Date In: 24/4/2 - 16:41	Jeb description	Dav	&Time Completed	Done by	an own
Ref No: 44/ 4/67/60 5447 124	SAS e-filing				
Veh No: 52473700	E-mail (within Shrs	s, AIC 2hrs)			
D.O.A: 1/1/2-17:50	i-Motor Claim				
	i-Motor W/O (W	Vithin: OD 2hrs, TP 4hr	3)		
OD : Reporting Only	i-Photo Upload	ed			
TP Insurer:	Assessment/Surve	ey Report			320 02
II moutor.	Ass't Report by F	ax / Hand to Own	er/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax	c:)
TP Particulars: Veh No: JVD	74877~	_ INC(_)/	Non-INC()	T.	
Owner / Driver: (Tel)	
Policy No: () F	Period: () Cove	r Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20%; F	: 21-79%. P: 80-10	0%]	II.
Year of Registration: ()		/NO()			
Excess: (\$) Loading: \$1	,000 ()/\$2,000 ()			
General Remarks;-			Substantial Action	691	1.
() Walk-In Customer: Customer's inf	formation strictly Confid	ential & Strictly N	O refer of repairer.		
() Total Loss Case : to e-mail Insu					
	ce: YES () / NO	(); Towing	Co. ()
				ACK GOOD TO YOUR THE	/
Remarks:- (INC hotline: 6788 6616)	Name of the state	Date	&Time Completed 🗎 🖟	Done by	
AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	A SALES CONTRACTOR OF THE PROPERTY OF THE PARTY OF THE PA			1000000	-
1) Apply for Transport Allowance ()/	Courtesy Car ()				
Apply for Transport Allowance ()/ QC Check / Post Repair Inspection	Courtesy Car ()				
AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	Courtesy Car ()				
Apply for Transport Allowance ()/ QC Check / Post Repair Inspection	Courtesy Car ()				
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	Courtesy Car ()				
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]	Courtesy Car ()				
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	Courtesy Car ()				
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	Courtesy Car ()				
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	Courtesy Car ()				
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	Courtesy Car ()				
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions	Courtesy Car ()				mi (t)
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Onte Time Actions	Courtesy Car ()	voice Preparatio		Ant (S) A	mi (\$) u Bill
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions	Courtesy Car () () (3000] ()	voice Preparatio	n Checklist	Anit (5) A	18 P. C. C.
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions Actions	Courtesy Car () () (3000] () In: (1) A (2) I	veice Preparatio	n Checklist. 3 (\$30); nt (\$100); INC (\$80)	Ant (5) Ad ist Bill Ad	100 PM
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions	Courtesy Car () () () () () () () () () ()	voice Preparation AR: Accident Reportin DA: Damege Assessme F: Towing Fee T: Follow-Through St	n Checklist. 3 (\$30); nt (\$100); INC (\$80) \$40/\$4	Amit (5) Ad fit Bill Ad	100 PM
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions Actions date Post Repair Inspection Actions	Courtesy Car () () () () () () () () () ()	voice Preparation AR: Accident Reportin DA: Damege Assessme F: Towing Fee T: Follow-Through St T: Follow-Through St	n Checklist. (\$30); nt (\$100); INC (\$80) \$40/\$4 Brey \$12 Bryon (Resurvey) \$3	Amit (5) Ad fit Bill Ad	100 PM
