SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. 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.
- 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 conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available			
	ACCIDENT STATEMENT			
Date Of Report	07/02/2020 09:56			
Date Of Accident	06/02/2020 14:20			
Exact Location Of Accident	SIGLAP ROAD			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SKE1832C			
Insured/Policyholder				
Name Of Registered Owner	ABDUL HAMID BIN MAON			
NRIC No	SXXXX730B			
Email Address	AHMAON@GMAIL.COM			
Mobile Phone No	(LOCAL) +65-97523636			
Alternative Phone No	Others-97523636			
Vehicle Particulars				
Manufacturer	NISSAN			
Model	QASHQAI+2-2.0 J10 (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			
If No, Please state action to be taken				
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	1900123431			
Cover Note Number				
Driver				
Name of Driver	ABDUL HAMID BIN MAON			
NRIC No	SXXXX730B			
Date Of Birth	07/03/1953			

INDOOR

07/09/1982

37 YEARS AND 4 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-97523636

Fax Number

Contact Number OTHERS-97523636

EMail Address AHMAON@GMAIL.COM

APT BLK 430 TAMPINES STREET 41 Address

#02-517

Postcode 520430 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 - 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? NO

Was any injured conveyed to hospital by

ambulance?

NO

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) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

SEE ATTACHED SKETCH PLAN AND PHOTO

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBJ5735D

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver LIM GEOK LIN SXXXX758E NRIC/Passport Number

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

2- 4 10

- 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. 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:

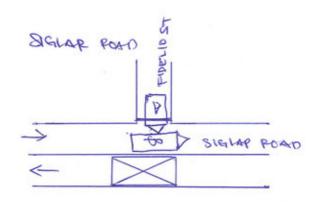
- My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal 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)
 - (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
- 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.

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

DUSTRIAL PTE LIL

SKETCH PLAN 4- SKE 1832 C >- GBJ 5735D



DESCRIBE CIRCUMSTANCES O	F.THE ACCIDENT		
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Time happen.	1: 14:20		
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DECLARATION I/We declare the foregoing particul	are are true in every respect	ANTALON MODEL	L PTE LT
Am	ars are true in every respect.	o upagad Asia	RAS 748
Policyholder's Signature Date & Time: 7/2/2020	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Sentre Personn (* Signature) Name: GWYYYY	ure DN30
7.39 an			



CERTIFICATE OF INSURANCE

AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : ABDUL HAMID BIN MAON : 14 Aug 2019 To 13 Aug 2020 Period of Insurance

Engine No.

: MR20089791W

Chassis No. : SJNJBNJ10U7087680 Vehicle No.

: SKE1832C : 1900123431

Policy No. Endorsement No.

Issued Date

: 18 Jul 2019

ABOUT THE COVER Make/Model

: NISSAN QASHQAI +2

Engine Capacity/Tonnage: 1,997.00 CC

· NA

Sum Insured : Market Value

First Year of Registration : 2012

Driver Restriction

Off Peak Car : No

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 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 23 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.

* 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 - \$0 Theft - \$0 Floor Cover - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

ABDUL HAMID BIN MAON

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers.
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: NA

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 (Cap. 189), Part IV of the Road Transport Act, 1997 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia),

0503487000

AAS INSURANCE AGENCY PTE LTD. 535 KALLANG BAHRU #02-08 GB POINT

SINGAPORE 339351

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE Rute Halle upon 8 Monte Raz

IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.

What can the 24-hour AIG Auto Emergency Hotline provide for you?

- mediate assistance after an accident
- Emergency breakdown service
- Towing service (accident or non-accident related).
- Advice on Motor Claims procedures
- Medical Referral Assistance

What should I do in the event of an accident?

- Keep calm and move your car to a safe place
- Keep calm and move your car to a sate place.

 Do not admit or discuss fault or blame with the other party(ies).

 Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.

 Submit WhitSummons/Correspondences from third party(ies) to AIG immediately.

If no one is injured in the accident:

- You are not required to make any police report.

- Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s).

 Collect details (name, address and contact number) of witnesses and/or by to take photographs of the scene of the accident.

 Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.

If the accident involves injuries or damage to government property & vehicles, foreign registered vehicles or non-injury hit & run case:

- Report the accident to the police, providing full details of the circumstances of the accident.

 Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s), if applicable.

 Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident.

 Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.

IMPORTANT NOTICE

If you sell your motor vehicle, this Notice is IMPORTANT and MUST be complied with. Policyholders are hereby warned that under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap.99), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

The Policyholder is further warned that on the sale of a motor vehicle, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap.88).

This Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agrees to cover the new owner, they will issue a new Certificate of Insurance in the new owner's name. The premium chargeable may vary according to the new owner's profile.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0078730B





Name

ABDUL HAMID BIN MAON

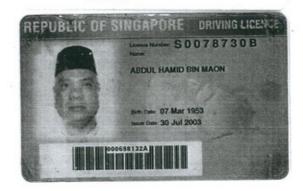
عبدول حميد بن مأعون

Race MALAY

Date of birth 07-03-1953 Country/Place of birth SINGAPORE

Sex M







MINIC No. S0078730B

Address

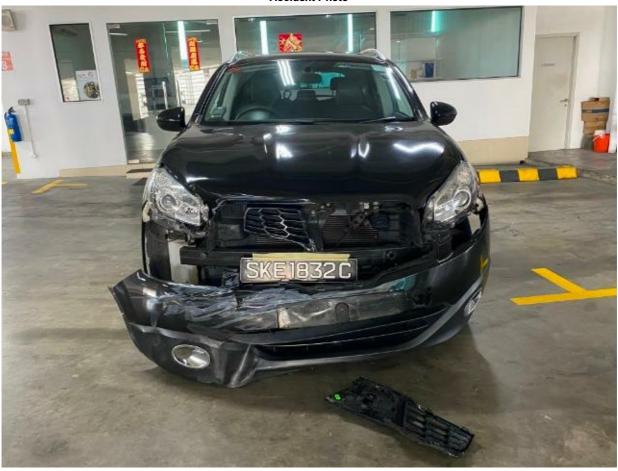
29-10-2018

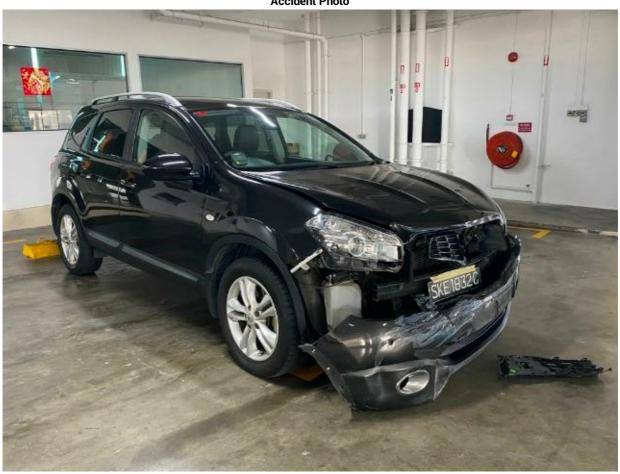
APT BLK 430 TAMPINES STREET 41 #02-517 SINGAPORE 520430

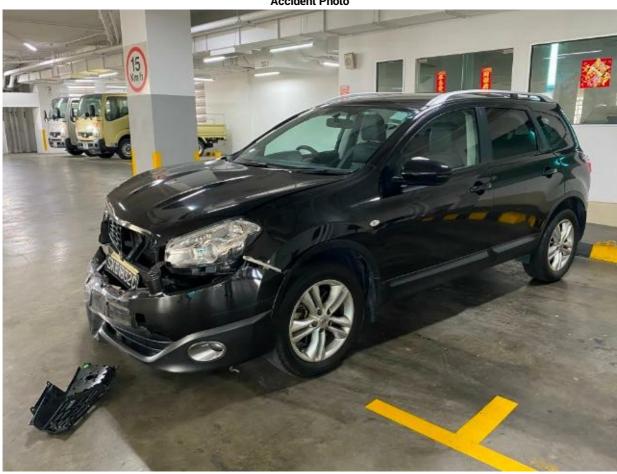
And the LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Another Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

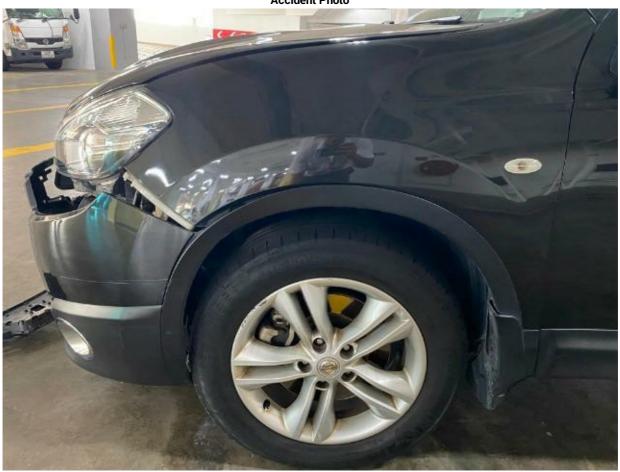
PASS DATE 04 Jan 1985 97 Sep 1982







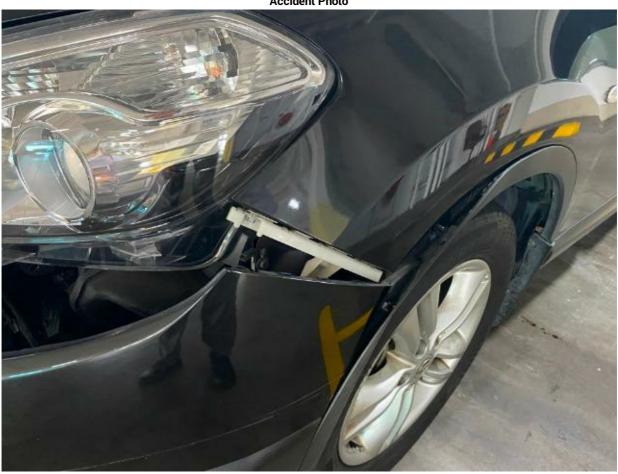












Accident Photo









