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SN0821AB0002 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 11/10/2021 11:11 (SGT) -SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (11/10/2021 11:11 (SGT))



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.

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 11/10/2021 11:11 (SGT) Date of Accident 29/09/2021 17:00 (SGT) Exact Location of Accident Temple St, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Tovota

Vehicle Registration Number GBG5071B

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner BSN Company Reg No 5XXXX420D **Email Address** wanjyati@hotmail.com Mobile Phone No (Phone) +65-92209563 Alternative Phone No. +65-92209563

VEHICLE PARTICULARS

Manufacturer

Model Proace Variant Exact purpose for which vehicle was being used at time of Employment Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 1997

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 7210092184 Cover Note Number

DRIVER

Name of Driver **BORHAN BIN JURAIMI** NRIC No SXXXX631B

-Date Of Birth 16/10/1963 Occupation Outdoor Date Of Driving Pass 02/09/2000 Driving experience 21 YEARS Gender Male Mobile Number (Phone) +65-92209563 Alt. Phone Number Email Address wanjyati@hotmail.com Address BLK 282 YISHUN AVENUE 6 #04-130 Address complement Postcode 760282 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Employee 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 Collided into Parked Vehicle Weather Conditions Clear 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) 1 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? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN 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 SKB4660C Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver RICTUS WONG JOON SENG Contact Number (Phone) +65-92347836 Address

Address complement

Postcode	
	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
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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 <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy.liability.</u>
- 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 "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 Sighature Date & Time:

500

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No

Venicle A: GBG5071B TEMPLE STREET venicle B: 8884660C DESCRIBE CIRCUMSTANCES OF THE ACCIDENT on 29/09/2011 at 17:00 hvs along temple, street. was travelling straight on temple Street and suddenly a perdestion walked out when I was trying to avoid the perdertion I knocked into venicle B parted stationery inside carparx lot.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Times # 53

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Oriver's Signature (If driver is not the policyholder) Date & Time:

Name:



VEHICLE NO: GAGAOTIB MAKE & MODEL: Toyota Proace AUTO / MANUAL DATE OF ACCIDENT 19 1 00 1 10+1 ·C.C. TIME OF ACCIDENT 17:00 hrs AM / PM LOCATION OF ACCIDENT temple street EXACT PURPOSE USED AT TIME OF ACCIDENT EMPLOYMENT / PRIVATE USE / PRIVATE HIRE NAME OF OWNER BSN EMAIL Wansyati @ notmail com Office: MOBILE: 91 109563 NRIC 93367420D CLAIM TYPE OD THIRD PARTY / REPORTING ONLY FLEET POLICY. YES / NO ? INSURANCE CO. Alg Asia Pacific Insurance Pte Ltd TYPE OF COVERAGE Comprehensive / Third Party / Third Party Fire & Theft POLICY NO. 481600016F NAME OF DRIVER AS ABOVE / IF NO. Borhan Bin Juraimi NRIC 11593631B DATE OF BIRTH 16 110 /1963 ANY PASSENGER YES / NO : NAME OF PASSENGER GENDER OF PASSENGER MALE / FEMALE OCCUPATION Outdoor / Indoor DATE OF DRIVING PASS 0.4 1 09 1 1000 GENDER Male Female CONTACT NO. Mobile: 91109563 Office: Home. EMAIL: Wanjyati Bhotmail.com ADDRESS BIK 181 YIPHUM AVENUE 6 404-130 DINGAPORE 760383 DOES DRIVER OWN OTHER VEHICLES? NO / If yes : Reg No: INSURER. RELATIONSHIP Employee / If No: WEATHER CONDITION Clear / Raining Other: ROAD SURFACE Dry / Wet / Other. ANY INJURIES No / If yes : Who? CONTACT NO. POLICE REPORT No / If yes . Where? NOTICE OF INTENDED PROSECUTION GIVEN NO/IF YES: WHO? VEHICLE B NO. Any Passenger: SKB4660C NAME RICTUS WONG JOON SENG CONTACT NO. 91547856 EHICLE C NO. Any Passenger: EHICLE D NO. Any Passenger: EHICLE E NO. Any Passenger: THICLE F NO Any Passenger . NY WITNESS VITNESS CONTACT NO. WAS THERE ANY VIDEO CAPTURE? YES / NO WAS THERE ANY AUDIO RECORDED? YES / NO SCENE ACCIDENT PHOTOS TAKEN? YES / NO **WORKSHOP: ave you been approach by unknown person soliciting (s) / ffering accident claims assistance? YES / NO



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : BSN Period of Insurance

: 22 Aug 2021 To 21 Aug 2022

Engine No.

: AH014023974

Chassis No.

: YARVFAHKHGZ093224

Vehicle No.

: G8G5071B

Policy No.

: 7210092184

Endorsement No. Issued Date

: 11 Aug 2021

ABOUT THE COVER

Make/Model

: TOYOTA ProAce Comfort 2.0

Engine Capacity/Tonnage : 1.36 Tonnage

Sum Insured : Market Value

First Year of Registration : 2017

Driver Restriction : NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) Any person who is driving on the PolicyTodder's order or with their permission.
 b) This Pascy will indemnify the PolicyTodder or any authorised driver only if heishe 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

Limitation as to use* :

1) Use for accompanion with the Policyholder's business.
2) Use for the carriage of passenger joiner than for hire or reward) in connection with the Policyholder's business.
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-insting; and b) use whilst drawing a trater except the towing of anyone disabled using a mechanically propelled vehicle c) use for any purpose in connection with Matrix Triade.

Loss Of Use (7 Days) Commercial Auto

* Limitations rendered inoperative by Section 6 of the Motor Venides (Third-Party Risks and Compensation) Act (Cap. 189), Section 65 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Americanism) Act 2019, are not to be included under these headings.

EXCESS

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

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

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

Any accident repairs to the Vehicle assist to 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 scokering.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 6336 6205. Alternatively, You may refer to AIG sebalte www.aig ag or AIG SG Mobile App. Simply search and download "AIG SG" from France or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD

Wife hereby centry that the policy to which this Certificate of insurance relates is issued in accordance with the provisions of the Motor Vehicles (Transport Party Russ and Compensation) Act (Cap. 169), Part N of Transport Act, 1967 (Malaysia), Rose Transport (Amendment) Act 2019 and Motor Vehicles (Tried Party Russ), Rules, 1959 (Malaysia),

0032014708

PIAS - TEO GUANG WEI JAYDEN

OUE DOWN TOWN 2 6 SHENTON WAY #09-08

SINGAPORE 068809

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. This computer generated document does not require a signature.

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