

| | | | |
|--------------------------------|---|-----------------------|---------|
| Date In: 28/02/2022 13:49 | Job description | Date & Time Completed | Done by |
| Ref No: NA / AIG 22001865 / m4 | SAS e-filing | | |
| Veh No: SJK 9352Z | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 26/02/2022 09:45 | i-Motor Claim Form | | |
| OD: TP / Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by <u>Fax / Hand to Owner/Wksp</u> | | |

| | | |
|-----------------|------------------|-----------------------|
| TP Particulars: | Veh No: YQ 1864G | INC () / Non-INC () |
|-----------------|------------------|-----------------------|

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by : () Date: Time:)

Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$)) Loading: \$1,000 () / \$2,000 ()

() **Walk-In Customer** : Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: **YES** () / **NO** (); Towing Co. ()

| | | |
|------------------------------------|---------------------|---------|
| Remarks:- (INC hotline: 6788 6616) | Date&Time Completed | Done by |
|------------------------------------|---------------------|---------|

| | | |
|---|--|--|
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
|---|--|--|

| | | |
|--------------------------------------|-----|--|
| 2) QC Check / Post Repair Inspection | () | |
|--------------------------------------|-----|--|

| | | | |
|---|-----|--|--|
| 3) Upload Resurvey Photo [Repair Cost > \$3000] | () | | |
|---|-----|--|--|

Injury : 1. A wound or harm to the body or mind. 2. A loss or damage to property. 3. A disadvantage or injury to a person or a group of people. 4. A harm or damage to a country or a region. 5. A harm or damage to a person's reputation or honor. 6. A harm or damage to a person's health or well-being. 7. A harm or damage to a person's property or possessions. 8. A harm or damage to a person's freedom or rights. 9. A harm or damage to a person's life or livelihood. 10. A harm or damage to a person's peace of mind or mental health.

[illegible]

| NA 2200544 | | Invoice Preparation Checklist | | Amt (\$) | Amt (\$) |
|---------------------------------|--|---|--|----------|----------|
| | | | | 1st Bill | Add Bill |
| Claimant's Particulars :- | | 1) AR : Accident Reporting (\$30); | | | |
| | | 2) DA : Damage Assessment (\$100); INC (\$80) | | | |
| Driver/Owner: | | 3) TF : Towing Fee \$40/\$45 | | | |
| | | 4) FT : Follow-Through Survey \$120 | | | |
| Contact No: | | 5) FT : Follow-Through Survey (Resurvey) \$30 | | | |
| | | For claiming against INC Only (wef 10 Jan 2005) | | | |
| Damaged Portion: | | 6) TR : Re-inspection \$75 | | | |
| | | 7) N1 : Idac DA + SMRT Survey \$160 | | | |
| | | 8) NTUC Additional Services:- | | | |
| QC Checked by (Engr-In-Charge): | | OD* | | | |
| | | *N5: Courtesy Car / Tpt Allowance \$5 | | | |
| | | *N6: Repair Co-ordination \$10 | | | |
| | | *N7: Post Repair Inspection \$25 | | | |
| | | *N8: DV / Collect Excess Coordination \$5 | | | |
| Auditors' Comments :- | | TP (N11) : TP (Non INC) against INC \$20 | | | |
| Cat. 1: | | 9) N12: Idac Mobile 30 | | | |
| Cat. 2 / 3: | | Invoice dated Fee Charged | | | |
| | | Invoice dated Fee Charged | | | |

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 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.
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 | 28/02/2022 13:49 (SGT) |
| Date of Accident | 26/02/2022 09:45 (SGT) |
| Exact Location of Accident | 4A Loyang Ln, Singapore 508923 |
| Additional Location Information | OPEN SPACE CARPARK LOT 2 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SJK9352Z |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | MOHAMED FAZLY BIN ROSLI |
| NRIC No | SXXXX431F |
| Email Address | abc8627e@gmail.com |
| Mobile Phone No | (Phone) +65-93887087 |
| Alternative Phone No | +65-93887087 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mitsubishi |
| Model | Lancer |
| 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 | 1499 |

INSURANCE COMPANY

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 1800119696-03 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-------------------------|
| Name of Driver | MOHAMED FAZLY BIN ROSLI |
| NRIC No | SXXXX431F |

| | |
|--|------------------------------|
| Date Of Birth | 29/08/1982 |
| Occupation | Indoor |
| Date Of Driving Pass | 29/11/2001 |
| Driving experience | 20 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-93887087 |
| Alt. Phone Number | +65-93887087 |
| Email Address | abc8627e@gmail.com |
| Address | BLK 527A PASIR RIS STREET 51 |
| Address complement | #04-739 |
| Postcode | 511527 |
| 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 | Side Swipe |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| 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) | 3 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|----------------|
| Name | SA'ADIAH SUDAR |
| Gender | Female |

PASSENGER 2

| | |
|--------|---------------------|
| Name | KAMSI AH ABDUL AZIZ |
| Gender | Female |

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

PLS REFER TO THE ATTACHED STATEMENT

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 | YQ1864G |
| Vehicle Manufacturer | - |

| | |
|---|--------------------|
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| 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 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 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.
5. **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' lawyers/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' 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.

