SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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.
- 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

foresaid.	
	ACCIDENT STATEMENT
Date Of Report	22/05/2020 12:55
Date Of Accident	22/05/2020 09:35
Exact Location Of Accident	JURONG EAST FLYOVER
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SJT9112C
Insured/Policyholder	
Name Of Registered Owner	SALIM BIN IBRAHIM
NRIC No	S7235695J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90125064
Alternative Phone No	Office-90125064
Vehicle Particulars	
Manufacturer	PERODUA
Model	MYVI-1.3 (A)
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	YES
f No, Please state action to be taken	
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Гуре Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900155920
Cover Note Number	
Driver	
Name of Driver	JAMIAH BINTE AMAN
NRIC No	S7114942J
Date Of Birth	29/04/1971

INDOOR

24/10/2017

2 YEARS AND 6 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-91528844

Fax Number

Contact Number

EMail Address AMY71_CUTIEPIE@HOTMAIL.COM

Address BLK 247 BUKIT BATOK EAST AVE 5 #02-84

Postcode 650247

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 **COLLISION - HEAD TO REAR**

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

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

Passenger 1 : NORAIDA BINTE YUNOS Name:

2

NO

NO

NO

2

NO

NO

Gender: : Female

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?

Circumstances of Accident

VEHICLE B IN FRONT BRAKE. I BRAKE BUT UNABLE TO STOP IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

FILE SIZE TOO BIG Remarks/ Reasons:

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJY6286C

Vehicle Make/Model/Colour

Details Of Properties VEHICLE 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)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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 whicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the 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.

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.:

DE		

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

Policyholder's Signature Date & Time:

er's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

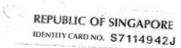
NRIC/FIN No.:

AIG ASIA PACIFIC.INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	MAMMAN BINTIE AMARI
VEHICLE NUMBER	201 9112C
DATE/TIME OF ACCIDENT	22/05/20 @ 09.25Aan
PLACE OF ACCIDENT	
THIRD PARTY VEHICLE (IF ANY)	GURONE, BAST FLYOURK
	女女女女女亲亲有我的女女女女女女女女女女女女女女女女女女女女女女女女女女女女女女
WHERE DID YOU START YOUR JO BEFORE THE ACCIDENT?	CORPORATION TO DRIVE BLE 140 C
04107 1342010 20	2017
ACCIDENT? IF YES, DID THE TRAF ON YOU? IF YES, WHAT IS THE RES NO	IC DRINKS BEFORE YOU DRIVE ON THE DAY OF FRIC POLICE CONDUCT ANY BREATHE-ANALYSER TO SULT? N AND THE EXTENSIVENESS OF THE DAMAGES TO
VEHICLES INVOLVED?	NAME THE EXTENSIVENCES OF THE STATE OF THE
MEAD TO REAR	
MEAD TO REAR	S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOR INVESTIGATION?
ERE YOU OR YOUR PASSENGER/S KEN TO THE TRAFFIC POLICE FOI	S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOR INVESTIGATION?

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







JAMIAH BINTE AMAN

BOYANESE Date of Brin 29-04-1971 County of Brin SINGAPORE





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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight = 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals

NP 428A

Licence No:S7114942J



CERTIFICATE OF INSURANCE

AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : SALIM BIN IBRAHIM

Period of Insurance Engine No.

: 02 Sep 2019 To 05 Nov 2020 : E77B30R

Chassis No.

: PM2M301S002332733

Vehicle No.

: SJT9112C

Policy No. Endorsement No. : 000000000341097

: 1900155920

Issued Date

: 04 May 2020

ABOUT THE COVER

Driver Restriction

Make/Model

: PERODUA MYVI

Engine Capacity/Tonnage: 1,298.00 CC : NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2009

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 indomnily the Policyholder or any authorised driver only if he/she meets the specified ago 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 tallion, 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 - \$600 Theft - \$0 Flood Cover - \$0

Section 7. Property Danie 6 - \$0

Named Driver and Excess (where applicable)

SALIM BIN IBRAHIM

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

Any accident rupoins to the Vehicle must be carried out by one of our Authorised Repairers.
For other Approved Reporting CentreAMS Authorised Repairers, please contact our 24-hour accident emergency hotline at +65-6338-6200. Alternatively, you may refer to AIG website www.aig.sg or AIG Mobile App. Simply search and download "ANS 65" frees futures or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Cosmo Automobiles Pte. Ltd.

If 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 (Cop. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks), Rules, 1959 (Malaysia).

0504615000

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.

SSPHAW

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Accident Photo





Accident Photo



Accident Photo