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions date/Time Actions date/Time Actions date/Time Actions date/Time Actions	Courtesy Car () () () () () () () () () ()	Veice Preparation AR: Accident Reporting AR: Damage Assessment F: Towing Fee T: Follow-Through Str. For claiming against JNO R: Re-inspection	n Checklist g (\$30); nt (\$100); INC (\$80) \$40/\$4 Hvey \$12 Hvey (Resurvey) \$3 Couly (wef 10 Jon 2005)	Amit (5) Ad (6) Bill Ad (6) Color Co	18 P. C. C.
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Pate/Time Actions Liminate Actions Liminate Actions Actions	Courtesy Car () () () () () () () () () ()	Voice Preparation AR: Accident Reporting AR: Darmage Assessment F: Towing Fea T: Follow-Through Story Claiming against JN R: Re-inspection VI: Idae DA + SMRT:	n Checklist. 3 (\$30); nt (\$100); INC (\$80) \$40/\$4 uvey \$12 uvey (Resurvey) \$3 Conly (wef 10 Jon 2005) Survey \$16	Amit (5) Ad (6) Bill Ad (6) Color Co	100 PM
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Oate/Time Actions Actions iver/Owner: intact No: maged Portion:	Courtesy Car () () () () () () () () () ()	Voice Preparation AR: Accident Reporting AR: Darnage Assessment F: Towing Fea T: Follow-Through Story T: Follow-Through Story T: Follow-Through Story T: Re-inspection VI: Idao DA + SMRT: VTUC Additional Service TOTUC Additional Service	n Checklist. g (\$30); nt (\$100); INC (\$80) \$40/\$4 uvey \$12 uvey (Resurvey) \$3 Conly (wef 10 Jon 2005) Survey \$16 ces:-	Amit (5) Ad (5) Bill Ad (5) Ad	100 PM
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Oate/Time Actions Actions iver/Owner: intact No: maged Portion:	Courtesy Car () () () () () () () () () ()	Veice Preparation AR: Accident Reporting AR: Damage Assessme F: Towing Fee T: Follow-Through St T: Follow	n Checklist g (\$30); nt (\$100); INC (\$80) \$40/\$4 Hvey \$12 Hvey (Resurvey) \$3 Only (wef 10 Jon 2005) Survey \$16 Control of the survey \$16 Allowance \$5	Ant (5) Ad (5) Bill Ad (5) Ad	100 PM
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions Actions Actions iver/Owner: Intact No: Intact No: Checked by (Engr-In-Charge):	Courtesy Car () () () () () () () () () ()	Voice Preparation AR: Accident Reportin DA: Darnage Assessme F: Towing Fee T: Follow-Through St or claiming against IN R: Re-inspection VI: Idao DA + SMRT: VIUC Additional Servi DA: N5: Courtesy Car / Tpl N6: Repair Co-ordinat N7: Fost Repair Inspect N7: Fost Repair Inspect	n Checklist. 3 (\$30); nt (\$100); INC (\$80)	Amit (5) Ad 1st Bill Ad 1st B	100 PM
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions dimant's Particulars: iver/Owner: intact No: checked by (Engr-In-Charge): ditors' Comments:	Courtesy Car () () () () () () () () () ()	Voice Preparation AR: Accident Reporting AR: Accident Reporting AR: Darnage Assessme T: Follow-Through Story T: Foll	n Checklist. (\$30); nt (\$100); INC (\$80) \$40/\$4 Every \$12 Every \$12 Every (Resurvey) \$3 Conly (wef 10 Jan 2005) Survey \$16 cos:- Allowance \$5 on \$1 tion \$2 is Coordination \$5	Ant (5) Ad (5) Bill Ad (5) Ad	100 PM
1) Apply for Transport Allowance ()/ 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Oate/Time Actions Date/Time Actions iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	Courtesy Car () () () () () () () () () ()	Voice Preparation AR: Accident Reportin DA: Darnage Assessme F: Towing Fee T: Follow-Through St or claiming against IN R: Re-inspection VI: Idao DA + SMRT: VIUC Additional Servi DA: N5: Courtesy Car / Tpl N6: Repair Co-ordinat N7: Fost Repair Inspect N7: Fost Repair Inspect	## Checklist ### (\$30); nt (\$100); INC (\$80) \$40/\$4	Ant (5) Ad	100 PM