Policyholder's Signature / Date & Time

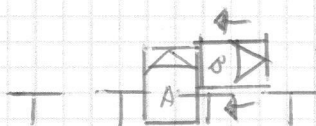
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: SJK9352Z
Vehicle B: YQ1864G

4A Loyang Lane Open Space
Carpark Lot 2.



Describe Circumstances of the Accident

Handwritten notes in the 'Describe Circumstances of the Accident' section:


70


VA7TUCW


For

Declaration

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


Policyholder's Signature / Date & Time


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

 28/2/2022
Witnessed by Reporting Centre Personnel

ON THE STATED DATE AND TIME. I, VEHICLE A (SJK9352Z) WAS TRAVELLING ON 4A LOYANG LANE OPEN SPACE CARPARK LOT 2.

VEHICLE B (YQ1864G) WAS STATIONARY AND HAD NO REVERSE LIGHTS. AS I WAS REVERSING INTO THE EMPTY CARPARK LOT 2, VEHICLE B REVERSED INTO MY CAR HITTING MY FRONT LEFT OF MY VEHICLE AND WENT UP MY VEHICLE BONNET SCRATCHING IT BADLY. I WAS NOT ABLE TO HORN THE LORRY DRIVER AS IT HAPPENED SO FAST AND I WAS TRYING TO ESCAPE FROM BEING HIT AT THE DRIVER SIDE OF MY VEHICLE.

THE LORRY MOVED AWAY AND DRIVERS GOES OUT TO EXCHANGE PARTICULARS.

THERE ARE 2 PASSENGERS IN MY VEHICLE AND THERE WAS 1 LORRY ATTENDANT IN VEHICLE B.

VEHICLE A : SJK9352Z

VEHICLE B : YQ1864G

A handwritten signature in black ink, appearing to be 'Ran' or similar, with a large 'X' over it.

SINGAPORE ACCIDENT STATEMENT

| | | |
|---|---------------------------|----------------------|
| Accident Date: 26/2/2022 | Time: 09:45hr | (hh:mm) 24 hr format |
| Location 4A Loyang Lane Open Space Carpark lot 2 | | |
| Vehicle Number SSK9352Z | | |
| Insured Name Mohamed Fazly Bin Rosli | | |
| NRIC / FIN S8227431F | Contact Number 9388 7087 | |
| Make Mitsubishi | Model Lancer (A) (1499cc) | |
| Are you claiming under your own insurance policy for repair to your vehicle? | | |
| () Yes If No, Pls select: (✓) Third Party () Reporting | | |
| Insurance Company AIG | | |
| Type of Policy () Comprehensive () Third Party Fire & Theft () TP Only | | |
| Policy Number 1800119696-03 | | |
| Name of Driver | | (✓) Same as Insured |
| | | |
| NRIC / FIN - | Contact Number - | |
| Date of Birth 29/8/1982 | | |
| Driving Pass Date 29 Nov 2001 | | |
| Occupation (✓) Indoor () Outdoor | | |
| Gender (✓) Male () Female | | |
| Email Address abc8627e@gmail.com | () NO EMAIL | |
| Address of Driver B1K 527A Pasir Ris Street 51 #04-739 (S) 511527 | | |
| | | |
| Was driver an employee of the Insured's Company? () Yes (✓) No | | |
| If No, Relationship of the Driver with the Insured | | |
| (✓) Owner () Spouse () Friend () Relative () Children () Sibling | | |
| Does the Driver Own Any Other Vehicle? () Yes (✓) No | | |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle | | |
| Insurance Company of Driver's Own Vehicle | | |
| Weather Conditions (✓) Clear () Raining () Others | | |
| Road Surface (✓) Dry () Wet () Others | | |
| Was any foreign vehicle involved in this accident? () Yes (✓) No | | |
| Was anybody injured in the accident? () Yes (✓) No | | |
| If yes, injured detail | | |
| Was there any video captured by Car Camera? () Yes (✓) No | | |
| Was the Accident reported to the Police? () Yes (✓) No If yes attach police report | | |
| DETAILS OF 3 rd party | Name / Nric | Contact |
| Veh B YQ 1864G | | |
| Veh C | | |
| Veh D | | |
| Veh E | | |
| Veh F | | |

2 passengers

1 Sa'adiah Sudar (F)

2 Kamsiah Abdul Aziz (F)



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Mohamed Fazly Bin Rosli
Period of Insurance : 11 Nov 2021 To 10 Nov 2022
Engine No. : 4A910105012
Chassis No. : JMYSRCY2A8U008423

Vehicle No. : SJK9352Z
Policy No. : 1800119696-03
Endorsement No. :
Issued Date : 27 Aug 2021

ABOUT THE COVER

Make/Model : MITSUBISHI LANCER EX 1.5 MIVEC GLS
Engine Capacity/Tonnage : 1,499.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2008
Insuring with COE/PARF : No

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 tuition, 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.

* 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 - \$0 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Mohamed Fazly Bin Rosli

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.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: KENSO LEASING PTE LTD

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).

0000064000
DIRECT CLIENTS 01.4.95

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