

| Date In: 5/3/21 16:17       | Job description                            | Date & Time Completed | Done by: |
|-----------------------------|--|-----------------------|----------|
| Ref No: MA/AIG 2100 2985/h4 | SAS e-filing                               |                       |          |
| Veh No: SMD 2955 G          | E-mail (within 2hrs, AIC 2hrs)             |                       |          |
| IPFA: 413/21 18:20          | 1-Motor Claim Form                         |                       |          |
| IP: (IP) Reporting Only     | 1-Motor W/O (within: OD 2hrs, TP 4hrs)     |                       |          |
| TP Insurer:                 | 1-Photo Uploaded                           |                       |          |
|                             | Assessment/Survey Report                   |                       |          |
|                             | Ass't Report by Fax / Hand to Owner/Worksp |                       |          |

Printed Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: FBQ 4177J. INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

**General Remarks:**

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

| Comments  | Completed | Done by |
|---|-----------|---------|
| 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) |           |         |
| 2) QC Check / Post Repair Inspection ( )                |           |         |
| 3) Upload Resurvey Photo (Repair Cost > \$3000) ( )     |           |         |

Injury: \_\_\_\_\_

Date/Time: \_\_\_\_\_

| NA 2101986                                      | Mobile Call / In-Station / Out-Station | Mod/Blit |
|---|--|----------|
| 1) AR: Accident Reporting (\$30)                |  | 30       |
| 2) DA: Damage Assessment (\$100)                | INC (\$40)                             |          |
| 3) TP: Towing Fee                               | \$40/\$45                              |          |
| 4) FT: Follow-Through Survey                    | \$120                                  |          |
| 5) FT: Follow-Through Survey (Resurvey)         | \$30                                   |          |
| For claiming against INC Only (w/c 10 Jan 2003) |  |          |
| 6) TR: Re-inspection                            | \$75                                   |          |
| 7) NI: Idco DA + SMRT Survey                    | \$160                                  |          |
| 8) NTUC Additional Services:                    |  |          |
| QI*   |  |          |
| *NS: Courtesy Car / Tpt Allowance               | \$3                                    |          |
| *NG: Repair Co-ordination                       | \$10                                   |          |
| *NJ: Post Repair Inspection                     | \$25                                   |          |
| *NI: DV / Collect Excess Co-ordination          | \$3                                    |          |
| TP (N11) / TP (Non INC) against INC             | \$20                                   |          |
| 9) N12: Idco Mobile                             | \$0                                    |          |
| Invoice dated                                   | Fee Charged                            |          |
| Invoice dated                                   | Fee Charged                            |          |

QC Checked by (Engr-In-Charge): \_\_\_\_\_

Warranty Comments: \_\_\_\_\_

Signature: \_\_\_\_\_

## 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              | 05/03/2021 16:17 (SGT)              |
| Date of Accident                | 04/03/2021 18:20 (SGT)              |
| Exact Location of Accident      | 60 Bukit Timah Rd, Singapore 229900 |
| Additional Location Information | -                                   |
| Country/State of Loss           | Singapore                           |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SMD2955G |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                              |
|--------------------------|------------------------------|
| Is company?              | Yes                          |
| Name Of Registered Owner | ACE FLEET MANAGEMENT PTE LTD |
| Company Reg No           | 2XXXXX914N                   |
| Email Address            | SPOON_VINS@HOTMAIL.COM       |
| Mobile Phone No          | (Phone) +65-92323494         |
| Alternative Phone No     | +65-92323494                 |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Toyota                    |
| Model  | Noah                      |
| 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              |

#### INSURANCE COMPANY

|                           |               |
|---------------------------|---------------|
| Name of Insurance Company | AIG           |
| Type of Coverage          | Comprehensive |
| Fleet Policy              | No            |
| Policy Number             | 999993781     |
| Cover Note Number         | -             |