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 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.
- 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.

Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage THIRD PARTY NO Policy Number Poriver Name of Driver NOMHAMMAD IDZALIE BIN MOHAMMAD IDROS NRIC No SXXXX857B Date Of Birth Og/06/1984 Occupation Date Of Driving Pass Driving Experience 14 YEARS AND 11 MONTHS Gender Moles	美国共享工程 (1995年) 1995年	ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss DETAILS OF OWN VEHICLE Vehicle Registration Number SJH7370A Insured/Policyholder Name Of Registered Owner Co Reg No Email Address NOEMAIL Mobile Phone No Alternative Phone No OFFICE-98296686 Vehicle Particulars Manufacturer HonDA Model FIT 1.3G 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? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE Insurance Company Name of Insurance Company AlG ASIA PACIFIC INSURANCE PTE, LTD. Type Of Coverage THIRD PARTY Policy Number Dolicy Number Ocover Note Number Driver Name of Driver NAME OF Driving Pass Date Of Birth Ogogo 194 Occupation OUTDOOR Date Of Driving Pass Driving Experience Gender Mobile Number Mola (LOCAL) +65-91207114 Fex Number	Date Of Report	29/04/2020 16:41
Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SJH7370A Insured/Policyholder Name Of Registered Owner ORANGE CARS Co Reg No SXXXX768M Email Address NOEMAIL Mobile Phone No (LOCAL) +65-98296686 Alternative Phone No (FFICE-98296686 Vehicle Particulars Manufacturer HONDA FIT 1,3G 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? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE, LTD. Type Of Coverage THIRD PARTY Fleet Policy NO Policy Number Oever Note Number Driver Name of Driver MOHAMMAD IDZALIE BIN MOHAMMAD IDROS NRIC No SXXXX8577B Date Of Birth 09/06/1984 Occupation OUTDOOR Date Of Driving Pass 29/04/2005 Driving Experience (LOCAL) +65-91207114 Fax Number	Date Of Accident	25/04/2020 12:50
Vehicle Registration Number SJH7370A Insured/Policyholder Name Of Registered Owner ORANGE CARS Co Reg No SXXXX768M Email Address NOEMAIL Mobile Phone No (LOCAL) +65-98296686 Alternative Phone No OFFICE-98296686 Vehicle Particulars Manufacturer HONDA Model FIT 1.3G 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? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage THIRD PARTY Fleet Policy No Policy Number Cover Note Number Driver Name of Driver MOHAMMAD IDZALIE BIN MOHAMMAD IDROS NRIC No Policy Birth Ogy66/1984 Occupation OUTDOOR Date Of Birth Ogy66/1984 Occupation OUTDOOR Date Of Driving Pass Driving Experience (LOCAL) +65-91207114 Fax Number	Exact Location Of Accident	HOLLAND VILLAGE
