

26 March 2021

Your Ref: Your insured GBK747Y
Our Ref: PA201201-SKT871S

Date Of Accident: 23 Dec 2020
Name Of Registered Owner: Nazly Bin Zaini
Vehicle Registered Number: SKT871S
Vehicle Model: Toyota Estima

AIG ASIA PACIFIC INSURANCE PTE LTD**By email****Attn: Motor Claims Department**

Dear Sir/Madam,

ACCIDENT INVOLVING SKT871S / GBK747Y ON 29 Oct 2020

We are writing on behalf of **NAZLY BIN ZAINI**, the registered owner of motor vehicle number **SKT871S** which was involved in the above accident.

We are instructed to claim the followings:

| | | |
|---|----|------------|
| Cost Of Repair | \$ | 2500.00 |
| Loss Of Usage (3 days + 1 Sunday + 1 PH + 2 days PRI) 30.12.20 to 04.01.21 | \$ | 840.00 |
| Total | | \$ 3340.00 |

We enclose herewith the supporting documents:

- **Final Repair Bill**
- **GIA Report/Police Report**
- **Owner/Driver NRIC & Driving Licence**
- **Certificate of Insurance**
- **Warrant to Act**
- **~~GIA / LTA Search Fee~~**
- **~~Rental Agreement & Invoice~~**

Kindly acknowledge receipt of the above said documents and your favourable reply is greatly appreciated.

Yours sincerely

Edward Ow
Profi Automotive



10 Kaki Bukit Road 2 #01-05 First East Centre S417868 M:94335558 E: profi.automotive@asia.com

26 March 2021

| | |
|----------------------------|-----------------|
| Date Of Accident: | 23 Dec 2020 |
| Name Of Registered Owner: | Nazly Bin Zaini |
| Vehicle Registered Number: | SKT871S |
| Vehicle Model: | Toyota Estima |

| Description | Amount |
|-------------------|-----------|
| Final Repair Bill | \$2500.00 |
| Lump Sum Repair | |
| <hr/> | |
| Total | \$2500.00 |

SINGAPORE ACCIDENT STATEMENT

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
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 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 aforesaid.

ACCIDENT STATEMENT

Date of Submission 24/12/2020 12:59 (SGT)
Date of Accident 23/12/2020 20:00 (SGT)
Exact Location of Accident Tampines, Singapore
Additional Location Information TAMPINES AVENUE 8 TOWARDS TAMPINES AVENUE 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKT871S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NAZLY BIN ZAINI
NRIC No SXXXX565J
Email Address NAZLYZAINI77@GMAIL.COM
Mobile Phone No (Phone) +65-88621246
Alternative Phone No +65-82287763

VEHICLE PARTICULARS

Manufacturer Toyota
Model Estima
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 2362

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number MT/00883013
Cover Note Number -

DRIVER

Name of Driver HAIDHIR BIN AHMAD
NRIC No SXXXX345A

| | |
|--|------------------------------------|
| Date Of Birth | 02/12/1981 |
| Occupation | Outdoor |
| Date Of Driving Pass | 16/05/2002 |
| Driving experience | 18 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-82287763 |
| Alt. Phone Number | - |
| Email Address | AIDILSMARTPEST@GMAIL.COM |
| Address | BLK 868A TAMPINES AVENUE 8 #14-528 |
| Address complement | - |
| Postcode | 521868 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Other |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------------|----------------------------|
| Type of Accident | Collision - Major/Minor Rd |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 5 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|----------------------|
| Name | SURAIDAH BTE SULIMAN |
| Gender | Female |

PASSENGER 2

| | |
|--------------|-----------------------------|
| Name | UMAIRAH NABILAH BTE HAIDHIR |
| Gender | Female |

PASSENGER 3

| | |
|--------------|--------------------------|
| Name | NURUL JANNAH BTE HAIDHIR |
| Gender | Female |

PASSENGER 4

| | |
|--------------|------------------------------|
| Name | ATHIYYAH HARISAH BTE HAIDHIR |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED
STATEMENT RECORD BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|--------------------|
| Vehicle Registration Number | GBK747Y |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|-------------------|
| Name of injured person | Haidhir Bin Ahmad |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SKT871S |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | - |

