

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	07/04/2020 10:41
Date Of Accident	07/04/2020 06:55
Exact Location Of Accident	NEW UPPER CHANGI ROAD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFY5066A
Insured/Policyholder	
Name Of Registered Owner	MOHD RAZALI BIN JAFFAR
NRIC No	S7135440G
Email Address	ADNANMUSTAQQIM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97869300
Alternative Phone No	Office-97869300

Vehicle Particulars

Manufacturer	PROTON
Model	EXORA
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?	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	2100414722
Cover Note Number	

Driver

Name of Driver	JUNAIDAH BINTE ABDULLAH
NRIC No	S7444329Z
Date Of Birth	25/01/1974
Occupation	INDOOR
Date Of Driving Pass	08/06/2010
Driving Experience	9 YEARS AND 9 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-96245414
Fax Number	
Contact Number	
EMail Address	JUNAIDAHABD74@GMAIL.COM
Address	BLK 229 PASIR RIS ST 21 #02-26
Postcode	510229
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
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?	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?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

I WAS DRIVING ON LANE ONE OF THE SAID ROAD HEADING TOWARDS EXPO DIRECTION. WHEN VEHICLE C INFRONT OF MY CAR STOPPED ON TRAFFIC LIGHT TURNED RED, I FOLLOWED SUIT. IN THE MIDST OF WAITING FOR FRONT VEHICLE C TO MOVE OFF, I FELT A HUGE INPACT FROMT THE REAR OF MY CAR. THE IMPACT WAS SO GREAT THAT IT CAUSED MY CAR TO SURGED FORWARD AND COLLIDED ONTO VEHICLE C.

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	SLK9361Z
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
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	SFS8868P
Vehicle Make/Model/Colour	
Details Of Properties	VEH C
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)	

Accident Sketch Plan

SKETCH PLAN

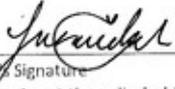
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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

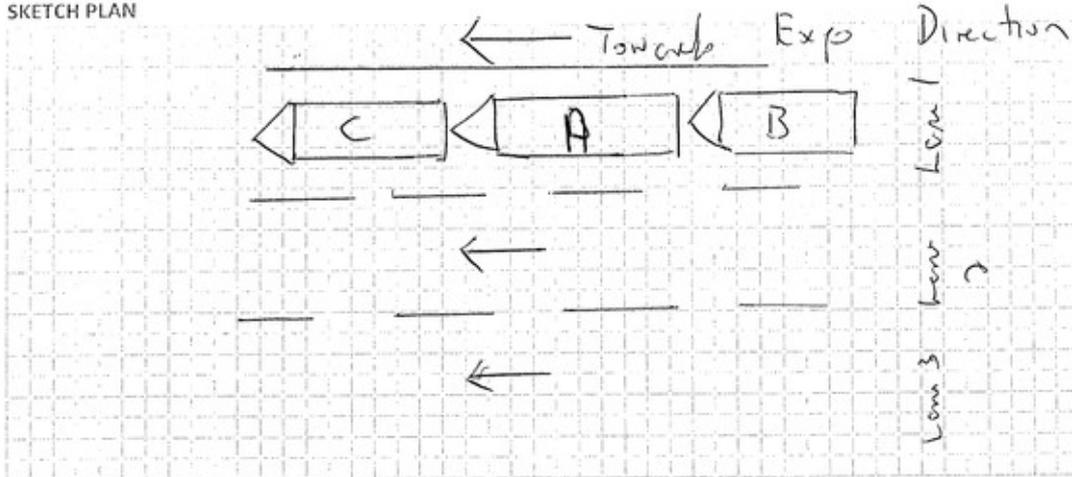
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policy holder)
Date & Time: 04/04/2020

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on lane one of the road
 road heading towards Expo direction

When vehicle C in front of my car stopped
 as the light turned red, I followed suit.

In the midst of waiting for front vehicle C
 to move off, I felt a huge impact from the
 rear of my car.