Vehicle Registration Number SJH7370A Insured/Policyholder ORANGE CARS Oe Reg No 5XXXX76BM Email Address NOEMAIL Mobile Phone No (LOCAL) +65-98296886 Alternative Phone No OFFICE-98296886 Vehicle Particulars HONDA Model FIT 1.3G A Exact Purpose for which vehicle was being used at time of accident WORKING Are you claiming under your own insurance policy or repair to your vehicle? NO If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage THIRD PARTY Fleet Policy NO Policy Number 999994037 Cover Note Number ON Driver MOHAMMAD IDZALIE BIN MOHAMMAD IDROS NRIC No SXXXX857B Date Of Birth 09/06/1984 Occupation OUTDOOR Date Of Driving Pass 29/04/2005 Driving Experience 14 YEARS AND 11 MONTHS Gender	Country/State of Loss	SINGAPORE
Insured/Policyholder ORANGE CARS Name Of Registered Owner ORANGE CARS Co Reg No 5XXXX768M Email Address NOEMAIL Mobile Phone No (LOCAL) +65-98296686 Alternative Phone No OFFICE-98296686 Vehicle Particulars HONDA Model FIT 1.3G A Exact Purpose for which vehicle was being used at time of accident WORKING Are you claiming under your own insurance policy repair to your vehicle? NO If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage THIRD PARTY Fleet Policy NO Policy Number 99994037 Cover Note Number Over Note Number Driver NO Name of Driver MOHAMMAD IDZALIE BIN MOHAMMAD IDROS NRIC No SXXXX857B Date Of Birth 09/06/1984 Occupation OUTDOOR Date Of Driving Pass 29/04/2005 Driving Experience		DETAILS OF OWN VEHICLE
Name Of Registered Owner Co Reg No SXXXX768M Email Address NOEMAIL (LOCAL) +65-98296686 Mobile Phone No (LOCAL) +65-98296686 Mother Particulars Manufacturer Mobile Particulars Manufacturer HONDA Model FIT 1.3G 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? If No, Please state action to be taken PRIVATE HIRE Insurance Company Name of Insurance Company AlG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage THIRD PARTY Fleet Policy NO Policy Number Priver Name of Driver Name	Vehicle Registration Number	SJH7370A
CO Reg No 5XXXXX768M Email Address NOEMAIL Mobile Phone No (LOCAL) +65-98296686 Alternative Phone No OFFICE-98296686 Vehicle Particulars HONDA Model FIT 1.3G A Exact Purpose for which vehicle was being used at time of accident WORKING Are you claiming under your own insurance policy for repair to your vehicle? NO If No, Please state action to be taken THIRD PARTY Yehicle Category PRIVATE HIRE Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage THIRD PARTY Fleet Policy NO Policy Number 999994037 Cover Note Number Priver Name of Driver MOHAMMAD IDZALIE BIN MOHAMMAD IDROS NRIC No SXXXX857B Date Of Birth 09/06/1984 Occupation OUTDOOR Date Of Driving Pass 29/04/2005 Driving Experience 14 YEARS AND 11 MONTHS Gender MALE Mobile Number	Insured/Policyholder	
Email Address NOEMAIL Mobile Phone No (LOCAL) +65-98296686 Alternative Phone No OFFICE-98296686 Vehicle Particulars Manufacturer HONDA Model FIT 1.3G A Exact Purpose for which vehicle was being used at time of accident WORKING 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 HIRE Insurance Company AIG ASIA PACIFIC INSURANCE PTE, LTD. Type Of Coverage THIRD PARTY Fleet Policy NO Policy Number 99994037 Cover Note Number WORKING Drivier MOHAMMAD IDZALIE BIN MOHAMMAD IDROS NRIC No SXXXX857B Date Of Birth 09/06/1984 Occupation OUTDOOR Date Of Driving Pass 29/04/2005 Driving Experience 14 YEARS AND 11 MONTHS Gender MALE Mobile Number	Name Of Registered Owner	ORANGE CARS
