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 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.

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 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 10/03/2021 12:30 (SGT) Date of Accident 10/03/2021 09:47 (SGT) Exact Location of Accident Near Paya Lebar Rd, Pedestrian Overhead Bridge (No: 52859), Singapore Additional Location Information PIE BEFORE EXIT KALLANG Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR574L

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ISMANI BIN KASIMI NRIC No SXXXX849B Email Address ismani@singaporecruise.com.sg Mobile Phone No (Phone) +65-96177756 Alternative Phone No +65-96177756

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Outlander Variant 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? Yes Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Comprehensive Fleet Policy Policy Number 1900259586-01 Cover Note Number

DRIVER

Name of Driver MUHAMMAD SAFWAN BIN ISMANI NRIC No SXXXX285I Date Of Birth 10/12/1992

Occupation Indoor Date Of Driving Pass 26/06/2015 Driving experience 5 YEARS AND 9 MONTHS Gender Male Mobile Number (Phone) +65-88111134 Alt. Phone Number Email Address muhammadsafwan10@gmail.com Address **BLK 504D MONTREAL DRIVE** Address complement #07-04 SINGAPORE Postcode 754504 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name RAFIZAH BINTE KASMAN Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT I WAS DRIVING ALONG PIE BEFORE EXIT KALLANG. THE CAR IN FRONT OF ME STOPPED. I WAS APPLIED BRAKE BUT DID NOT STOP IN TIME COLLIDED INTO THE FRONT CAR. THEN THE FRONT CAR MOVE FORWARD TO HIT ANOTHER CAR. 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 NumberSLS5788KVehicle ManufacturerHondaVehicle ModelVezelVehicle Variant-Vehicle ColourBlackVehicle CategoryPrivate car

| Name of Driver | - |
|---|----------------------|
| Contact Number | (Phone) +65-90056809 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| Vehicle Registration Number Vehicle Manufacturer | SLP3781H Toyota |
|--|--------------------|
| Vehicle Model | Wish |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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

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- 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
- 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' law yers/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
- (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' law yers/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 law yers/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

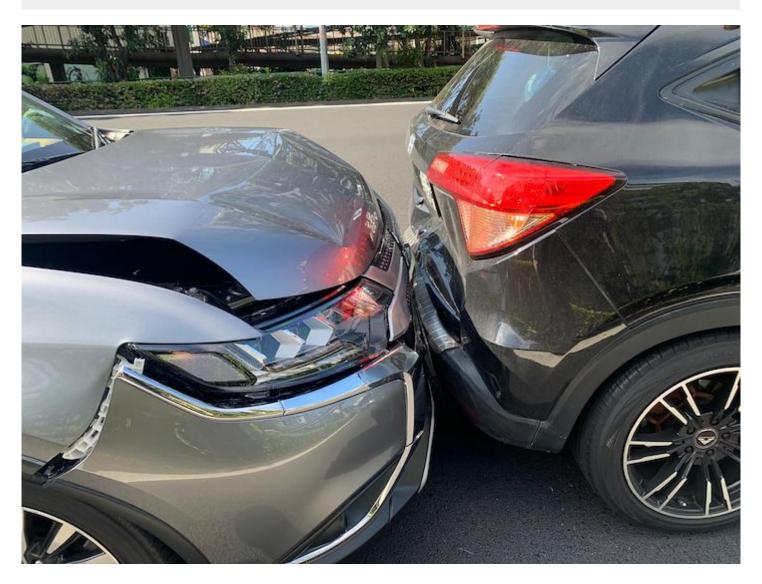
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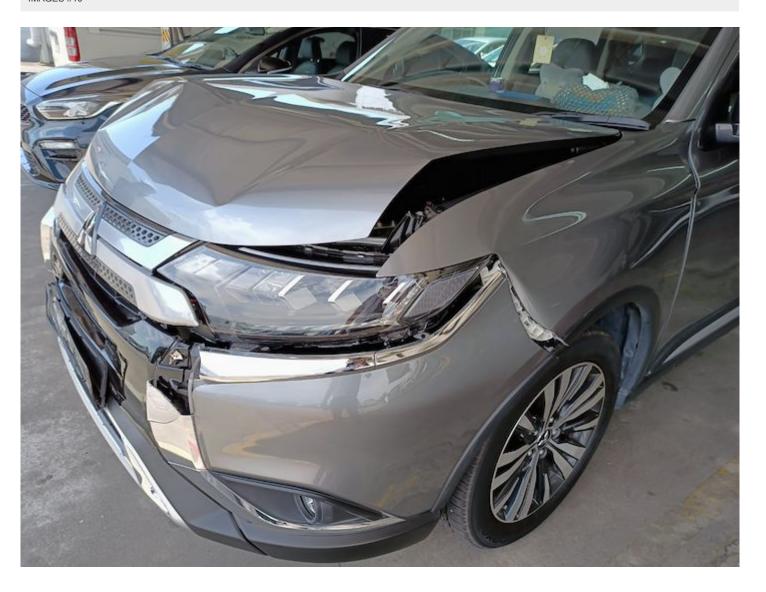


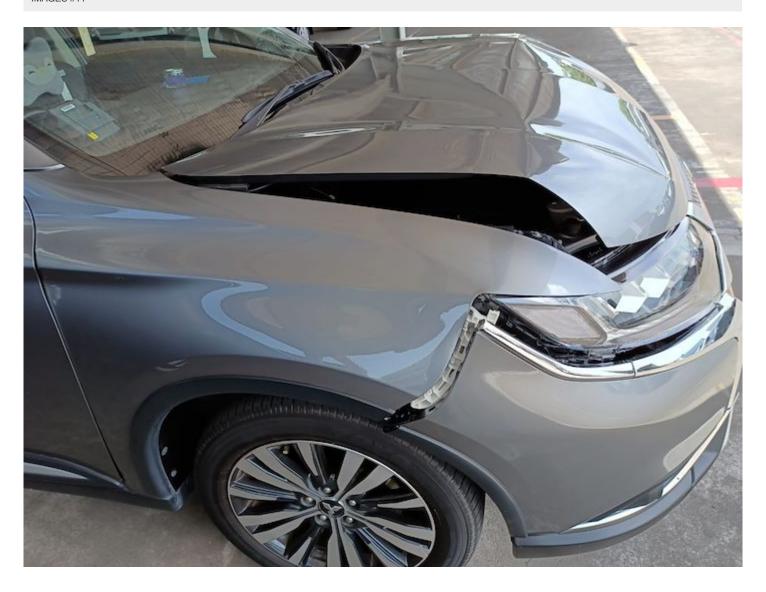










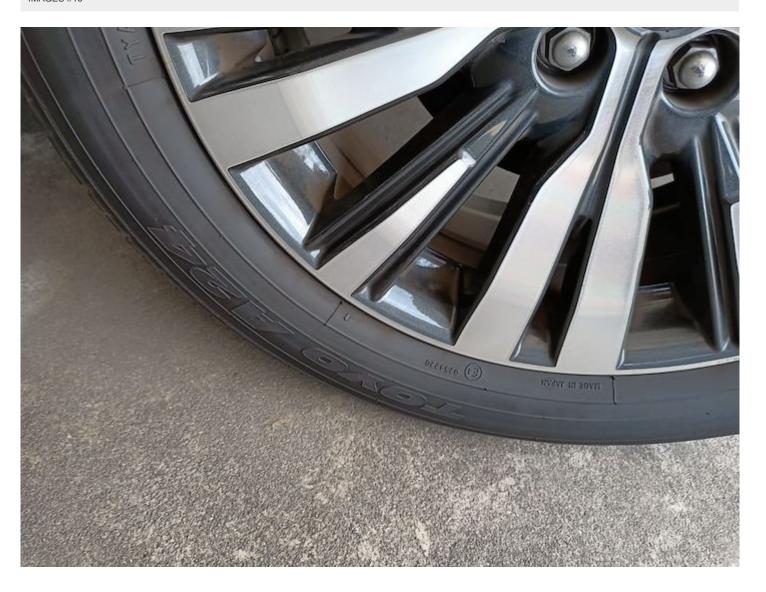


















CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: ISMANI BIN KASIMI

Period of Insurance

: 17 Dec 2020 To 16 Dec 2021

Engine No.

: 4J11AA2736

Chassis No.

: GF7W0600199

Vehicle No.

: SMR574L

: 1900259586-01

Policy No. Endorsement No.

Issued Date

: 11 Nov 2020

ABOUT THE COVER

Make/Model

: MITSUBISHI Outlander 2.0 Elegance/Sports

Engine Capacity/Tonnage : 1,998.00 CC

Sum Insured : Market Value

First Year of Registration : 2019

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.

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

Mileage Condition

: Unlimited Mileage

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 tutlion, 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

* Limitations randered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1967 (Malayele) and Road Transport Act, 1967

EXCESS

Section 1 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

ISMANI BIN KASIMI - \$600 (Own Damage), \$600 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS

Cycle & Carriage Body & Paint Centre: Add: 209 Pendan Gardens Singapore 609339 65884501
 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only): Add: 390 Ubi Rd 3 Singapore 406650 67461000
 Cycle & Carriage Authorised Service Centre: (For accident reporting & windscreen claim only): Add: 20 Leng Kee Rd Singapore 159094 6470868
 Cycle & Carriage Authorised Service Centre: (For accident reporting & windscreen claim only): Add: 800 Sin Ming Ave Singapore 575733 69326000

For other Approved Reporting CentrealAlG Authorised Repairers, please contact our 24-hour accident emergency hotine at +05 6338 6200. Alternatively, you may refer to AlG website www.aig.sq or AlG SG Mobile App. Simply search and download "AlG SG" from ITunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

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CYCLE & CARRIAGE - MEGEN

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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