The impact was so great that it caused
 my car to surge forward and collided with vehicle C.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

_____ Policyholder's Signature Date & Time:	✓ <i>[Signature]</i> Driver's Signature (If driver is not the policyholder) Date & Time:	_____ Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
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AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : JUNAIDAH BIKTE ABDULLAH
VEHICLE NUMBER : SFY 5066A
DATE/TIME OF ACCIDENT : 07/04/2020 / 6:55am
PLACE OF ACCIDENT : NEW UPPER ROAD
THIRD PARTY VEHICLE (IF ANY) : _____

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?
STARTED FROM BLK 80 BEDOK NORTH ROAD TO SEND MY DAUGHTER TO BEDOK SOUTH SEC SCH.

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?
No.

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?
CHAIN

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?
No

Name: 

I Affirmed The Above Information Is Given To My Best Knowledge.



POLICY SCHEDULE

AUTOPLUS PRIVATE VEHICLE

Policy No. : 2100414722-04

Issued Date : 11 Jun 2019

Period of Insurance : 25 Jun 2019 to 24 Jun 2020

ABOUT THE POLICYHOLDER

Name of Policyholder : Mohd Razali Bin Jaffar
 Address : 80 BEDOK NORTH ROAD
 #06-286
 SINGAPORE 460080
 Occupation/Nature of Business : Executive/Admin

ABOUT THE VEHICLE

Registration No. : SFY5066A Engine Capacity/Tonnage : 1,597.00 CC
 Chassis No. : PL1FZ6YRRAF037451 Engine No. : S4PHQM6011
 Seating Capacity : 7 First Year of Registration : 2010 Body Type : MPV
 Make/Model : PROTON EXORA 1.6A
 Hire Purchase Company/Employer's Loan : Standard Chartered Bank (Singapore) Limited

ABOUT THE COVER

Sum Insured : Market Value Off Peak Car : No
 Driver Restriction : NA 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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 35 years old and above

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.

Other Key Policy Benefits :

Act of God, Key Replacement Cover- \$800, PA Insured- \$50000, In-Car Camera Excess Waiver, NCD Protector, Waiver of Excess, Strike, Riots and Civil Commotions, Dealer (First 3 years from original registration) + AIG Authorised Workshops, PA to Authorised Driver / Unnamed Passengers- \$10000, Loss of Use 1600cc - 1600cc Optional

EXCESS

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

Section 2
Property Damage - \$0

Windscreen - \$100

Named Driver
Mohd Razali Bin Jaffar - \$600 (Own Damage)

PREMIUM

Premium : \$ 761.03

GST (7%) : \$ 53.27

Total : \$ 814.30

Your Premium includes the following discount(s):

Safe Driver Discount - 5.00%, Loyalty Discount - 5.00%, No Claim Discount - 50%

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7135440G



Name
MOHD RAZALI BIN JAFFAR
محمد رزالي بن جعفر
Race
MALAY
Date of Birth
03-10-1971 Sex
M
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7444329Z



Name
JUNAIDAH BINTE ABDULLAH
Race
MALAY
Date of Birth
25-01-1974 Sex
F
Country of Birth
SINGAPORE

Usage for Insurance Motor Accident Reporting
and Claims Purposes Only
Vehicle no: **S7135440G**
Date of Accident: **07/04/2020**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of JUNAIDAH BINTE ABDULLAH

Licence Number: **S7444329Z**
Name
JUNAIDAH BINTE ABDULLAH
Birth Date: **25 Jan 1974**
Issue Date: **08 Jun 2010**

Barcode: 0018635748

Barcode: 2602498

NRIC No. **S7135440G**

Blood Group: **A+** Date of issue: **29-03-1995**

Address
**APT, BLK 229 PASIR RIS STREET 21 #02-26
SINGAPORE 510229**

IC No: **S7135440G** Date: **24-08-1999** No: **2835289**

Barcode: 3109151

NRIC No. **S7444329Z**

Blood Group: **B+** Date of issue: **25-11-1999**

Address
**APT BLK 229 PASIR RIS STREET 21
#02-26
SINGAPORE 510229**

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles without clutch pedals <= 2500kg **08 Jun 2010**

NP 428A



Accident Photo



Accident Photo



Accident Photo



Accident Photo

