

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 | 26/02/2020 12:55 |
| Date Of Accident | 27/01/2020 15:30 |
| Exact Location Of Accident | BLK 162 WOODLANDS STREET 13 OSCP |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKE267R |
| Insured/Policyholder | |
| Name Of Registered Owner | ARSHARD BIN SAMUSI |
| NRIC No | S1450392G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96259354 |
| Alternative Phone No | Others-96259354 |

Vehicle Particulars

| | |
|--|-----------------|
| Manufacturer | VOLVO |
| Model | XC90-2.0 T5 (A) |
| Exact Purpose for which vehicle was being used at time of accident | SOCIAL |
| 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 | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 2100287904-07 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------------------|
| Name of Driver | NOOR FARAH SHAFIQA BINTE ARSHARD |
| NRIC No | S9206864A |
| Date Of Birth | 02/03/1992 |
| Occupation | INDOOR |
| Date Of Driving Pass | 25/11/2013 |
| Driving Experience | 6 YEARS AND 2 MONTHS |

| | |
|---|--|
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96259354 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |
| Address | BLK 179 WOODLANDS STREET 13 #04-255 |
| Postcode | 730179 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | CHILDREN |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------------------|
| Type Of Accident | COLLIDED INTO PROPERTY |
| Weather Conditions | RAINING |
| Road Surface | WET |

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) | 3 |
| Passenger 1 | Name: : NOOR FARRAH SHIEQEEN BTE ARSHAD Gender: : Female |
| Passenger 2 | Name: : NOOR FARRAH SHAQIRA BTE ARSHAD 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 ATTACHMENT.

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 | GBE5192X |
| Vehicle Make/Model/Colour | |

Details Of Properties
Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC6/AIG20002573/Aha3

20 February, 2020

Arshad Bin Sanusi
179, Woodlands Street 13,
#04-255,
Singapore 730179

Dear Sirs,

**ACCIDENT INVOLVING SKE 267R AND GBE 5192X ON 27/01/2020 ALONG/
AT BLK 162 WOODLANDS ST 13 OSCP**

We, LKK Auto Consultants Pte Ltd has been appointed to act on the behalf of your insurer, AIG Asia Pacific Insurance Pte Ltd (AIG) to settle a THIRD PARTY claim against you for an accident which happened on the above-mentioned date and location.

Kindly proceed to lodge your GIA report within five (05) working days of receipt of this letter, giving the version of the accident amongst other things related to the accident. The GIA report can be lodged at any of AIG reporting centres. You may refer to your Certificate of Insurance for the list of the reporting centres.

If you have any information to add or any amendments to make, please contact the undersigned within five days from the date of this letter.

Please note that the standing of your insurance policy such as NCD, premium & etc would be affected.

Yours faithfully,

Vic Alpeh Sanghilan
Claims
Tel : 6841 2096
Fax: 6741 4108
Email : vicalpeh@lkkauto.com

c.c. *Claims Manager*
AIG Asia Pacific Insurance Pte Ltd
(Motor Claims Dept)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident Date: 28/01/2020 Time: 1530hrs.
Exact Location of Accident Blk 16 Woodlands St 13 CSCP

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFE 767R

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.) Arshad Bin Samusi
Personal Identification - NRIC (Singaporean/PR) S1450 3926.
- FIN/Passport Number
- Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model Manufacturer Volvo Model XC90.
Type of Vehicle* ☐ Saloon ☒ MPV ☐ CRV ☐ Van ☐ Lorry
☐ Bus ☐ M/cycle ☐ Others, _____
Exact Purpose for which vehicle was being used at time of accident Social.
Are you claiming under your own insurance policy for repair to your vehicle? ☐ Yes ☒ No (If No, Pls select: ☐ Third Party ☒ Reporting)
Vehicle Category* ☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company * AIG
Type of Policy ☒ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only
Fleet Policy ☐ Yes ☒ No
Policy Number 2100287904-0X
Motor CI

DRIVER

☐ Same as Insured above
Name of Driver Nona Farrah Shafieqa Binte Arshad
Personal Identification - NRIC (Singaporean/PR) S 920 6864A-
- FIN/Passport Number
Date of Birth 02 dd/03 mm/1992/yy
Driving Date Pass 25 dd/11 mm/2013/yy
Year of Driving Experience Year(s) Month(s)
Occupation ☒ Indoor ☐ Outdoor
Gender ☐ Male ☒ Female
Contact Number / Mobile Phone / Fax No. 9625 935A.

| | | |
|---|--|-------------------|
| Address of Driver | 17A Woodlands St 13 #04-255 | Postcode (730179) |
| Email Address | | |
| Was driver an employee of the Insured's Company? | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| If No, Relationship of the Driver with the Insured | Children | |
| Vehicle Registration Number of Driver's Own | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Vehicle Registration Number of Driver's Own Vehicle (if applicable) | | |
| Insurance Company of Driver's Own Vehicle (if applicable) | | |
| GENERAL INFORMATION OF THE ACCIDENT | | |
| Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear) | Damaged Rained Vehicle - | |
| Weather Conditions | <input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____ | |
| Road Surface | <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____ | |
| OTHER INFORMATION | | |
| Was any foreign vehicle involved in this accident? | <input type="radio"/> Yes <input checked="" type="radio"/> No Near Fawrah Shreegan Bte Anshad (P) | |
| Was any body injured in the accident? | <input type="radio"/> Yes <input checked="" type="radio"/> No Near Fawrah Shreegan Bte Anshad (P) | |
| Was any other vehicle or property damaged? | <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| Was there any video captured by Car Camera? | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Number of Passengers (Including Driver) | 03 | |
| DETAILS OF POLICE ACTION | | |
| Was the Accident reported to the Police? | <input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.) | |
| Police Station Name | | |
| Police Station Address | | |
| Police Station Contact | Tel No. | Fax No. |
| Was notice of intended Prosecution given? | <input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?) | |
| DETAILS OF OTHER VEHICLE / PROPERTY 1 | | |
| Vehicle Registration Number | G8E 5192X | |
| Vehicle Make/ Model/ Colour | | |
| Details of Properties | | |
| Name of Driver | | |
| Personal Identification - NRIC (Singaporean/PR) | | |
| - FIN/Passport Number | | |
| Contact Number | | |
| Address | | |
| Name of Insurance Company | | |
| Nature of Damage | | |
| No. of Passenger (Including Driver) | | |
| (Note - Please use page 6 if you need to add more vehicles.) | | |

