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TP Particulars: Veh No:	SJL 69186	. INC()/Non-INC	2().		
Owner / Driver: (X X X X X X X X X X X X X X X X X X X		Tel:)	
Policy No: () Pcrí	od: ()	Cover Type:	(
Confirmed by : (Date:	Tim)	
Insured/Driver Liability: (%) [N	ote-Est. Status (V	VO): N: 0-20	%; P: 21-799	ф. Р: 80-100°	%]	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.

aforesaid.			
JT的高速性的影響的影響的影響。1926年	ACCIDENT STATEMENT		
Date Of Report	06/04/2020 14:34		
Date Of Accident	05/04/2020 10:35		
Exact Location Of Accident	WOODLANDS AVE 8 JUNC OF WOODLANDS AVE 9		
Country/State of Loss	SINGAPORE		
C	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SJL1924X		
Insured/Policyholder			
Name Of Registered Owner	MUHAMMAD NOOR AZWAD BIN RAFIE		
NRIC No	SXXXX605C		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-93508096		
Alternative Phone No	OFFICE-93508096		
Vehicle Particulars			
Manufacturer	HONDA		
Model	STREAM		
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	1800133662-01		
Cover Note Number			
Driver			
Name of Driver	RAFIE BIN NOOR		
NRIC No	SXXXX967J		
Date Of Birth	16/08/1972		
Occupation	INDOOR		
Date Of Driving Pass	28/09/1995		
Driving Experience	24 YEARS AND 6 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-93508096		
Fax Number			
Contact Number			
	NOTAL		

NOEMAIL

Address BLK 622 YISHUN RING RD #06-3178

Postcode 760622

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PARENT

Vehicle Registration Number of Driver's Own

Vehicle

7.

Insurance Company of Driver's Own Vehicle

*

General Information of the Accident

Type Of Accident CHAIN COLLISION

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

3

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES NO

NO

Number of Passengers (Including Driver)

.

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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

SJL6918G

Vehicle Make/Model/Colour

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

SKETCH PLAN

IMPORTANT NOTICE

- 1. 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 <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.
- 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.

f

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.:

SKETCH PLAN A) SJL 1924 X B) SJL 6918G C.) Unbrown - DITY Woodland Ave 8 June woodland Ave 9 **DESCRIBE CIRCUMSTANCES OF THE** 15-04-2020 about 10.37 am travelling along Was Woodlands Avenue Woodlande Ayenue 9 due to front Junction Was Stationary traffic Suddenly felt my rehicle move forward from My rear and an hit the tront Vehider chain collision. Yehicle Involved in a War DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature Date & Time: (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No .:

CLARIAC ShetchPlacEeres, VS

9

Date of Accident	: 05 · 04 · 2020 Accident Time: 10 · 37 am (24-HR-Format)				
Accident Place	: Moodlands Avenue 8 Junction of Woodlands Avenue a				
Vehicle. No. (Car Plate No.)	: STL 1924X Make/Model: Honda Straam 18L				
Insurace Company	: A16 Policy No: 1800133662-01.				
Owner or Company Name /IC No.	: Muhammad Noor Azwad lin Rafie (S9515605C)				
Owner or Company Contact No.	Company Tel				
DRIVER'S Name / IC No.	: Rafie Bin Moor (S7227967J.)				
DRIVER'S Date Of Birth	: 6.08.1972 DRIVER'S License Pass Date 28.09.1995				
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee \ Others:				
DRIVER'S Address	: BIK 622 Yishun Ring Road #06-3178 (S) 760622.				
DRIVER'S Contact No./ Alt No.	:1) 9350 8096. 2)				
DRIVER'S Occupation	CINDOOR \OUTDOOR (e.g. working inside or outside office)				
Email Address					
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET				
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance				
Number of Passengers (Including Da	river): 1 Driver				
Was there any video Captured by ca Exact purpose for which vehicle was Any Injury (If YES, Pls state):	being used at the time of accident: Private use Work purpose				
Other P	arty Driver's Particular (if any)				
Vehicle, No: 31 69186.	Vehicle No: Unknown - Lorry.				
Vehicle Make\Model:	Vehicle Make\Model:				
Name Driver;	Name Driver:				
IC No. Driver/Contact:	IC No. Driver/Contact:				

* NEW - Passenger's name & gender:

J.



CERTIFICATE OF INSURANCE

AUTOVALUE PRIVATE VEHICLE

Name of Policyholder

: MUHAMMAD NOOR AZWAD BIN RAFIE

Period of Insurance

: 18 Nov 2019 To 17 Nov 2020

Engine No. Chassis No. : R18A12804609 : JHMRN68408S204621

Vehicle No. Policy No.

· S.II 1024Y : 1800133662-01

Endorsement No.

Issued Date

: 15 Nov 2019

ABOUT THE COVER

Make/Model

: HONDA STREAM 1.8

Engine Capacity/Tonnage: 1,799,00 CC Driver Restriction

: NA

Sum Insured : Market Value

First Year of Registration : 2008

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

Any person other than the Policyholder who is driving on the Policyholder's order or with his/her permission.

This Policy will indemnify any authorised driver other than the Policyholder 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.

Off Peak Car : No

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, pece-making, reliability trial or speed-lesting, 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 (Cep. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

Section 1 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

RAFIE BIN NOOR - \$600 (Own Damage), \$600 (Flood Cover)

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

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: INDEX CREDIT PTE 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 (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

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COSMO INSURANCE AGENCY PTE LTD

AIG Asia Pacific Insurance Pte. Ltd. This computer generated document does not require a signature.

210 TURF CLUB ROAD LOT A16, THE GRANDSTAND SINGAPORE 287995

Underwritten by AIG Asia Pacific Insurance Pte, Ltd.