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.

- 4. The issue and acceptance of this is form by instrained 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 04/10/2021 14:03 (SGT) Date of Accident 01/10/2021 23:55 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG PIE TOWARDS CHANGI JUST AFTER STEVEN ROAD **EXIT** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

Vehicle Registration Number SJV7727G

Manufacturer

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner USWATUN HASANAH BTE ABU BAKAR NRIC No S7317100H Email Address uswatun@gmail.com Mobile Phone No (Phone) +65-97318057 Alternative Phone No +65-97318057

VEHICLE PARTICULARS

Model Qashqai 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 1197

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Nο Policy Number 2070149064 Cover Note Number

DRIVER

Name of Driver SAIYID FARIS BIN NUR QARNAIN NRIC No T0016003I Date Of Birth 07/05/2000 Occupation Outdoor Date Of Driving Pass 08/09/2020 Driving experience 1 YEAR AND 1 MONTH Gender Mobile Number (Phone) +65-91797880 Alt. Phone Number Email Address nurqarnain@gmail.com Address BLK 828, JURONG WEST STREET 81, #04-290 Address complement Postcode 640828 Is the driver the policyholder? Nο If No, Relationship of the Driver with the Insured Child 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes 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? PASSENGER 1 Name MUHAMMAD THOYBAH BIN HAYUM Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Nanyang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007929999 Alt. Police Station Phone No (Fax) +65-67912972 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED. SD CARD OF VIDEO RECORDING TAKEN BY TRAFFIC POLICE. 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 SLS9886J

Mercedes
-
-
-
Private car
KRIS CHEW YEE FONG (ZHOU YIFENG)
\$7615303E
-
-
-
-
-
-
-
-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SML3668L
Vehicle Manufacturer	-
Vehicle Model	-
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	_
Gender	_
Phone No	_
Address	_
Address Complement	_
Post Code	_
Approximate Age Years Old	
Injuries Sustained	-
Injured person in which vehicle?	-
	SLS9886J
	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

- 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 <u>truthful and 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.
- 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.
- 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 .
- (ii) 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.

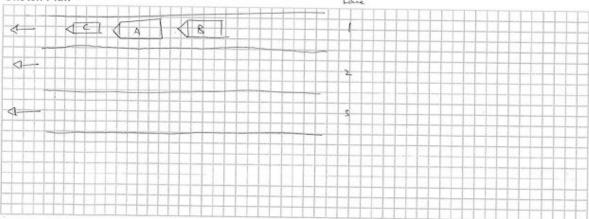
Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date & Time TC AUDCHNIC Pto Ltd 1 SUTH LOK YANG ROAD SINGAPORE 828090 TEL: 8282 2212 FAX: 6282 3892

Witnessed by Reporting Centre Personnel

Sketch Plan

Time



Describe Circumstances of the Accident

I Solvid Cont driver of marks STV22222
I, Saigid Fan's, driver of vewelt SJV77270 got into an accident in P18 howards than
just after Steven's Ed exit near the Esposes. I was deling along some 2 and I changed some
To load I die to congestion while I was driving I noticed that there was a vehicle statistary in from at
me due to his such personal collision which was not with the I grapped from in time . A thereader has me
from sexual order I have stopped my vehicle course my vehicle to smore and him the vehicle
Enfront. After that, we called the police and he areas for all of our licenses. But All of us three
drivers exchanged ICs. Thanking, I am not injured, my driven baside me was not reguled too. The driver unant
bit we was sinced Alle in the state of the state of the deliver whent
but me was injured. After all the admin things must the police asked from me, I noticed the corp made some
Lung rouge while I was moving one I regressed a now. That so me has a my immediate the police
also task my \$0 cars for the famous abounce tappe Their is no the best of my knowledge.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time and Oct 24

10

Priver's Signature (If driver is not the policyholder) / Date & Time 2nd 042

TC AutoClinic Pte Lto
1 SIXTH LOK YANG ROAD
SINGAPORE 828099
TEL: 6262 2212
FAX: 6262 3692

Witnessed by Reporting Centre Personnel































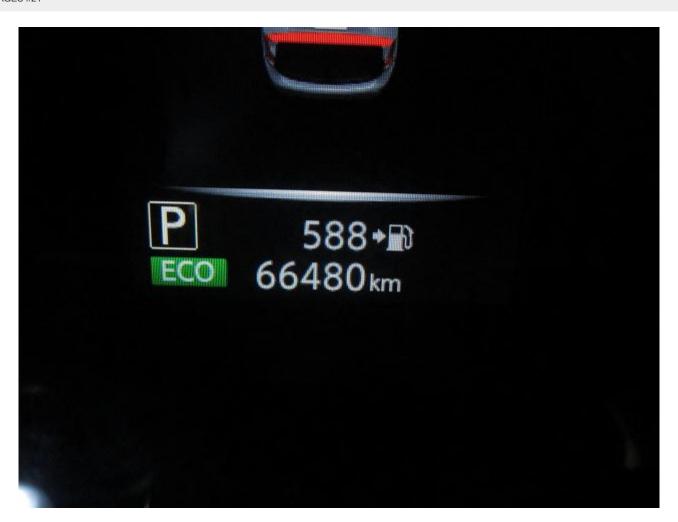
















Police Station Of Origin: Nanyang N.P.C

2 Jurong West Avenue 5 SINGAPORE

649482

Tel No: 1800-7929999

I of 4 Report No. T/20211002/2027

REPORT OF A TRAFFIC ACCIDENT

02/10/2021 11:37			Vide Report No.: E/20211002/0007	Station Diary No.: 34		
Informa	nt's Partic	ulars		107		
	Informant: FARIS BIN					
ID Type / ID No.; NRIC NO / T0016003I			Contact No.: Home/Office:	Mobile: 91797880		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Male	Age. 21	Date of Birth: 07/05/2000	Type of Informant:			
Race: Boyanese			Language; English	Institution / School Name:		
Occupation: National Service Full Time			Driving Licence Information: Class: 2B,3	Date of Expiry:		

Type of Attended by Police		Drink Drive: No	Date/Time of Accident: 01/10/2021 23:55	Type of Location: Straight Road
Location: STEVENS RC				
Lamp Post Number: 932 Weather: Road Surface: Wet			Road Speed Limit:	
Urizzling	- 20			
Traffic Flow:	Way			Traffic Volume: Moderate

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJV7727G	Car				Seriously Damaged	1
SLS9886J	Car				Seriously Damaged	0
SML3668L	Car				Slightly Damaged	1



T/20211002/2027

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

2 of 4 Report No. T/20211002/2027

Tel No: 1800-7929999

CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No			-	
No. of Pedestria:	ns Injured: NIL	Lien of I	Pedestria	. C	nia e. NIA
Driver		J USE OF	eoestria	n Cross	sing: NA
Name	SAIYID FARIS BIN NUR QAR	ID No.		T0016003I	
Related Vehicle	SJV7727G (Car)		Contact No.		91797880
Hospital/Clinic	NIL	Class Drivin Licen	ng	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	NIL	Date Di	scharge	NIL	
No. of Days gran	o. Of Days granted Medical Leave NIL P				
Driver		1003.66	of Injury	INIL	
Name	KRIS CHEW YEE FONG		ID No		S7615303E
Related Vehicle	SLS9886J (Car)		Contact No.		NIL
Hospital/Clinic	NIL		Class Drivin Licend	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	scharge	NIL		
No. of Days grant	ed Medical Leave NIL	Degree	of Injury		10
Driver			- injury	Deno	03
Name	JONAS LAM KAI SEN		ID No	.	S9831756B
Related Vehicle	SML3668L (Car)		Conta	ict No.	82825487
Hospital/Clinic	NIL	Class Drivin Licen	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Di	scharge	NIL	
No. of Days grant	ed Medical Leave NIL	Degree	of Injury		

Brief Details.

On 01/10/2021 at about 2355hrs, I was driving V1)SJV7727G along PIE heading towards Airport after Stevens Road when I noticed there is a traffic congestion ahead thus I decided to change lane to lane 1 as the lane 1 is clear. After I changed lane, I noticed a bluesg car V2) SMI3668L was in stationery at lane 1. I applied brake and stopped right behind the V2. Subsequently, I noticed V3) SLS9886J was driving right behind V1. I felt an impact coming from behind and I observed V1 surged forward and hit on the rear of V2. I went out of V1 and to inspect the damages of V1. I observed V1 had some dents at the back and front bumpers. I also went to inspect the damages of V2 and V3. I observed that V3 front bumper area was totally damaged while V2 had some slight dent at the back bumper. I also noticed that driver of V3



1303110030037

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

3 of 4 Report No. T/20211002/2027

CONTINUATION OF REPORT

had some bleeding on the right wrist. The driver of V2 then called for police and ambulance assistance. While waiting for police and ambulance to arrive, We exchanged our particulars and contact number with each other. Subsequently, traffic police and ambulance arrived. The driver of V3 was conveyed to hospital due to his injuries. I was instructed by traffic police to proceed to the police station to lodge a traffic accident report. I had also handed over my car cam SD card to the traffic police.



T/20211002/2027

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

4 of 4 Report No. T/20211002/2027

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report J / Sgt 3 KANG YONG HUI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/10/2021 11:37
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:
Authentication Stamp NP168	curt



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Period of Insurance

Name of Policyholder : Uswatun Hasanah Binte Abu Bakar

: 01 Nov 2020 To 31 Oct 2021

Engine No. Chassis No.

: SJNFEAJ11U1692146

: HRA2293034A

Vehicle No.

: SJV7727G

Policy No.

: 2070149064 Endorsement No. : 000000000364265

Issued Date

: 29 Oct 2020

ABOUT THE COVER

: NISSAN Qashqai 1.2 DIG-Turbo

Engine Capacity/Tonnage : 1,197.00 CC

Sum Insured . Market Value

First Year of Registration : 2016

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.

Ago 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 tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods office 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 Read Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

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

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Uswatun Hasanah Binte Abu Bakar - \$600 (Own Damage), \$600 (Flood Cover), Nur Qarnain Bin Hussin - \$600 (Own Damage), \$600 (Flood Cover), Salyid Faris Bin Nur Qarnain - \$600 (Own Damage), \$600 (Flood Cover)

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 hotline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.eg or AIG SG Mobile App. Simply search and download "AIG SG" from ITunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

I/We hereby certify that the policy to which this Continuate 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).

- 0692533000

KHOO KOK CHUAN JEFFERY

3 TAMPINES GRANDE ROAD #04-01 AIA TAMPINES

SINGAPORE 528799 SP-SOWEC-TANGIMCHEONG Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

76 Sharton Wily 604-16 AIG (\$4) \$109 \$078 (\$6) 10-445 6419 6631 (\$4) \$40.00