Mobile Phone No (LOCAL) +65-98296886 Alternative Phone No OFFICE-98296886 Vehicle Particulars Manufacturer HONDA Model FIT 1.3G 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? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE, LTD. Type Of Coverage THIRD PARTY Pelest Policy NO Policy Number 999994037 Cover Note Number Driver Name of Driver MOHAMMAD IDZALIE BIN MOHAMMAD IDROS NRIC No SXXXX857B Date Of Birth 09/06/1984 Occupation OutDOOR Date Of Driving Pass 29/04/2005 Driving Experience 14 YEARS AND 11 MONTHS Gender MALE Mobile Number Mohammad IDZALIE BIN MOHAMMAD LI MONTHS MALE MOBILE NUMBER MOLE MOLE ALS SPECIAL AND THE MONTHS MALE MOBILE NUMBER (LOCAL) +65-91207114	Co Reg No	5XXXX768M
Alternative Phone No OFFICE-98296686 Vehicle Particulars Manufacturer HONDA Model FIT 1.3G 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? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage THIRD PARTY Fleat Policy NO Policy Number 999994037 Cover Note Number Driver Name of Driver MOHAMMAD IDZALIE BIN MOHAMMAD IDROS SXXXX867B Date Of Birth 09/06/1984 Occupation OUTDOOR Date Of Driving Pass 29/04/2005 Driving Experience HALE Mobile Number (LOCAL) +65-91207114 Fax Number	Email Address	NOEMAIL
Vehicle Particulars Manufacturer Model FIT 1.3G 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? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage THIRD PARTY Policy NO Policy Number Over Note Number Driver Name of Driver Name of Driver Nome of Driver Nom	Mobile Phone No	(LOCAL) +65-98296686
Manufacturer Model FIT 1.3G 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? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage THIRD PARTY Fleet Policy NO Policy Number Over Note Number Driver Name of Driver Name of Driver Nome of Birth Occupation OutDoor Date Of Driving Pass Driving Experience It YEARS AND 11 MONTHS Gender Mobile Number Mobile Number	Alternative Phone No	
Model FIT 1.3G 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? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage THIRD PARTY Pleet Policy NO Policy Number Poriver Name of Driver NOHAMMAD IDZALIE BIN MOHAMMAD IDROS NRIC No SXXXX857B Date Of Birth Og/06/1984 Occupation Date Of Driving Pass Driving Experience Gender MALE Mobile Number Fax Number	Vehicle Particulars	
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? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage THIRD PARTY Pleet Policy NO Policy Number Over Note Number Driver Name of Driver Name of Driver NAMHAMMAD IDZALIE BIN MOHAMMAD IDROS SXXXX857B Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender MALE Mobile Number WORKING NO MOHAMMAD IDATE WORKING NO THIRD PARTY NO MOHAMMAD IDZALIE BIN MOHAMMAD IDROS SXXXX857B Date Of Driving Pass Driving Experience 14 YEARS AND 11 MONTHS Gender MALE (LOCAL) +65-91207114	Manufacturer	HONDA
time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE HIRE Insurance Company Name of Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE, LTD. Type Of Coverage THIRD PARTY NO Policy Number Cover Note Number Driver Name of Driver Name of Driver NAME of Driver MOHAMMAD IDZALIE BIN MOHAMMAD IDROS NRIC No SXXXX857B Date Of Birth Og/06/1984 Occupation OutDoor Date Of Driving Pass Driving Experience 4 YEARS AND 11 MONTHS Gender Moles Mol	Model	FIT 1.3G A
for repair to your vehicle? If No, Please state action to be taken Vehicle Category PRIVATE HIRE Insurance Company Name of Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage THIRD PARTY Fleet Policy NO Policy Number 999994037 Cover Note Number Driver Name of Driver Name of Driver MOHAMMAD IDZALIE BIN MOHAMMAD IDROS NRIC No SXXXX857B Date Of Birth 09/06/1984 Occupation Outdoor Date Of Driving Pass 29/04/2005 Driving Experience 14 YEARS AND 11 MONTHS Gender Mobile Number	Exact Purpose for which vehicle was being used at time of accident	WORKING
Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage THIRD PARTY Fleet Policy Policy Number Cover Note Number Driver NAME of Driver NAME of Driver MOHAMMAD IDZALIE BIN MOHAMMAD IDROS NRIC No SXXXX857B Date Of Birth Occupation Date Of Driving Pass Driving Experience 14 YEARS AND 11 MONTHS Gender Mobile Number PRIVATE HIRE AIG ASIA PACIFIC INSURANCE PTE. LTD. THIRD PARTY NO AIG ASIA PACIFIC INSURANCE PTE. LTD. THIRD PARTY NO AIG ASIA PACIFIC INSURANCE PTE. LTD. THIRD PARTY NO AIG ASIA PACIFIC INSURANCE PTE. LTD. THIRD PARTY NO AIG ASIA PACIFIC INSURANCE PTE. LTD. THIRD PARTY NO 999994037 MOHAMMAD IDZALIE BIN MOHAMMAD IDROS SXXXX857B OUTDOS Date Of Driver AIG ASIA PACIFIC INSURANCE PTE. LTD. THIRD PARTY NO 999994037 Cover Note Pitch Insurance And Insurance PTE. LTD. THIRD PARTY NO 999994037 Cover Note Pitch Insurance PTE. LTD. THIRD PARTY NO 999994037 Cover Note Pitch Insurance PTE. LTD. THIRD PARTY NO 999994037 Cover Note Pitch Insurance PTE. LTD. THIRD PARTY NO 999994037 Cover Note Pitch Insurance PTE. LTD. THIRD PARTY NO 999994037 Cover Note Pitch Insurance PTE. LTD. THIRD PARTY NO 999994037 Cover Note Pitch Insurance PTE. LTD. THIRD PARTY NO 999994037 Cover Note PItch Insurance PTE. LTD. THIRD PARTY NO 999994037 Cover Note Pitch Insurance PTE. LTD. THIRD PARTY NO 999994037 Cover Note Pitch Insurance PTE. LTD. THIRD PARTY NO 999994037 Cover Note Pitch Insurance PTE. LTD. THIRD PARTY NO 999994037 Cover Note Pitch Insurance PTE. LTD. THIRD PARTY NO 999994037 Cover Note Pitch Insurance PTE. LTD. THIRD PARTY NO 9999994037 Cover Note Pitch Insurance PTE. LTD. THIRD PARTY NO 999999999999999999999999999999999	Are you claiming under your own insurance policy for repair to your vehicle?	NO
Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage THIRD PARTY Fleet Policy NO 999994037 Cover Note Number Driver Name of Driver NAME OF Birth No 0906/1984 Occupation Date Of Driving Pass Driving Experience Driving Experience 14 YEARS AND 11 MONTHS Gender Model SAIN AND	If No, Please state action to be taken	THIRD PARTY
