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SN0921A4000K / National Assessment Centre Services [408933] ENTRY DATE & TIME: 04/10/2021 20:03 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (04/10/2021 20:03 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

This Form must be completed by the Policyholder and/or the Authorised Driver
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

3. Information provided must be as it unital and accurate dependency 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss 02/10/2021 07:03 (SGT) Singapore JURONG EAST CENTRAL TOWARDS SCIENCE CENTRE ROAL Singapore	Date of Accident Exact Location of Accident Sir	agapara
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DETAILS OF OWN VEHICLE

Kia

Carata

Vehicle Registration Number	SMD2931A

Is company?	No IRMALIZA BINTE AHMAD
Name Of Registered Owner	SXXXX353E
NRIC No	
Email Address	HAMDYH1981@GMAIL.COM
Mobile Phone No	(Phone) +65-97434324
Alternative Phone No	(Office) +65-97434324

VEHICLE PARTICULARS

Manufacturer

INSURED/POLICYHOLDER

Model	Cerato
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1599

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd. Comprehensive
Type of Coverage	Completionsive
Fleet Policy	No 7010067714
Policy Number	7210067714
Cover Note Number	#3

DRIVER

Name of Driver	HAMDY BIN HAMZAH	
NRIC No		SXXXX110G

Date Of Birth 18/06/1981 Occupation Indoor Date Of Driving Pass 03/10/2018 Driving experience 3 YEARS Gender Male Mobile Number (Phone) +65-93656750 Alt. Phone Number Email Address HAMDYH1981@GMAIL.COM Address BLK 238 JURONG EAST ST 21 Address complement #24-386 Postcode 600238 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse 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 - Head to Rear Weather Conditions Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Clementi Division Headquarters Police Station Phone No (Phone) +65-18007740000 Alt. Police Station Phone No (Fax) +65-67741705 Police Station Address 20 Clementi Avenue 5 Singapore 129858 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT NO: D/20211002/7008 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 PC6979G Vehicle Manufacturer Vehicle Model

Commercial vehicle

Vehicle Variant
Vehicle Colour
Vehicle Category

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 Formmust 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.
- Any false reporting may be referred to the Police for investigation.
- The report w
 if be forw arded 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)

lunderstand, 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 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' 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.

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Policyholder's Signature / Date & Time	Driver's Signature (# driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan		Charles Made III

Please reter to police report		
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	driver is not the policyholder) / Date	Witnessed by Reporting Centre

Time

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Personnel

ACCIDENT STATEMENT

ACCID	ENT DATE: (02 10 202 (DD MM 7777), TIM	E:(0+ U) (HH:MM)
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	120110711111000 7210007777	- SOO DADTY EIDE STHEET
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	THE TOTAL PRINCIPLES YOUR OWN INCOMES	CL 11207
	IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPOR	RTING ONLY)
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	A)NAME: IRMALIZA BINTE AHMAD	MALE (FEMALE)
	DINRIC/FIN/PASSPORT: S7547353E	1 #24-386
	DINRIC/FIN/PASSPORT: S7347353E COLADDRESS: BCK 238 Jury Fest St 2	
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(Including driver)	DINRIC/FIN/PASSPORT: 58/19/10 G	CONTACT: 9365 675
(L)	CLADDRESS: BCK 238 JULION CAST	37 4 - 7 300
	(S)600238 *d)DATE OF BIRTH: 18 1 06 1 1981 100/MM	
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1 of 2

Report No. D/20211002/7008

POLICE REPORT (NP299)

Police Station Of Origin Clementi Division HQ 20 Clementi Avenue 5 SINGAPORE 129858 Tel No:1800-7740000

Date/Time Report Made 02/10/2021 11:02	Vide Report No.		Station Diary No.	
Name Of Informant HAMDY BIN HAMZAH	Address 238 JUR 600238	RONG EAS	T STREET 21 #24	-386 SINGAPORE
ID Type / ID No. NRIC NO / S8119110G	Contact Home/C		Mobile:	
Nationality SINGAPORE CITIZEN	93656750 Email Address hamdyh1981@gmail.com			
Occupation Customer service manager	Sex Male	Age 40	Date of Birth 18/06/1981	Race Malay
Date/Time Of Incident 02/10/2021 07:00 - 02/10/2021 07:05	Language English Location Of Incident JURONG EAST CENTRAL			
Brief details.	JURON	G EAST CE	NTRAL	

On 2 October 2021 at 7.00am, i was driving my car, a KIA Cerato with plate number SMD2931A, and was stopping at a traffic light junction of Jurong East Street 13 and Jurong East Central. A company van of plate number PC6979G hit my car from the back. My car's rear bumper was damage. The van was driven by Mr Venkatesan Senthilkumar, who is an S Pass holder with Fin number:G7769575W.

Subjects Involved Victim	
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/10/2021 11:02
Officer In-Charge Of Case:	Classification Of Case:





211002/7008

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20211002/7008

Person Name	HAMDY BIN HAMZAH		
D Type	NRIC NO	lin ii	
Gender	Male	ID No	S8119110G
Race	Malay	Age	40
Occupation		Language	English
Mobile No	Customer service manager	Address	238 JURONG EAST STREET 21 #24-386 SINGAPORE 600238
Mobile No	93656750	Is Informant A Victim?	Yes
erson Name	HAMDY BIN HAMZAH (Inform		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/10/2021 11:02
Officer In-Charge Of Case:	Classification Of Case:



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder Period of Insurance

: IRMALIZA BINTE AHMAD

Engine No.

: 13 Aug 2021 To 12 Aug 2022 : G4FGJH702469

Chassis No.

: KNAF3416MK5009841

Vehicle No.

: SMD2931A

Policy No.

Issued Date

: 7210067714

Endorsement No.

: 01 Jul 2021

ABOUT THE COVER

Make/Model

: KIA CERATO 1.6

Engine Capacity/Tonnage : 1,599.00 CC

Sum Insured : Market Value

First Year of Registration : 2018

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 Irrexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less

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 occur use for hire or reward, driving fuition, driving test, racing, pace-making, reliability that 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 Optional

* 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

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

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

IRMALIZA BINTE AHMAD

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs) Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop. For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency holline at +85 6336 6200. Alternatively, You may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from (Turies or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Standard Chartered Bank (Singapore) Limited

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).

INSURE U SERVICES

9 LORONG 27A GEYLANG #02-13

SINGAPORE 388134

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIG Asia Pacific Insurance Pte. Ltd.

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