#### DRIVER

|                |                                 |
|----------------|---------------------------------|
| Name of Driver | MOHAMED AIDIL BIN MOHAMED RAFID |
| NRIC No        | SXXXX894C                       |
| Date Of Birth  | 16/07/1985                      |
| Occupation     | Outdoor                         |

|  |                          |
|--|--------------------------|
| Date Of Driving Pass   | 24/01/2006               |
| Driving experience   | 15 YEARS AND 2 MONTHS    |
| Gender   | Male                     |
| Mobile Number  | (Phone) +65-98213876     |
| Alt. Phone Number  | -                        |
| Email Address  | SPOON_VINS@HOTMAIL.COM   |
| Address  | BLK 165 SIMEI RD #02-362 |
| Address complement   | -                        |
| Postcode   | 520165                   |
| Is the driver the policyholder?                              | No                       |
| If No, Relationship of the Driver with the Insured           | Hirer                    |
| 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   | Side Swipe |
| 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?  | No  |
| Was any injured conveyed to hospital by ambulance?  | -   |
| Was any other material or property damaged?   | Yes |
| Number of Passengers (Including Driver)   | 3   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No  |

PASSENGER 1

|        |      |
|--------|------|
| Name   | -    |
| Gender | Male |

PASSENGER 2

|        |        |
|--------|--------|
| Name   | -      |
| Gender | Female |

DETAILS OF POLICE ACTION

|   |                                  |
|---|----------------------------------|
| Was the accident reported to the police?  | Yes                              |
| Police Station Name                       | Traffic Police                   |
| Police Station Phone No                   | (Phone) +65-65470000             |
| Alt. Police Station Phone No              | (Fax) +65-65474900               |
| Police Station Address                    | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No                               |
| If yes, against whom?                     | -                                |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210304/7039

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

|   |            |
|---|------------|
| Vehicle Registration Number             | FBQ4177J   |
| Vehicle Manufacturer                    | -          |
| Vehicle Model                           | -          |
| Vehicle Variant                         | -          |
| Vehicle Colour                          | -          |
| Vehicle Category                        | Motorcycle |
| 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)     | -          |

## 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.**
3. Information provided must be as **truthful and accurate as possible**. Any willful 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 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.

### **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.



Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

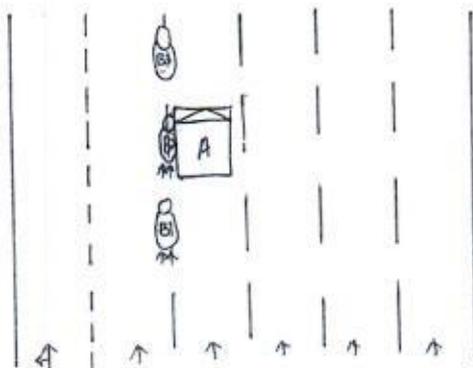
Witnessed by Reporting Centre Personnel

### **Sketch Plan**

60 Bukit Timah Road towards Beach Road beside Little india MRT station

Vehicle A : SM02955G

Vehicle B : FBQ4177J







**SINGAPORE  
POLICE FORCE**



T/20210304/7039

1 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210304/7039

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                    |
|--|------------------|--------------------|
| Date/Time Report Made:<br>04/03/2021 23:32 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

**Informant's Particulars**

|   |            |   |                              |
|---|------------|---|------------------------------|
| Name of Informant:<br>MOHAMED AIDIL BIN MOHAMED<br>RAFID        |            | Address:<br>165 SIMEI ROAD #02-362 SINGAPORE 520165 |                              |
| ID Type / ID No.:<br>NRIC NO / S8522894C                        |            | Contact No.:<br>Home/Office:                        | Mobile: 98213876             |
| Nationality:<br>SINGAPORE CITIZEN                               |            | Email:<br>aidilraffy@yahoo.com.sg                   |                              |
| Sex:<br>Male  | Age:<br>35 | Date of Birth:<br>16/07/1985                        | Type of Informant:<br>Driver |
| Race:<br>Indian   |            | Language:<br>English                                | Institution / School Name:   |
| Occupation:<br>Other car and light goods vehicle<br>drivers nec |            | Driving Licence Information:<br>Class: 3            | Date of Expiry:              |

**General Information of the Accident**

|   |   |  |                                     |
|---|---|--|-------------------------------------|
| Type of Accident:<br>Non-Injury<br>Hit and Run              | Drink Drive:<br>No                          | Date/Time of Accident:<br>04/03/2021 18:20 | Type of Location:<br>T-Junction     |
| Location:<br>bukit timah road                               |   |  |                                     |
| Weather:<br>Clear   | Road Surface:<br>Dry                        | Road Speed Limit:                          |                                     |
| Traffic Flow:<br>One Way                                    | Traffic Control:<br>Traffic Light - Working | Traffic Volume:<br>Moderate                |                                     |
| Type of Collision:<br>moving vehicle and stationary vehicle |   |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type       | Make   | Model | Color | Conditio         | No of |
|-------------|------------|--------|-------|-------|------------------|-------|
| FBQ4177J    | Motorcycle |        |       | Black |                  | 0     |
| SMD2955G    | Car        | TOYOTA | Noah  | Black | Slightly Damaged | 2     |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|             |                   |              |           |             |



**SINGAPORE  
POLICE FORCE**



T/20210304/7039

2 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210304/7039

**CONTINUATION OF REPORT**

| Details of Vehicle Insurance |                                      |              |            |             |
|------------------------------|--------------------------------------|--------------|------------|-------------|
| Vehicle No.                  | Insurance Company                    | Insurance No | Effective  | Expiry Date |
| SMD2955G                     | AIG ASIA PACIFIC INSURANCE PTE. LTD. | 999993781    | 31/07/2020 | 30/07/2021  |

| Details of Person Involved        |                                 |  |                                   |                                   |
|-----------------------------------|---------------------------------|--|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No       |                                 |  |                                   |                                   |
| No. of Pedestrians Injured: NIL   |                                 |  | Use of Pedestrian Crossing: NA    |                                   |
| Driver                            |                                 |  |                                   |                                   |
| Name                              | MOHAMED AIDIL BIN MOHAMED RAFID |  | ID No.                            | S8522894C                         |
| Related Vehicle                   | SMD2955G (Car)                  |  | Contact No.                       | 98213876                          |
| Hospital/Clinic                   | NIL                             |  | Class of Driving Licence & Expiry | Class: 3<br>Date of Expiry: NIL   |
| Date                              | NIL                             |  | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL                             |  | Degree of                         | NIL                               |
| Passenger                         |                                 |  |                                   |                                   |
| Name                              | Unknown Passenger               |  | ID No.                            | NIL                               |
| Related Vehicle                   | SMD2955G (Car)                  |  | Contact No.                       | NIL                               |
| Hospital/Clinic                   | NIL                             |  | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL                             |  | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL                             |  | Degree of                         | NIL                               |
| Passenger                         |                                 |  |                                   |                                   |
| Name                              | Unknown Passenger               |  | ID No.                            | NIL                               |
| Related Vehicle                   | SMD2955G (Car)                  |  | Contact No.                       | NIL                               |
| Hospital/Clinic                   | NIL                             |  | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL                             |  | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL                             |  | Degree of                         | NIL                               |



**SINGAPORE  
POLICE FORCE**



T/20210304/7039

3 of 4

Report No. T/20210304/7039

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

Brief Details.

I was waiting for the traffic light to turn green on Bukit Timah Road at the junction of Race Course Road when i heard a "BANG" on the passenger side of my car (SMD2955G). I saw motorcycle (FBQ4177J) ride pass my car and the side mirror on the passenger side of my car was hit and it was facing away from my view. There was damage on my side mirror and it couldnt close fully. The motorcyclist just ride away without stopping or checking the damage. I do have a video recording of the incident. I'm making this police report for insurance claim purposes.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20210304/7039

4 of 4

Report No. T/20210304/7039

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
GOH GEOK LYE  
Contact No.: 65476148

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
04/03/2021 23:32

Classification Of Case:

**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1968  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA) AND ROAD TRANSPORT (AMENDMENT) ACT 2019  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

|   |           | (The below excess is subject to GST) |                              |
|---|-----------|--------------------------------------|------------------------------|
| Comprehensive Commercial Motor  |           | <b>POLICY EXCESS</b>                 | \$S\$2,000.00 (I)            |
| <b>CERTIFICATE NO.</b>  | SMD2955G  | <b>POLICY EXCESS</b>                 | \$S\$2,000.00 (II)           |
| <b>POLICY NO.</b>   | 999993781 | <b>WINDSCREEN EXCESS</b>             | \$S\$100.00                  |
|   |           | <b>SUM INSURED</b>                   | Market Value                 |
|   |           | <b>INSURING WITH COE/PARF</b>        | Yes                          |
| <b>1 ) VEHICLE REGISTRATION NO.</b>   |           |                                      | SMD2955G                     |
| <b>2 ) NAME OF POLICYHOLDER</b>   |           |                                      | Ace Fleet Management Pte Ltd |
| <b>3 ) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT</b>  |           |                                      | 31 July 2020                 |
| <b>4 ) DATE OF EXPIRY OF INSURANCE</b>  |           |                                      | 30 July 2021                 |
| <b>5 ) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*</b>  |           |                                      |                              |
| <p>Any person who is driving on the Insured's order or with their permission.<br/>           Authorised Drivers must be age 22 to 65 years old with at least 2 years Driving Experience<br/>           This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.</p>       |           |                                      |                              |
| <p>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.</p>                    |           |                                      |                              |
| <b>6 ) LIMITATION AS TO USE*</b>  |           |                                      |                              |
| <p>1) Use for social, domestic, pleasure purposes and business purposes of Insured<br/>           2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.<br/>           3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</p> |           |                                      |                              |
| <p>The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, 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 any purpose in connection with the Motor Trade.</p>                   |           |                                      |                              |
| <b>LOSS OF USE</b>  |           |                                      | Not Applicable               |
| <b>HIRE PURCHASE COMPANY</b>  |           |                                      | SINGAPURA FINANCE LTD        |
| <p>*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.</p>  |           |                                      |                              |

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) and Road Transport (Amendment) Act 2019.

Issued in Singapore 05 Aug 2020

AIG Asia Pacific Insurance Pte. Ltd.

0504650-000

All Ins Agency Pte Ltd  
 22 Sin Ming Lane  
 #05-78 Midview City  
 Singapore 573969

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPIUS

Date of Accident : 04/03/2021 Accident Time: 1820hrs (24-HR-FORMAT)

Accident Place : 60 Bukit Timah Road towards Beach Road Beside Little India MRT station

Vehicle Reg. No (Car plate No.) : SMDA55G Vehicle Make/Model: Toyota Noah

Insurance Company : AIG Policy No. 999993781

Name of Registered Owner : Company / Individual Ace Fleet Management Pte Ltd

ID of Registered Owner : Co Reg No: - Owner's NRIC No: 20170914A  
 Co Contact No: - Owner's Contact No: 92323494

DRIVER'S Name : Muhammad Adil Bin Mohamed Rafid DRIVER'S NRIC No: S8522894C

DRIVER'S Date of Birth : 16 Jul 1985 DRIVER'S License Pass Date 24 Jan 2006

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ ~~Other~~ : Hier

DRIVER'S Address : APT Blk Simei Road #02-362 Singapore 520165

DRIVER'S Contact No./ Alt No. : 1) 98213876 2) -

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : spoon\_vins@hotmail.com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ ~~Claim~~ Other Party \ Claim Own Insurance

Number of Passengers (including Driver): 03 Passenger Name: unknown Gender: MALE

Was the accident reported to the police? YES \ NO Passenger Name: unknown Gender: MALE

Was there any video Captured by car camera: YES \ NO 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: <u>FBQ 4177J</u> | Vehicle Reg No: _____         |
| Vehicle Make/Model: _____        | Vehicle Make/Model: _____     |
| Name DRIVER: _____               | Name DRIVER: _____            |
| IC No. DRIVER: _____             | IC No. DRIVER: _____          |
| DRIVER'S Contact & add: _____    | DRIVER'S Contact & add: _____ |

**Other Party Driver's Particulars (if any)**

|                               |                               |
|-------------------------------|-------------------------------|
| Vehicle Reg No: _____         | Vehicle Reg No: _____         |
| Vehicle Make/Model: _____     | Vehicle Make/Model: _____     |
| Name DRIVER: _____            | Name DRIVER: _____            |
| IC No. DRIVER: _____          | IC No. DRIVER: _____          |
| DRIVER'S Contact & add: _____ | DRIVER'S Contact & add: _____ |