# **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 29/11/2021 18:02 (SGT) Date of Accident 27/11/2021 19:25 (SGT) Exact Location of Accident Manila St, Singapore Additional Location Information JUNCTION OF MANILA ST & QUEEN ST Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMC5892P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MUSTAFFA BIN MOHAMMED ALI NRIC No. S8110220A Email Address onlyworkrelatedmatters@gmail.com Mobile Phone No (Phone) +65-91703564 Alternative Phone No +65-91703564

VEHICLE PARTICULARS

Manufacturer Honda Model Freed Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Private car Transmission Auto CC 1496

**INSURANCE COMPANY** 

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 2070091312-01 Cover Note Number

DRIVER

Name of Driver MUSTAFFA BIN MOHAMMED ALI NRIC No. S8110220A

Date Of Birth 01/04/1981 Occupation Indoor Date Of Driving Pass 27/02/2002 Driving experience 19 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-91703564 Alt. Phone Number +65-91703564 Email Address onlyworkrelatedmatters@gmail.com Address 48 WOODLANDS DR 16 #02-54 Address complement Postcode 737763 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured 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 - Major/Minor Rd Weather Conditions DRIZZLING 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? 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? Nο **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 ON 27/11/2021 AT ABOUT 1925HRS.I WAS TRAVELLING MANILA ST TURNING INTO QUEEN ST.WHILE TURNING HALF WAY BOTH VEHICLES COLLIDED.NO INJURIES WERE NOTED AND WE INITIALLY AGREED ON PRIVATE SETTLEMENT.HOWEVER,ON THE FOLLOWING DAY, THE OTHER PARTY TURNED DOWN THE OFFER. I AM LODGING THIS REPORT FOR AID TO BEST HANDLE AND RESOLVE ANY CLAIMS. ATTACHMENT(S)

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Yes

Yes

Nο

 Vehicle Registration Number
 SLV9448A

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 EU JUN HAN

 NRIC No
 S9544534I

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Contact Number	(Phone) +65-96678563
Address	<del>-</del>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

#### SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> 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 withholding of material
  facts may allow insurance companies to repudiate policy liability.
- 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 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:
  - 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 Signature

29/11/2021 @ 17/5/hrs

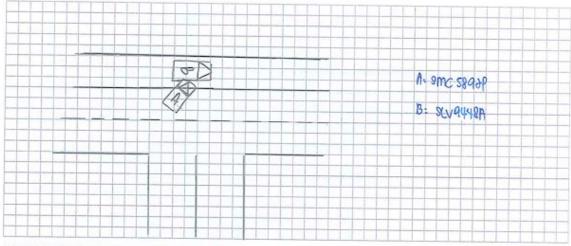
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On	94/11	non a	t about	1925hrs.	1 00	as trai	elling	Manila	M	turning	into
Queen	84 .	ahile	tumin	g half	way	both	wehicles	COLL	idud.	No	injuries
were	e no	oted	and	we hit	ially	ag re	ed on	pnin	vate	seff	lement.
How	ever	, on	the q	tollowin	g di	ay, to	he other	er pa	rty 7	Mrne	d down
				lodging							
hano	lle	and	resol	re any	clair	ns.					

DECLARATION

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

Policyholder's Signature Date & Time: 29/11/2021 GIARMC SketchPlanForm\_V3

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

Reporting Centre Personnel's Signature

Name NRIC/FIN No .:



# CERTIFICATE OF INSURANCE

#### AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : MUSTAFFA BIN MOHAMMED ALI Vehicle No. : SMC5892P : 11 Jul 2021 To 10 Jul 2022 Policy No. Period of Insurance : 2070091312-01

Endorsement No. : Engine No. : LEB5594733

Chassis No. : GB71062670 Issued Date : 14 Jun 2021

ABOUT THE COVER

Make/Model : HONDA FREED

Engine Capacity/Tonnage: 1,496.00 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 "inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 35 years old and above 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 fulltion, 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 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**

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)

MUSTAFFA BIN MOHAMMED ALI - \$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/NG Authorised Repairers, please contact our 24-hour accident emergency hottine at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from Trunes or Google Play.

## IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Maybank Singapore Limited

WWe 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).

0692302000

CHAN AH CHAI KELVIN

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

371 ALEXANDRA ROAD #05-11 AIA ALEXANDRA

SINGAPORE 159963 SP-GABY

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AH CHAIKELVIN CHAN

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AIG Asia Pacific Insurance Pte. Ltd.