INJURED 2

| | |
|---|----------------------|
| Name of injured person | Suraidah Bte Suliman |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SKT871S |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | - |

INJURED 3

| | |
|---|-----------------------------|
| Name of injured person | Umairah Nabilah Bte Haidhir |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SKT871S |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | - |

INJURED 4

| | |
|---------------------------------|--------------------------|
| Name of injured person | Nurul Jannah Bte Haidhir |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |

Injuries Sustained -
Injured person in which vehicle? -
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

INJURED 5

Name of injured person ATHIYYAH HARISAH BTE HAIDHIR
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SKT871S
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

SKETCH PLAN**IMPORTANT NOTICE**

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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 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 companies.
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 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 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:

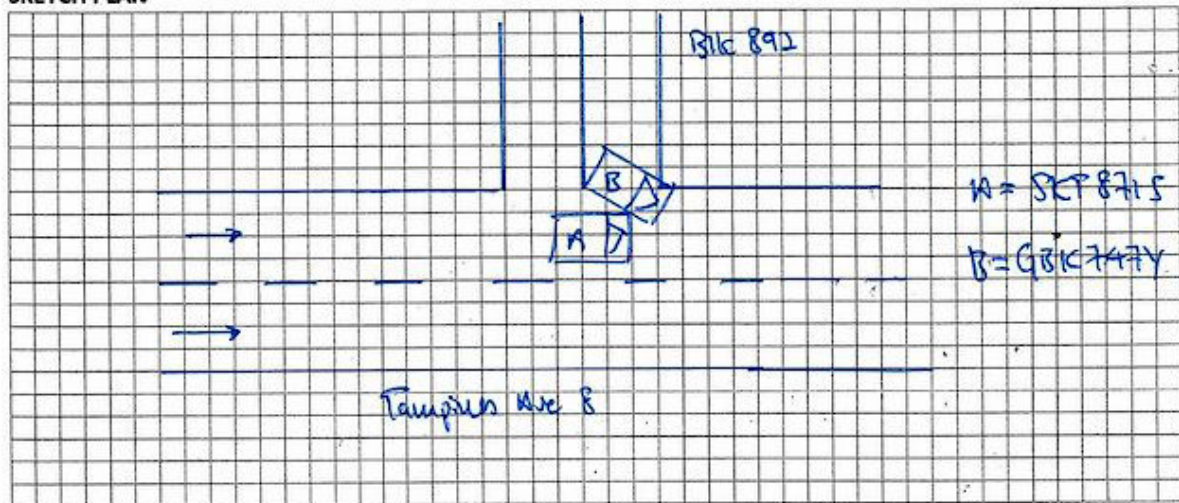
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - (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
- (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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Tampines Ave 8 when car B suddenly came out from the side road and collided into my car. My wife (Suraidah Suliman) and 3 kids were in the car at the point of accident.

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.:

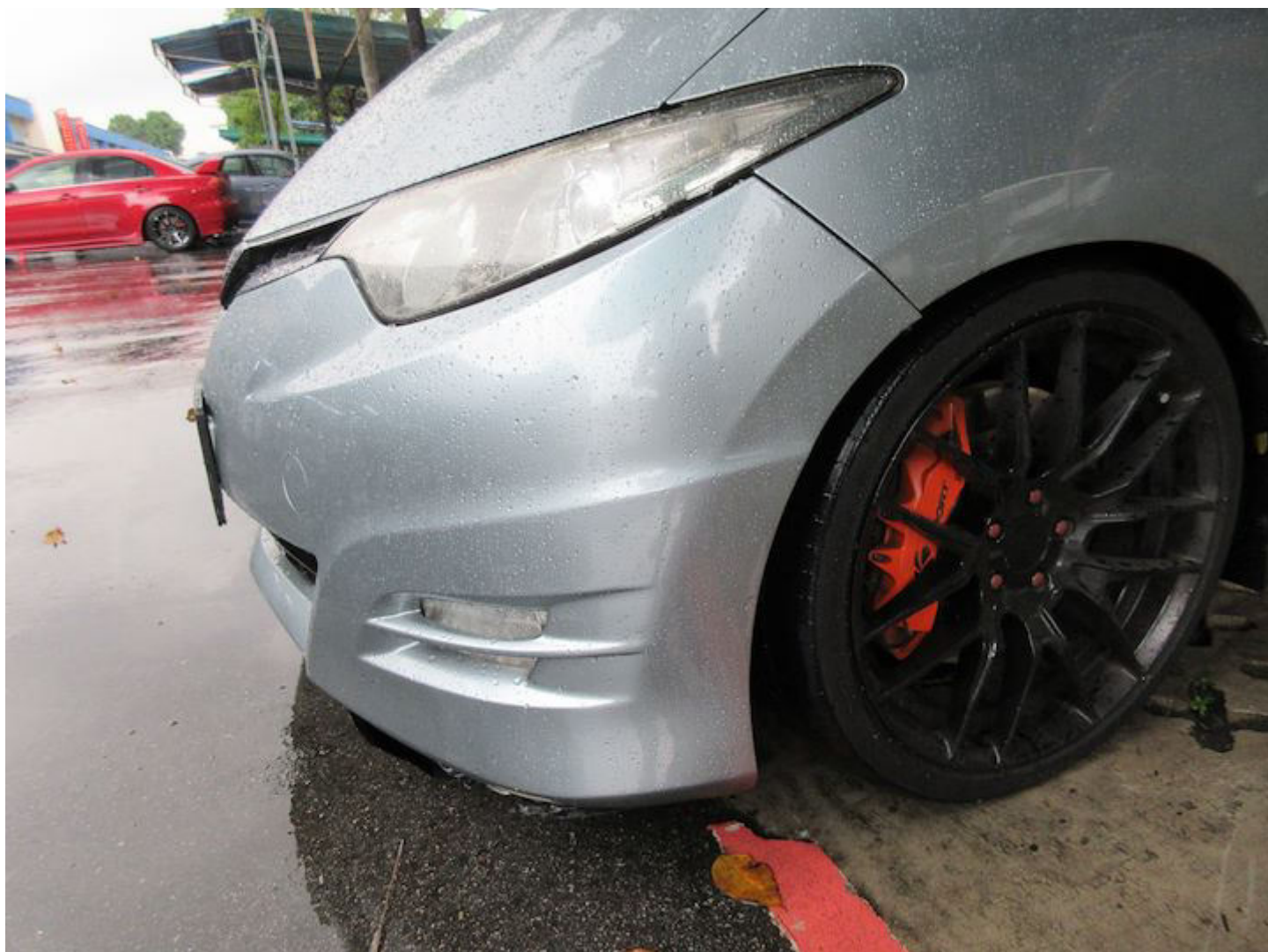
24/12/20

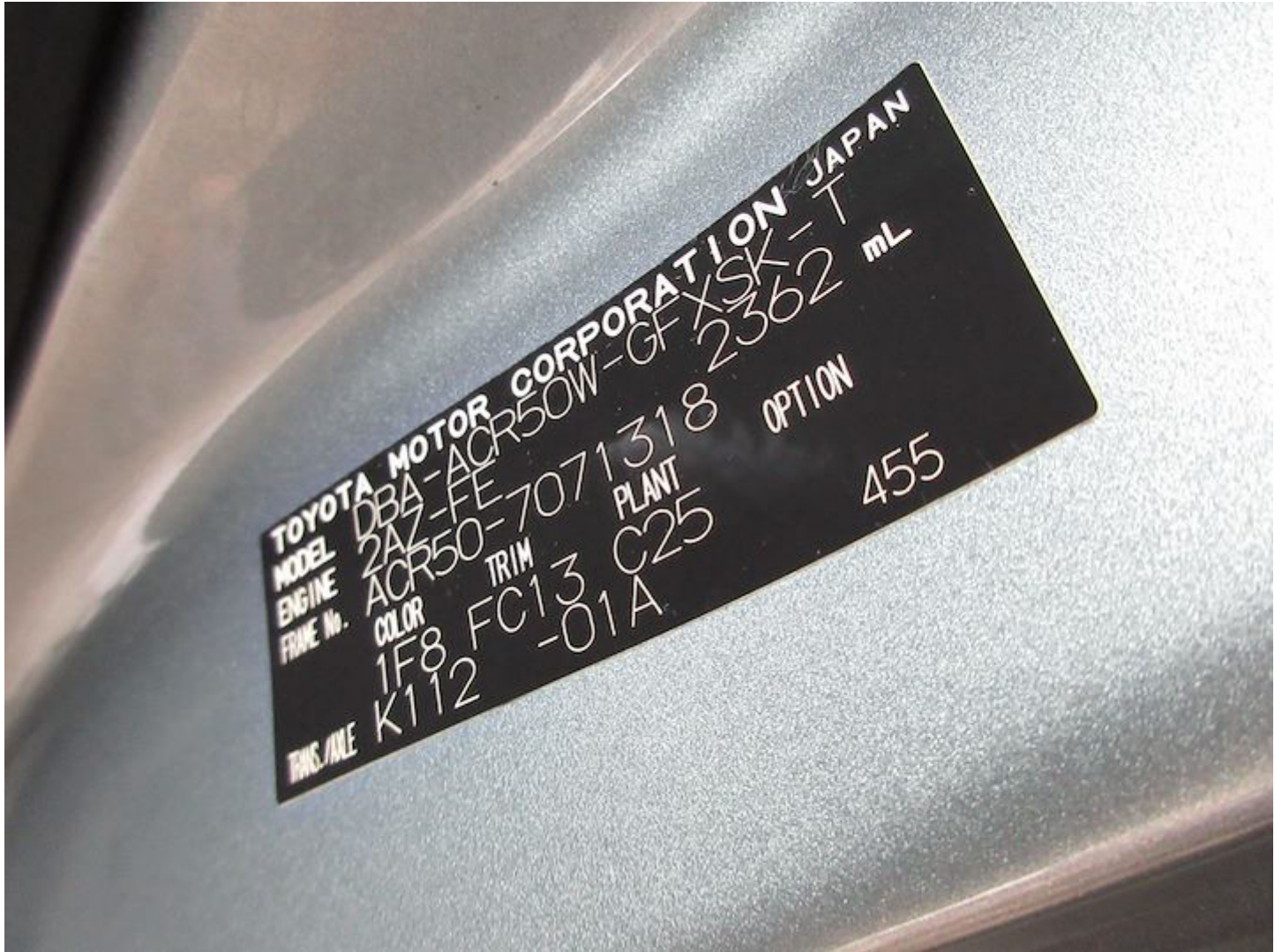




















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 5 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SP0U20CO0008 Vehicle Registration No: SKT871S
 Name (as shown in NRIC) : Haidhir Bin Ahmad NRIC/FIN/Passport No : S8139345A
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 82287763
 Email Address : _____
 Date of Accident : 23/12/2020 Time of Accident : 2000
 Place of Accident : Tampines Ave 8 towards Tampines Ave 1
DA
 Insurance Company : _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Vehicle No should be → SKT 871S

passenger name → Suraidah Binte Suliman



Policyholder / Driver's Signature
 Date: 26/3/21

Reporting Centre Personnel's Signature
 Name: PN
 NRIC/FIN No.:
 Date:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7735565J



Name

NAZLY BIN ZAINI

Race

MALAY

Date of birth

07-12-1977

Sex

M

Country/Place of birth

SINGAPORE



5228675



NRIC No. S7735565J





Date of Issue
12-10-2013

Address

APT BLK 735 WOODLANDS CIRCLE
#02-491
SINGAPORE 730735

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8139345A**





Name
Haidhir Bin Ahmad

Race
MALAY

Date of birth
02-12-1981

Sex
M

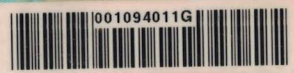

Country/Place of birth
SINGAPORE



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S8139345A**
Name:
Haidhir Bin Ahmad

Birth Date: **02 Dec 1981**
Issue Date: **21 Jan 2004**



5228668



NRIC No. S8139345A



Date of issue
25-09-2013

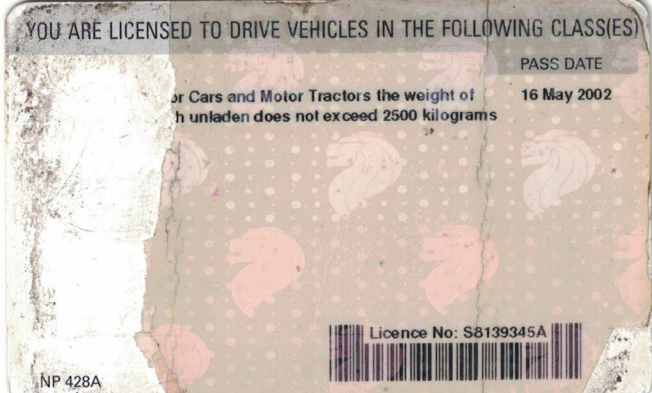
APT BLK 868A TAMPINES AVENUE 8 #14-528
SINGAPORE 521868

