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.
- port to the inont to the ort at the

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	26/08/2020 15:14
Date Of Accident	25/08/2020 14:20
Exact Location Of Accident	TAMPINES AVE 7
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMM9189H
Insured/Policyholder	
Name Of Registered Owner	MOVA AUTOMOTIVE PTE LTD
Co Reg No	198904033G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-64763333
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AD AVANTE 1.6 GLS (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	99993856
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD NUR RASIDIN BIN MANAFF
NRIC No	S9425584H
Date Of Birth	12/07/1994

INDOOR

24/06/2013

7 YEARS AND 2 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-83831915

Fax Number

Contact Number

EMail Address RASIDINMANAFF@GMAIL.COM

BLK 535 JURONG WEST STREET #52 Address

#03-481

Postcode 640535 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 COLLISION - CHANGE/CROSS LANE

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

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

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 : MUHAMMAD IRFAN BIN RAHMAD Name:

> Gender: : Male

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name **GEYLANG N.P.C**

ROAD: 132 PAYA LEBAR ROAD, POSTCODE: 409014, COUNTRY: SINGAPORE Police Station Address

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

YES

NO

Circumstances of Accident

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBK3799C

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

JUMARI BIN AHMAD

S1554636J

91061759

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.
- 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
- (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

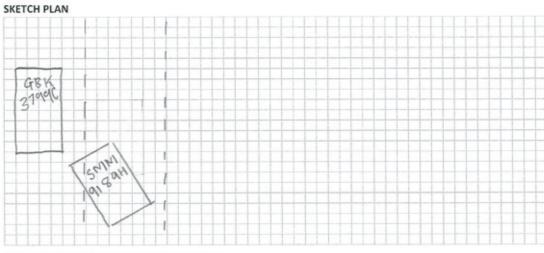
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SMM9189 H	ACCIDENT DATE & TIME: 25/8/	120 14:20
CONTACT NUMBER: 83831915		nangli@amail.com
LOCATION: Tampines AVE 7		
Rel police report.		
NOTE: PLEASE NOTE THAT YOUR I	NSURER MAY HAVE 14 DAYS TIME FRAME FOR	YOU TO SUBMIT AN
OWN DAMAGE CLAIM UNDER YOUR O	WN POLICY. PLEASE CHECK YOUR POLICY FO	R MORE INFORMATION
Please state:		
() Claim Own Policy () Claim T	nird Party () Claim OD/TP at other workshop	() Reporting Only

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT(CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

COMPREHENSIVE COMMERCIAL MOTOR

CERTIFICATE NO. 999993856/100877171-00000

OWN DAMAGE EXCESS WINDSCREEN EXCESS

(1) \$\$800.00

\$\$100.00

SUM INSURED S\$1.00 INSURING WITH COE/PARF

YES

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

SMM9189H

MOVA AUTOMOTIVE PTE LTD

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

10 Mar 2020

4) DATE OF EXPIRY OF INSURANCE

9 Mar 2021

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE

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

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 *

Use for the carriage of passengers or goods in connection with the Insured's business. Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired. The Policy does not cover: 1)Use for racing, pacemaking, 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 the carriage of passengers for reward by any person to whom the vehicle is hired. SOLE AGENT'S WORKSHOP: For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop. AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS 1. Lai Huat Meng Kee Mtr - 21, Sin Ming Ind [Tel: 64538110] 2. Sin Yew Hup Welding - 4 Woodlands Rd [Tel: 67600819]

3. Delgro Engrg P L - 205 Braddell Rd [Tel: 63837118] 4. Kan Fook Sing Mtr - 1069 Eunos Ave 5 [Tel: 67479560] 5. Ban Choon Mtr - 5 Pioneer Rd [Tel: 62641191] 6. Shu Fatt Auto Works - Bt Merah Lane [Tel: 62730119] 7. Star Auto Ctr - 5 Portsdown Rd [6562000/97189999] 9. Progressive Automotive - 3022A Ubi Rd 1 [Tel: 67415336]

10. Ready Autocare - 10 AMK AutoPoint (Tel: 96606551/64810304)

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY DBS BANK LTD

* 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), are not to be included under these headings.

I / 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).

Issued At Singapore 24 Mar 2020

AIG ASIA PACIFIC INSURANCE PTE. LTD.

500257-000 NG EE PIN KENNETH AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120 ANSP-NONLIFE

Authorised Representative

ORIGINAL

SSCDSK





Police Station Of Origin: Geylang N.P.C

1 Cassia Link SINGAPORE 397618

Tel No: 1800-8486999

1 of 4 Report No. T/20200825/2102

REPORT OF A TRAFFIC ACCIDENT Date/Time Report Made: 25/08/2020 18:21			Vide Report No.:	Station Diary No. 45		
	it's Particu	lars				
Name of	Informant: MAD NUR F	RASIDIN BIN	Address: APT BLK 535 JURONG WEST SINGAPORE 640535	Γ STREET 52 #03-481		
ID Type	ID No.: 0 / S942558	34H	Contact No.: Home/Office:	Mobile: 83831915		
Nationali		50000	Email: rasidinmanaff@gmail.com			
Sex: Male	Age:	Date of Birth: 12/07/1994	Type of Informant: Driver			
Race: Malay		1	Language:	Institution / School Name:		
Occupation: Auxiliary police officer		cer	Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:			Date/Time of Accident: 25/08/2020 14:20	Type of Location Straight Road	
Location: TAMPINES A	VENUE 7				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Heavy	
Type of Colli	sion: ving Vehicles - Head	To Rear		Anyone conveyed by ambulance: No	

Details of Ve	enicie invo		No. del	Color	Condition	No of Passenge
Vehicle No.	Type	Make	Model	COIOI	The second secon	
GBK3799C	Van				Slightly Damaged	0
SMM9189H	Car				Seriously Damaged	

Details of Person Involved	AND THE PROPERTY OF THE PROPER
Any Pedestrian Involved: No	The state of the s
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Geylang N.P.C 1 Cassia Link SINGAPORE 397618 Tel No: 1800-8486999

2 of 4 Report No. T/20200825/2102

CONTINUATION OF REPORT

Driver Name			A EXPENSE OF	STEELS OF	
Ivaille	JUMARI BIN AHMAD		IDN	0	S1554636J
Doloto d M. C. C.			1.0.1	0.	31334636J
Related Vehicle	GBK3799C (Van)		Contact No.		04004750
III. W. LINNE			Cont	act No.	91061759
Hospital/Clinic NIL			Class	o of	Ol NIII
					Class: NIL
			Driving Licence &		Date of Expiry: NIL
Data Transfer	Octo To 1			y Date	
Date Treatment	NIL	Date Dis	charge	NIL	
Driver	ted Medical Leave NIL	Degree o	of Injury	NIL	
Name			and the same	PARTIE .	
Name	MUHAMMAD NUR RASIDIN BI	IN MANAFF	ID No		0040550444
Delete the con-	lated Vehicle SMM9189H (Car)		Contact No.		S9425584H
Related Vehicle					00001015
11				ICI NO.	83831915
Hospital/Clinic	NIL		Class	-6	01
				Class: NIL	
				Date of Expiry: NIL	
Deta To			Expiry	Date	
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days gran	ed Medical Leave NIL	Degree of	Injuny	NIL	
Passenger			injury	IVIL	Electric and the second
Name	MUHAMMAD IRFAN BIN RAHM	IAD	ID No.	52-02-08-08	001000
			ID No.		S9408960C
Related Vehicle	SMM9189H (Car)		Contact No.		
					97211244
lospital/Clinic	NIL		01		
			Class of	1016	Class: NIL
			Driving Licence		Date of Expiry: NIL
			Expiry I		
	NIL	Date Disch	CAPITY		
o. of Davs grante	ed Medical Leave NIL	Degree of	arge	NIL	

Brief Details.

I am working as a Roving Officer for Certis Cisco.

On 25/08/2020 at about 1100hrs, I reported for work at Paya Lebar HQ. I was assigned to drive SMM9189H for duty and I have an partner on board.

At about 1420hrs, while driving along Tampines Ave 7, I was on the center lane and wanted to filter to the extreme left lane. I make a check and saw that the traffic was clear, as much I proceeded to make a filter to the extreme left lane. I pressed on the accelerator and the vehicle surged forward, causing a head-to-rear collision with the vehicle in front which is positioned on the extreme left lane bearing plate number GBK3799C.





Police Station Of Origin: Geylang N.P.C 1 Cassia Link SINGAPORE 397618 Tel No: 1800-8486999 3 of 4 Report No. T/20200825/2102

CONTINUATION OF REPORT

After the collision, the involved driver and myself exchanged particulars. Subsequently, both of us left the scene. Due to the collision, my vehicle front left bumper sustained scratches, dents and was badly damaged. For the other involved vehicle, there are dents on the rear right bumper.

There is a camera installed at the front and back of my vehicle.

No ambulance or police came down to scene. No government property damaged. No pedestrian involved. No injury for all involved parties.





Police Station Of Origin: Geylang N.P.C 1 Cassia Link SINGAPORE 397618 Tel No: 1800-8486999 4 of 4 Report No. T/20200825/2102

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 2 LIM ZHENG HONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/08/2020 18:21
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	er da



INCIDENT REPORT FOR DUTY POST

Location of Duty Post	Type of Business (Bank/KINs/Embassy/ Residence/Factory)	Date of Incident	Time of Incident	Weather Condition
Rouing		25/8/20	14:20	Clear
Person(s) Involved		Particular	s of Witness	(es)
CPC Racidin 9924a				
SGT IRFAN 91286				
(Who, Wha	Details o t, Where, When, Why,	f Incident How and Oth	er Essential	Details)
On 25/8/20 @14:2	0 Tampinese	Ave 7 to	vards (T	PE), I was
driving Vechile no. s	MM9189H i	was at	the cen	ter lane, making
a lane change to				
Speed up and hit				
injured.		,		
Reported by : (Rank/Svc No/Name) (20L 09249 1260 219	/	lature Car	Date Zc/e/	Time 16:46