SKETCH PLAN

IMPORTANT NOTICE

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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the Insurers to 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.

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]

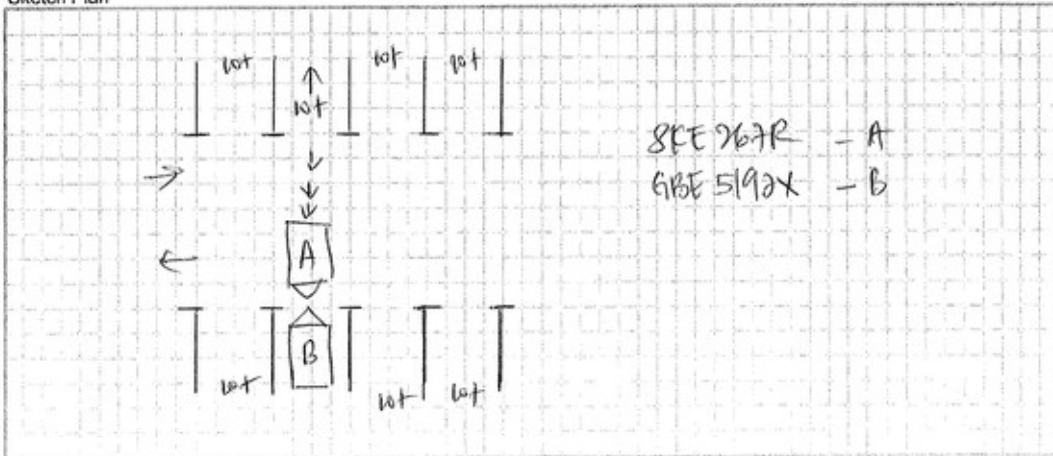
Policyholder's Signature / Date & Time

[Signature]

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

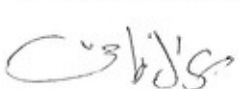
Entering the carpark at Blk 162, was going to park. While parking, did not realise the car was in 'Driving' gear instead of the 'Reverse' gear. So, I accidentally accelerate the car and hit the lorry.

IMPORTANT NOTE

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

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

Witnessed by Reporting Centre Personnel



CERTIFICATE OF INSURANCE

WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

Name of Policyholder : ARSHAD BIN SANUSI
Period of Insurance : 30 Jan 2019 To 29 Jan 2020
Engine No. : B5254T4529998
Chassis No. : YV1CZ5957C1617714

Vehicle No. : SKE267R
Policy No. : 2100287904-07
Endorsement No. :
Issued Date : 03 Jan 2019

ABOUT THE COVER

Make/Model : VOLVO XC90 2.5T
Engine Capacity/Tonnage : 2.521.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured :
Market Value :
First Year of Registration : 2012
Off Peak Car : No
Insuring with COE/PARF : Yes

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 \$1,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 21 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 2000cc

* Limitations rendered operative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189) and Section 54 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
Fire - \$0 **Own Damage** - \$1600 **Theft** - \$0 **Flood Cover** - \$0

Section 2
Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

ARSHAD BIN SANUSI - \$1600 (Own Damage)

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

1 Wearnes Automotive Pte Ltd. Add: 249 Alexandra Road Singapore 159915 64 304890 63769155

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24 hour accident emergency hotline at +65 6336 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG S/G Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: UOB LIMITED

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, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503485704

WEARNES AUTOMOTIVE - GG (V)

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

AUTOMOBILE DIV

78 Shenton Way #07-16 AIG Building 5079120 | T: +65 6419 3000 | www.aig.com.sg

AIG Asia Pacific Insurance Pte. Ltd.

Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1450392G

Name
ARSHAD BIN SANUSI

Arشد بن سانوسي

Race
JAVANESE

Date of Birth
20-02-1960

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9206864A

Name
NOOR FARRAH SHAFIEQA
BINTE ARSHAD

نور فرّاح شافيق بنت ارشد

Race
JAVANESE

Date of birth
02-03-1992

Sex
F

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S9206864A

Name
NOOR FARRAH SHAFIEQA
BINTE ARSHAD

Birth Date 02 Mar 1992

Issue Date 25 Nov 2013

0022491564

NRIC No. S1450392G

Blood Group O+ Date of Issue 10-02-1998

APT BLK 179 WOODLANDS STREET 13 #04-255
SINGAPORE 730179

NRIC No: S1450392G Date: 28/04/2013 No: 7336938

NRIC No. S9206864A

Date of Issue 13-03-2007

APT BLK 179 WOODLANDS STREET 13 #04-255
SINGAPORE 730179

NRIC No: S9206864A Date: 28/04/2013 No: 7336940

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 25 Nov 2013

NP 428A

License No: S9206864A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