NRIC No: S8139345A Date: 12/08/2015

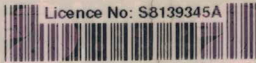
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE
16 May 2002

for Cars and Motor Tractors the weight of
unladen does not exceed 2500 kilograms



Licence No: S8139345A



NP 428A



Contact us at
Hotline: (65) 6532 2888
E-mail: CustomerService@DirectAsia.com

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

| | |
|--|--|
| Certificate No. | : MT/00883013 |
| Type of Coverage / Driver Plan | : Car Third-Party Only (Value Plus Plan) |
| 1) Vehicle Registration No. | : SKT871S |
| Chassis No. | : ACR507071318 |
| 2) Name of Policy Holder | : NAZLY BIN ZAINI |
| 3) Effective Date / Time of Commencement of Insurance for the Purpose of the Act | : 21/12/2020 16:59 |
| 4) Date/Time of Expiry of Insurance | : 20/12/2021 23:59 |
| 5) Persons or Classes of Persons Entitled to Drive | |
| (a) Any named person under the policy who is driving on the Policyholder's permission. | |
| (b) Any authorised person, provided such person is aged 30 and above and holds a valid driving licence of 2 years or more, who is driving on the Policyholder's permission | |
| The person driving must have a valid driving licence to drive in Singapore and must not be under suspension or disqualification from driving. | |
| 6) Limitations as to use* | |
| Use only for private purposes, in accordance with the declared car usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business. Private car-pooling arrangements where you commute with passengers and split the fuel expense is covered under the standard policy. Grab Hitch will only be covered if this is the declared usage stated on your Policy Schedule. Only two rides are permitted a day. Other forms of commercial car-pooling or any ride hailing services (e.g. Grab, Go-Jek etc.) are not allowed. | |
| *Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading. | |
| Sum Insured | : Market Value |
| Own Damage Excess | : S\$ 0.00 (before any applicable GST) |
| Windscreen Excess | : Not Applicable (before any applicable GST) |
| Choice of workshop | : DirectAsia approved workshops |
| Finance company / Hire Purchase | : Abwin |
| Main driver | : NAZLY BIN ZAINI |
| Named driver | : None |
| Important Note: This policy does not cover the Policyholder/drivers below the age of 30 and Policyholder/drivers who hold a valid driving licence of less than 2 years with the exception of the main/named drivers above. | |

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 the Road Transport Act, 1987 (Malaysia).

Direct Asia Insurance (Singapore) Pte. Ltd.

Issued on: 21/12/2020

Direct Asia Insurance (Singapore) Pte Ltd
20 Anson Road #08-01 Twenty Anson Singapore 079912
www.DirectAsia.com

Company Registration: 200822611G



Contact us at
Hotline: (65) 6532 2888
E-mail: CustomerService@DirectAsia.com

Underwriting Manager

WARRANT TO ACT

I/We, NAZLY BIN ZAINI of S7735565J

, owner of SKT 871S (vehicle no.) hereby authorize

PROFI AUTOMOTIVE, 10 Kaki Bukit Road 2 #01-03, First East Centre Singapore 417868,

to act for me with respect to my claim for repair costs and/or rental and/or loss of use ("claim")

for my vehicle no. SKT 871S that was damaged pursuant to the accident which occur


on 23.12.2020 (date) along Tampines Ave 8

(location) involving vehicle no/s SKT 871S & GSK747Y ("the accident").

I further authorize **PROFI AUTOMOTIVE** to settle my above-mentioned claim in a manner that they deem fit and **PROFI AUTOMOTIVE** is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis in so far as the driver/owner/insurers of the other vehicle/s is/are concerned.

Dated this 24 (day) of Dec (month) 2020 (year)


Signed by "the 3rd party claimant"
(with company stamp if applicable)