| ATTONAL Assessmen | t_Cuntre. | Services: Walls | n'08) | SX 1000 | 22 Poor | 4. | |
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| Date In: 10/01/2007 | 16:03 | Job description . | | Date & Time | - | | ie pi. |
| Rei No: X BA A16 2200 | 1597/4 | SAS e-filing | | ı | | | : : |
| Veh No: SKX WAGR | 1 /. | E-mail (within shris, Att | Cahrs) | | | . 4 4 | |
| D.O.A: 0808 2002 | 17/20 | I-Motor Claim For | | | | , | |
| Citation | 1.1.0 | i-Motor TY/O (Within | | P 4lirs) | | , | |
| OD (TP) / Reporting Only | | I-Photo Uploaded. | | | , 1 | | |
| TR Line | , | Assessment/Survey F | - | | | | |
| TP Insurer: | | Ass't Report by Fax | / Hand to | Owner/Wks | <u>p</u> | | |
| Preferred Wksp/INC Assign Wks | p / QW: (| | | Tel: | | Fax: | .) |
| TP Panticulars: Ye | | 1X 6213H | INC(, | I-noN\(| 10(). | , | , |
| Owner / Driver: (| | | | Tel: | , , , | | |
| Policy No: (· · |) Peri | od: (|) | Cover Type | | | <u></u> |
| . Confirmed by : (| | Da | | | lmu: | 1000/3 | |
| Insured/Driver Liability: (| M (% | lote-Ést. Status (WO): | N: 0-20 | %; P: 21-7 | 9%: ·F; 80 | -100,001 | |
| · Year of Registration: (| | 1000000 | NO(,) |) | | | |
| | oading: \$1,00 | 00()/\$2,000(|) Norda Sandrá | T 20 00 48(A) | CYSSACTORY | | : |
| General Remarks 3. | (48) | A Selective Confide | ntlal & Str | ictly NO ref | er of repaire | er. | |
| General Remarks () Walk-In Customer : Cu | istomer's, info | Imation strictly continue | | | - | | |
| (:) Total Loss Case : to | e-mail Insur | et Okaruthi. | ·); T | owing Co: | (| | <u>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </u> |
| Drive-In ()/ Towed-In (| .); Invoic | 5; <u>x</u> <u>D</u> G (| | - | ne Completo | | Control . |
| Remarks: (In Charline. | 6788 (1616) | | | Dates: | REAL SECTION | 300 NO. 11 NO. 1 NO. | |
| · 1) Apply for Transport Allows | nce ()/ | Courtesy Car () | • | | | | v.l. |
| 2) QC Check/Post Repair In | pection . | 33000]:: () | | | | | <u>, 3, %</u> |
| 3) Upload Resurvey Photo [R | epair Cost > 4 | | | | | | 27.7% |
| Injury: | | | | | | X (1980) (1990) | rengagar gergaren. Zekilean haria |
| Date/Time //Actions | | | | | | | PRINCES OF THE PRINCE |
| | , | | | | | | |
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| 2017 | ' | | Invoice I | reparatio | n Chacklist | | MBIN TRASHE |
| NA2202117 | | | 1) AP : Acc | dent Reporting | (\$30); | INC (380) | |
| Normant e Particulars :- | | | 3) TF ! Tow | negs Assessmen | | 240/243 | |
|)river/Owner: '. | | | 4) FT : Foll | ow-Through Su | rvey (Prisurve) | \$120 | |
| contactivo: | | | Forelain | vine assitust Poli | Couly (wet 10 | Jun 2005) \$75 | |
| | | 1 | 6) TR: Ro- | inspection o DA + SMR.T | Survey | \$160 | |
| amaged Portion: | <u> </u> | | S) NTUC | Additional Serv | loos:- ' | | |
| C Charles by (Prov In | Chours | • | * NS : C | urlesy Car / Tp | sanavellA J | \$5 | |
| C Checked by (Engr-In- | Charge); | 1 | * No: P. | pair Co-ordina ost Repair Inspe | tion | 310 525 | |
| aiditors//Comments | | | + N3: D | Y / Collect Etco | ess Coordinatio | 11 35 S20 | named instrumental and in column 2 is not the owner. |
| 1. 1: | - | ed Carlotte and and a construction | TP(N) | 1): TP (Finality das Mobils | VC) against INC | 30 | |
| | | 1 | Involce d | cled | | Charged | |
| t. 2/3; | | | Involced | डास्ट | Fe | e Charged | المعريات |



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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

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.

| ACCIDEN | T STATEMENT |
|--|--|
| Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss | 10/08/2022 16:03 (SGT) Both 08/08/2022 17:00 (SGT) Bedok North Rd, Singapore - Singapore |
| DETAILS OF | F OWN VEHICLE |
| Vehicle Registration Number | SKX446R |
| INSURED/POLICYHOLDER | |
| Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No | No ABU BAKAR BIN MATSOM SXXXX415D abm1365@hotmail.com (Phone) +65-94562703 |
| VEHICLE PARTICULARS | |
| Manufacturer Model Variant | Hyundai Elantra - |
| Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to | Private use |
| your vehicle? Vehicle Category Transmission CC | No - Claiming third party Private car Auto 1591 |
| INSURANCE COMPANY | |
| Name of Insurance Company Policy Number / Cover Note Number | AIG Asia Pacific Insurance Pte. Ltd. 7210122009 |
| DRIVER | |
| Name of Driver NRIC No Date Of Birth | ABU BAKAR BIN MATSOM SXXXX415D 13/02/1965 |

Indoor

Occupation

Date Of Driving Pass 25/10/1983 Driving experience 38 YEARS AND 10 MONTHS Gender Male Mobile Number (Phone) +65-94562703 Alt. Phone Number **Email Address** abm1365@hotmail.com Address BLK 505 PASIR RIS STREET 52 #04-193 Address complement Postcode 510505 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 - Head to Rear 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) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name NORIZAM BINTE AHMAD KAMAL 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 PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMX6213H Vehicle Manufacturer Vehicle Model Vehicle Variant

| Vehicle Colour | _ |
|---|-------------|
| Vehicle Category | Private ca |
| Name of Driver | - IIVate ca |
| Contact Number | _ |
| Address | - |
| Address complement | - |
| Postcode | 40 |
| Insurance Company Name | _ |
| Nature Of Damage | _ |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |
| 9 (() | - |

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 Actual 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.
- 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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's not the policyholder) / Date

& Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

| | 1 1 1 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|--|---|
| NORTH RD | |
| | A . 3x x 446 R |
| | B : Smx 6013H |
| | |
| | |
| | |
| CALLES AND | |

| escribe Circumstance of the Accident |
|---|
| on 8 Aug 2022 at 17:00 pm. My vehicle was stationary at a |
| traffic right junction along bedok north rd. Suddenly I felt an impact from the |
| rear of my rehicle. When I alighted from my rehicle, I realised rehicle B |
| (SMX 6213H) had collided onto my vehicle rear portion. |
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Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Personal Particulars of Owner & Driver (Vehicle A)

| Date of Accident:8/ | 8 /2022 (dd/mm/yy) | Time of Accident: 17:0 | O(24-HR-FORMAT) |
|---------------------------|--|--|--|
| | 6R Vehicle Make & Model: | | |
| *Transmission : o Manua | al Jo Auto *C.c: | 1.6 | |
| Exact location of Acciden | t: Bedok North Rd | | |
| Policyholder's Name: | ABU BAKAR BIN MATSON | n NRIC/FIN/REG No.: S | 1714415D |
| *Policyholder's email ad | dress: abm 1365 @ hotmai | 1.com | Production of the second secon |
| Driver's Name: ABU BA | HAR BIN MATSON | NRIC/FIN/REG No.:9 | 1714415D |
| *Driver's email address : | abm 1365 @ hotmail | ·com | |
| Driver's Contact No.:9 | 4562703 | Company Contact No (If | any): |
| | FEB 1965 Drivin | | |
| Driver's Address: APT B | LK 505 PASIR RIS STREET | 52 # 04 - 193 CS | 3 510505 |
| Insurance Company: | AIG | | |
| Policy No.: 7210122 | oogType of Cover | age: Comprehesive / Third Part | y /Third Party, Fire & Theft |
| Relationship between Ov | vner & Driver: (Please <u>CIRCLE</u> one c | only) | |
| