MSME20055313 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 29/06/2020 14:52 SUBMITTED BY: Wen Ying

### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 1. Please report <u>correctly</u> 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.
- 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 conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	29/06/2020 14:52	
Date Of Accident	29/06/2020 08:20	
Exact Location Of Accident	PIE. TAMPINES AVE 5 ENTRANCE INTO PIE.	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLC2761R	
Insured/Policyholder		
Name Of Registered Owner	AHMAD POART BIN ALI IN THE ESTATE OF	
NRIC No	S1417146J	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-97452021	
Alternative Phone No	Office-97452021	
Vehicle Particulars		
Manufacturer	ТОУОТА	
Model	COROLLA ALTIS-1.6 (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?	YES	
If No, Please state action to be taken		
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	20700087677	
Cover Note Number		
Driver		
Name of Driver	M FAUZAN BIN M FAIZ	
NRIC No	S9306018J	
Date Of Birth	17/02/1993	

**INDOOR** 

05/11/2012

7 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97452021

Fax Number

**Contact Number** 

EMail Address FAUZAN.FAIZ.10@GMAIL.COM

Address BLK 149 TAMPINES ST 12-03-102

Postcode 521149

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 -

insurance Company of Driver's Own Venicle

**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

involved in the doordent

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 Name: : FADHILLAH BINTE AHMAD POART

2

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 INFRONT OF ME SUDDENLY STOP, I CANNOT STOP IN TIME AND HIT VEHICLE B REAR PORTION.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SMN905L

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)

#### Accident Sketch Plan

#### SKETCH PLAN

#### 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.
- 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>.
- 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.
- 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.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



SKETCH PLAN		
	TRA SA	
DESCRIBE CIRCUMSTANCES	S OF THE ACCIDENT	
	. /	
shit web B	A of suddenly stop lear protion-	, I cannot stop intino
	- 0	
DECLARATION I/We declare the foregoing part	iculars are true in every respect.	
	S.	
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.:

# AIG ASIA PACIFIC INSURANCE PTE LTD

# MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	M Fauzan Bin Mfaiz
VEHICLE NUMBER	SLC 2761R
DATE/TIME OF ACCIDENT	29/06/2020 @ 0820
PLACE OF ACCIDENT	PIE, Tamphes aux 5 entrana into PIE
THIRD PARTY VEHICLE (IF ANY)	Carl and
	**************************************
BEFORE THE ACCIDENT?	DURNEY AND WHERE WAS THE INTENDED DESTINATION
ID YOU DRINK ANY ALCOHOLI CCIDENT? IF YES, DID THE TRAI IN YOU? IF YES, WHAT IS THE RES M •	C DRINKS BEFORE YOU DRIVE ON THE DAY OF THE PPIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST OULT?
HAT IS THE TYPE OF COLLISION HICLES INVOLVED? MKAN TO REAR	v and the extensiveness of the damages to all
HICLES INVOLVED?	N AND THE EXTENSIVENESS OF THE DAMAGES TO ALL
CHICLES INVOLVED?	INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU
CHICLES INVOLVED?  MEAN CO REAR  RE YOU OR YOUR PASSENGER/S  EN TO THE TRAFFIC POLICE FO	INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU

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



Engine No.

# CERTIFICATE OF INSURANCE

#### AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Ahmad Poart Bin Ali In the Estate of : 28 May 2020 To 27 May 2021 Period of Insurance

Vehicle No. : SLC2761R Policy No. : 2070087677

: 1ZRX556479 Endorsement No.

Chassis No. : MR053REH104546841 Issued Date : 28 May 2020

ABOUT THE COVER

Make/Model : TOYOTA COROLLA ALTIS 1.6

Engine Capacity/Tonnage : 1,598.00 CC Sum Insured : Market Value First Year of Registration : 2016 Driver Restriction : NA Off Peak Car : No 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.

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 tustion, 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 1500cc - 1600cc Optional

\* 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 - \$600

Section 2 Property Damage - \$0

Named Driver and Excess (where applicable)

In the Estate of Ahmad Poart Bin Ali - \$600 (Own Damage), \$600 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs) Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Appril's workshop. For other Approved Reporting Centres/AIG Authorised Repairers, Posses contact our 24-hour accident emergency hotine at +65 6336 6200. Alternatively, You may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from (Tunes or Google Play.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

InWe 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).

0030210256 AIG - AUTO DIRECT AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SUSSESSION.

Case No.: FC/P-2960/2019

In the Matter of Probate and Administration Act (Chapter 251)

Document No.: FC/PRG

5435/2019

. .

In the Estate of AHMAD POART BIN ALI (NRIC No. S1417146J), deceased.

### GRANT OF LETTERS OF ADMINISTRATION

Letters of Administration of the estate and effects of AHMAD POART BIN ALI (NRIC No. S14171461) late of 160, Tampines Street 12, # 12-115, Singapore 521160, deceased who died on 24-January-2019 are granted to MUHAMMAD FARHAN BIN AHMAD POART (NRIC No. S9104537J) as one of the lawful children and next-of-kin of the deceased.

Dated:

09-July-2019

KENNETH YAP YEW CHOH REGIST VAR FAMILY JUSTICE COURTS SINGAPORE

Date of Issue:

07-November-2019



KENNETH YAP YEW CHOH REGISTRAR FAMILY JUSTICE COURTS SINGAPORE









M FAUZAN BIN M FAIZ



Race MALAY Date of birth Sex 17-02-1993 M

Country of birth SINGAPORE

Cage for Insurance Motor Accident Reporting and Claims Purposes Only

Vehicle no:

Date of Accident:

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 05 Nov 2012 of the driver; and other motor vehicles =< 2500kg

NP 428A



4184706

MIC No. S9306018J



06-03-2008

APT BLK 149 TAMPINES STREET 12 #03-102 SINGAPORE 521149

# **Accident Photo**







# **Accident Photo**



# **Accident Photo**