Name of Insurance Company Type Of Coverage THIRD PARTY Fleet Policy NO Policy Number 999994037 Cover Note Number Driver Name of Driver NAME OF Birth Occupation Date Of Driving Pass Driving Experience 14 YEARS AND 11 MONTHS Gender MOHAM A SID AND A SID AND AND AND AND AND AND AND AND AND AN	Vehicle Category	PRIVATE HIRE
Type Of Coverage THIRD PARTY Fleet Policy NO Policy Number 999994037 Cover Note Number Over Note Number Driver MOHAMMAD IDZALIE BIN MOHAMMAD IDROS NRIC No SXXXX857B Date Of Birth 09/06/1984 Occupation OUTDOOR Date Of Driving Pass 29/04/2005 Driving Experience 14 YEARS AND 11 MONTHS Gender MALE Mobile Number (LOCAL) +65-91207114	Insurance Company	
NO	Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE, LTD.
Policy Number 999994037 Cover Note Number Driver Name of Driver MOHAMMAD IDZALIE BIN MOHAMMAD IDROS NRIC No SXXXX857B Date Of Birth 09/06/1984 Occupation OUTDOOR Date Of Driving Pass 29/04/2005 Driving Experience 14 YEARS AND 11 MONTHS Gender MALE Mobile Number (LOCAL) +65-91207114	Type Of Coverage	THIRD PARTY
Driver Name of Driver Name of Driver NAME OF DRIVER NAME OF DRIVER NOTE OF STATE OF STAT	Fleet Policy	NO
Driver Name of Driver MOHAMMAD IDZALIE BIN MOHAMMAD IDROS SXXXX857B Date Of Birth Occupation OUTDOOR Date Of Driving Pass Driving Experience 14 YEARS AND 11 MONTHS Gender MALE Mobile Number (LOCAL) +65-91207114	Policy Number	999994037
Name of Driver NRIC No SXXXX857B Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender MOHAMMAD IDZALIE BIN MOHAMMAD IDROS SXXXX857B 09/06/1984 OUTDOOR 29/04/2005 14 YEARS AND 11 MONTHS Gender MALE Mobile Number (LOCAL) +65-91207114	Cover Note Number	
NRIC No SXXXX857B Date Of Birth 09/06/1984 Occupation OUTDOOR Date Of Driving Pass 29/04/2005 Driving Experience 14 YEARS AND 11 MONTHS Gender MALE Mobile Number (LOCAL) +65-91207114	Driver	
NRIC No SXXXX857B Date Of Birth 09/06/1984 Occupation OUTDOOR Date Of Driving Pass 29/04/2005 Driving Experience 14 YEARS AND 11 MONTHS Gender MALE Mobile Number (LOCAL) +65-91207114	Name of Driver	MOHAMMAD IDZALIE BIN MOHAMMAD IDROS
Occupation OUTDOOR Date Of Driving Pass 29/04/2005 Driving Experience 14 YEARS AND 11 MONTHS Gender MALE Mobile Number (LOCAL) +65-91207114 Fax Number	NRIC No	
Date Of Driving Pass 29/04/2005 Driving Experience 14 YEARS AND 11 MONTHS Gender MALE Mobile Number (LOCAL) +65-91207114 Fax Number Fax Number	Date Of Birth	09/06/1984
Date Of Driving Pass 29/04/2005 Driving Experience 14 YEARS AND 11 MONTHS Gender MALE Mobile Number (LOCAL) +65-91207114 Fax Number Fax Number	Occupation	OUTDOOR
Driving Experience 14 YEARS AND 11 MONTHS Gender MALE Mobile Number (LOCAL) +65-91207114 Fax Number Fax Number	Date Of Driving Pass	
Gender MALE Mobile Number (LOCAL) +65-91207114 Fax Number (LOCAL) +65-91207114	Driving Experience	
Mobile Number (LOCAL) +65-91207114 Fax Number	Gender	
Fax Number	Mobile Number	
Contact Number OFFICE-91207114	Fax Number	\$194000000 019500 44900 \$255,000000000 (0)450
	Contact Number	OFFICE-91207114

NOEMAIL

BLK 866 JURONG WEST STREET 81 Address

#03-549

Postcode 640866

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

NO

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

soliciting/offering accident claims assistance.

1

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

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE TOO LARGE

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SLD4837M Vehicle Registration Number Vehicle Make/Model/Colour MERC-BENZ

Details Of Properties

PRIVATE CAR Vehicle Category MELISSA ANN Name of Driver GXXXX207R NRIC/Passport Number 94598708 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.
- 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
- 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 lesurance 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.
- 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, br
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

REG.NO. 53314768M

Driver's Signature (If driver is not the policyholder)

Date & Time: 27/4/2020 120/85

Reporting Centre Personnels Signature

Name:

NRIC/FIN No.:

THAP MIL Spetch Place over 178

120 ohrs.

2

ACCIDENT STATEMENT

ACC	IDENT DATE: (5 / 04 / 200) (DD/	MM/YYYY), TIN	1E:(/2 :50.	_)(HH:MM)
IOC	ATION: Holland village (1	Lorong LI	P4+)	
	MION.			
1	. DETAILS OF VEHICLE	4		
	a) VEHICLE NUMBER: 55H 73	70 A	- 8	
	DINSURANCE COMPANY: A170	IV.		
	c)POLICY NUMBER:			
	d)POLICY TYPE: (COMPREHENSIVE / T	THIRD BARTY /	TUÍDO O ABTY EIR	E PTHEETI
	e)MAKE & MODEL:	INIKU PAKIT /	INKUFAKITIK	Commit
		VI / I ODDY / VI	OTOROVOLE /	STUEDEL
	f)TYPE:(SALOON / COUPE / MPV /VA			JI HEKS)
	g) VEHICLE CATEGORY: (PRIVATE / CO		MOTORCTCLE	
	h)PURPOSE OF USING AT ACCIDENT T	and the Control of the same of the	DE INECUSES	
	I) ARE YOU CLAIMING UNDER YOUR C			
	IF NO, PLEASE STATE (THIRD PARTY C	LAIM)/ KEPOK	ING UNLT	
2.	INSURED / POLICY HOLDER			
	A)NAME:		(MALE / FE	
	b)NRIC/FIN/PASSPORT: c)ADDRESS:		ONIACI: 47	70000
	CJADORESS.			-
	* CONTINUE TO 3.d IF DRIVER ALSO PO	OLICY HOLDER		
Ho of passenger	DRIVER	OLICI HOLDER	-1.0	
140 of personger	a)NAME: Mohammad Idzalie 6	3in Mahamma	MALE / FE	MALE
Including driver)	DINRIC/FIN/PASSPORT: 5 891681			07114
(1)	CIADDRESS: BIK 866 Jurong 4		81 4-03-5	49
	CITIODICESS, WE SEE SIGNATURE			
	"d) DATE OF BIRTH: (09) 06/18	4 HOD/MM/Y	(YYY) -	
	e)OCCUPATION: (INDOOR / OUTDOO			
	f) YEARS OF DRIVING EXPRERIENCE:	15/ems	¥3	
4.	WAS DRIVER AN EMPLOYEE OF THE	E INSURED'S	COMPANY? (YE	S / NO)
	IF NO, RELATIONSHIP OF THE DRIV			.0'
5.	a) WEATHER CONDITION: (CLEAR / RA	INING / OTHER	RS.	1
	b)ROAD SURFACE: (ORY / WET / OTHE	RS		
6.	WAS ANYBODY INJURED (YES / KG)			200
7.	a) REPORTED TO POLICE (YES / NO)			
	IF YES, PLEASE STATE WHICH POLICE	STATION:		
8.	THIRD PARTY VEHICLE	- n	nogree.	1
c of passenger	a) VEHICLE NUMBER: 320 783	7 MC	DDEL: Mercy	(+5 Be
including driver)	a) VEHICLE NUMBER: SLA 483 b) DRIVER'S NAME: Melissa	Ann		
(1)	C) NKIC/FIN/PASSPORT: Q3 2 70	207R CC	ONTACT: 99	598708
9.	THIRD PARTY VEHICLE			
so of passanger	d) VEHICLE NUMBER:	MC	DEL:	
ndu Arabindar	e) DRIVER'S NAME:			-
menuany ariver)	f) NRIC/FIN/PASSPORT:	c	NTACT:	
				338
=-11.11				

email =

fax =

VIDEO = V



CERTIFICATE OF INSURANCE

SJH7370A

ORANGE CARS

07 September 2019

06 September 2020

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1966

ROAD TRANSPORT ACT, 1987 (MALAYSIA) AND ROAD TRASPORT (AMENDMENT) ACT 2019.

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

(The below excess is subject to GST)

THIRD PARTY COMMERCIAL MOTOR POLICY EXCESS REFER TO ITEM 5

CERTIFICATE NO, SJH7370A WINDSCREEN EXCESS NA

POLICY NO. 999994037

SUM INSURED NA

INSURING WITH COE/PARF NA

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the insured's order or with their permission.

\$\$1,500.00 Section II Excess is applicable for driver who is between 23 years to 70 years old with minimum 2 years driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE*

- 1) Use for social, domestic, pleasure purposes and business purposes of insured
- 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing, 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

...

"Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019., are not to be included under these headings.

1/ We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles
(Third- Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019.

Issued in Singapore 06 Sep 2019

220001-000 Choy Weng Hong Eric 25 Toh Tuck Walk Singapore 596604 AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL