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	i-Motor W/	O (Within: OD 2hr	s, 7'P 4hrs)		
OD / TP / Reporting/Only	i-Photo Upl	oaded	1		
TD Interest	Assessment/S	Survey Report			
TP Insurer:	Ass't Report	by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(		Tel:	Fax:	
TP Particulars: Veh No:	176 N 200	INC (	)/Non-INC(	)	
Owner / Driver: (	117411-7		Tel:		)
Policy No: ( )	Period: (	)	Cover Type: (	1	)
Confirmed by : (		Date:	Time:		)
Insured/Driver Liability: ( %	) [Note-Est. Status (	WO): N: 0-2	0%; P: 21-79%. P:	80-100%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
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General Remarks;-				To see and s	Y 100
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## SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 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.	
Market and the second second	ACCIDENT STATEMENT
Date Of Report	03/08/2020 11:58
Date Of Accident	30/07/2020 07:15
Exact Location Of Accident	KPE TWDS EUNOS LINK
Country/State of Loss	SINGAPORE
State of the state	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGA3983E
Insured/Policyholder	
Name Of Registered Owner	HASSAN BIN ISMAIL
NRIC No	SXXXX887C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94363098
Alternative Phone No	OFFICE-94363098
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA 1.6
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	0100583104-14
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD IRFAN BIN HASSAN
NRIC No	SXXXX492H
Date Of Birth	05/11/1995
Occupation	INDOOR
Date Of Driving Pass	18/10/2014
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92980734
Fax Number	

OFFICE-92980734

NOEMAIL

BLK 190A RIVERVALE DRIVE Address #02-990 Postcode 541190 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 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) 2 involved in the accident Was any body injured in the Accident? NO Was any injured conveyed to hospital by ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 2 Passenger 1 NAME: : NURHANA BTE KADER GENDER: : FEMALE **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 REFER TO STATEMENT. Attachment(s) Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded? NO **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GBG1420D Vehicle Make/Model/Colour

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# 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>.
- 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:
  - (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.

Home,

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

HORE

Date & Time:

Reporting Centre Personnel's Sign

Name:

NRIC/FIN No :

KPE TWOS Gunos	Link Slip Rd	Vehicle P	- SGA 3983E
		VENICIK	417414000
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# DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

sonnel's Signature Reporting Centre Pg

Name:

NRIC/FIN No :

Date of Accident	: 30/07/2010 Accident Time: 07/15/11 (24-ER-FORMAT)						
Accident Place	KPE TWOS Euros Link Slip Rd						
Vehicle Reg. No (Car plate No.)	: SGA3983E Vehicle Make/Model: Toyota Gro 11a Altis						
Instirance Company	: AIG Policy No. 0100583104-14						
Name of Registered Owner	: Company/IndVillual Hassan Bin Ismail						
ID of Registered Owner	: Co Reg No: Owner's NRIC No: S15 44 887,C						
DRIVER'S Name	Co Contact No: Owner's Contact No: 94363098  Muhammad Irfan BM Hassan DRIVER'S NRIC No: 595404924						
DRIVER'S Date of Birth	OF Nov 1995 DRIVER'S License Pass Date 18 Oct 2014						
Relationship bet. Owner & Driver	: Spouse \ Patents \Children\ Sibling \ Employee\ Others:						
DRIVER'S Address	APT BIK 190A Riveriale Drive \$02-990 Singapore 541190						
DRIVER'S Contact No./ Alt No.	: [) 9298 0734 2) -						
DRIVER'S Occupation	: INDOOR VOUTDOOR (eg. working inside or outside of an ofc) Student						
Email Address	: Irfanh 95@ gmail.com						
Weather & Road Surface	: CLEAR & DRY \ RAINENO & WET \AFTER BAIN & WET						
Reporting Type .	: Reporting Only \ Claim er Party \ Claim Own Insurance						
Number of Passengers (including Was the accident reported to the p Was there any video Captured by	Driver): 02 Passenger Name: Norhand Bte KaderGender: M/F olice? YES \ 00 Passenger Name: Gender: M/F car camera: YES \ 00 Any Injuries: YES / NO Injured Name: Injured Name:						
Exact purpose for which vehicle	was being used at the time of accident: Private use \ Work purpose						
	Other Party Driver's Particulars (if any)						
Vehicle Reg No: GBG1420D							
Vehicle MakelModel:	Vehicle Make Model:						
Nami-ORIVER:							
(CNo. DRIVER.							
DRIVER'S Contact & add	DRIVER'S Contact & add:						
9	ther Party Driver's Particulars (if any)						
Vehicle Rag No:							
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Name DRIVER.							
IC No DRIVER	IC No DRIVER.						
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# CERTIFICATE OF INSURANCE

# PRIVATE AUTO THIRD PARTY FIRE AND THEFT PRIVATE VEHICLE

Name of Policyholder

: Hassan Bin Ismail

: SGA3983E

Period of Insurance

: 18 Nov 2019 To 17 Nov 2020

: 0100583104-14

Engine No.

. 3774519156

Policy No.

Vehicle No

Endorsement No.

Chassis No.

: MR053ZEC107102657

**Issued Date** : 10 Oct 2019

### 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 : 2005

Driver Restriction

: NA

Off Peak Car : No

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.

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, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with lany 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 Theft - \$0

Section 2

Property Damage - \$0

Windscreen: NA

Named Driver and Excess (where applicable)

Hassan Bin Ismail

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any socident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Godgle Play.

# **IMPORTANT NOTES**

Hire Purchase Company/Employer's Loan: OCBC Bank 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).

0030210242

AIG - AUTO DIRECT

78 SHENTON WAY #07-16 AIG BUILDING

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE