Report	08/02/2020 09:35
Date Of Accident	06/02/2020 07:30
Exact Location Of Accident	AMK AVE 1 JUNC
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMM7213J
Insured/Policyholder	
Name Of Registered Owner	MAMDUH BIN ABDUL MUTALIB
NRIC No	SXXXX641C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91178923
Alternative Phone No	OFFICE-91178923
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS HYBRID 1.8E CVT
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?	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	1900118491
Cover Note Number	

	Í١		
П			

Name of Driver MAMDUH BIN ABDUL MUTALIB

 NRIC No
 SXXXX641C

 Date Of Birth
 05/09/1973

 Occupation
 INDOOR

 Date Of Driving Pass
 01/01/1998

Driving Experience 22 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91178923

Fax Number

Contact Number OFFICE-91178923

EMail Address NOEMAIL

Address

BLK 238 BISHAN ST 22 #02-210

Postcode

570238

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 - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: ZAMZAIMAH

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police? If Yes, Please state which Police Station

YES

Police Station Name

ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)

Police Station Address

ROAD: 51 ANG MO KIO AVENUE 9, POSTCODE: 569929, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2180000 - FAX NO: 64814246

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT F/20200206/7040

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

ONLY FRONT CAMERA

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SMQ6478

Vehicle Make/Model/Colour

NOT ACCURATE

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

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 <u>correctly</u> 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.
- 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:
  - 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:
  - 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.

M

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

Reporting Centre Personnel's Signature Name:

Name:

NRIC/FIN No .:

# SKETCH PLAN A = SMM + 2137 B = SMQ 6478 AMK Ave 1 June with Eishan Ro

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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Keter	10	Police	Report	H	F12020020617040
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		/			

## DECLARATION

I/We declare the foregoing 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.:

GIARMC SketchPlanForm\_V3





1 of 3

Report No. F/20200206/7040

# POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No:1800-2180000

Date/Time Report Made 06/02/2020 18:08	Vide Re	eport No.		Station Diary No.
Name Of Informant MAMDUH BIN ABDUL MUTALIB	Address APT BLK 238 BISHAN STREET 22 #02-210 SINGAPORE 570238			
ID Type / ID No. NRIC NO / S7331641C	Contact Home/C	No.	Mobile: 91178923	
Nationality SINGAPORE CITIZEN	Email Address mamduh5959@gmail.com			
Occupation PROJECT MANAGER	Sex Male	Age 46	Date of Birth 05/09/1973	Race Malay
Institution/School Name	Language English			
Date/Time Of Incident 06/02/2020 07:30	Location Of Incident Along Ang Mo Kio Ave 1 approaching junction			
Brief details.		The state of the s	The second secon	Ton Control

Our car, SMM7213J had stopped for the red light infront of several cars, a few minutes later a car SMQ6478 whom filtered to the next lane had sideswiped our left side passenger door, due to shock, we heard the sound and expect the driver of SMQ6478 to stop, but he didn't stop, but continue to drive all the way. My wife who is seated next to me, then told me to follow the car and stopped right behind him, she went over to his car and told him that he hit our car. He said he only hit our left side mirror so that is why he refuse to stop. At this moment, my wife told him to alight and take a look at the damage on our car, then his passenger whom is his wife told him to take photo and we exchange hp number ( his wife

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/02/2020 18:08
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200206/7040

hp # 92778161 Her name is Kalyn) as we want to know how to settle the outcome, is it by private settlement or insurance . Then we move off. There is no particular details taken and due to trauma, we only remember the car is white color, number plate was SMQ6478, front passenger was their child and behind passenger was his wife. We exchange wassap about asking them to provide their workshop contact so that we can access the evaluation of the damage. Kalyn confirm her car have camera which since her husband drive from behind us, they should be able to provide their in cam camera footage. During lunchtime, Kalyn wassap me:-

Hi, can we have your car plate no? We are at the workshop now? After i wassap her my car number, an hour later, she wassap this message "We have filed our incident report. Please liaise with insurer" We now file our police report with regards to the incident in case investigation is required.

Victim	THE PARTY OF THE P	NAME AND ADDRESS OF TAXABLE	
Person Name	MAMDUH BIN ABDUL MUTALIE		S7331641C
ID Type	NRIC NO	ID No	46
Gender	Male	Age	
Race	Malay	Language	English
Occupation	PROJECT MANAGER	Address Type	
Address	APT BLK 238 BISHAN STREET 22 #02-210 SINGAPORE 570238	Mobile No	91178923
Is Informant A Victim?	Yes		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 06/02/2020 18:08		
Officer In-Charge Of Case:	Classification Of Case:		

Authentication Stamp





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200206/7040

Person Name	MAMDUH BIN ABDUL MUTALIB (Informant)

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. Signature Of Officer Recording The Report: Not applicable Signature Of Interpreter: Not applicable Date/Time: 06/02/2020 18:08 Officer In-Charge Of Case: Classification Of Case:

Authentication Stamp



# CERTIFICATE OF INSURANCE

# TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: MAMDUH BIN ABDUL MUTALIB

Period of Insurance

: 11 Jul 2019 To 10 Jul 2020

Engine No. Chassis No. : 2ZR0D88653 : JTDZS3EU70J043050 Vehicle No.

: SMM7213J

Policy No.

: 1900118491

Endorsement No. **Issued Date** 

: 12 Jul 2019

## ABOUT THE COVER

Make/Model

TOYOTA PRIUS+ 1.8 HYBRID

Engine Capacity/Tonnage : 1,798.00 CC

Sum Insured : Market Value

First Year of Registration

2019

Driver Restriction

Off Peak Car : No

Insuring with COE/PARF

Yes

Person or Classes of Persons Entitled to Drive\*:

3) The Policy will indemnify 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 Inexpenenced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving expenence

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 fulfion, 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), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

#### **EXCESS**

Section 1

Fire - \$0 Own Damage - \$1000 Theft - \$0 Flood Cover - \$0

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

MAMDUH BIN ABDUL MUTALIB - \$1000 (Own Damage)

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

1. Toyota Bodycare Centre (For accident repair & accident reporting) Add: 17 Ubi Road 4 Singapore 408611 Tel: 6631 1688

2 Toyota Bodycare Centre (For accident repair & accident reporting). Add: 2 Pandan Crescent Singapore 128462 Tel: 6631 1188

For other Approved Reporting Centres/AlG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AlG website www.aig.com.sg or AlG SG Mobile App. Simply search and download "AlG SG" from iTunes or Google Play.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

I/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 (Cep. 189), Part IV of the Risks Transport Act. 1967. Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504667258

INCHCAPE AUTO TOYOTA - BSTU036

33 LENG KEE ROAD

SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE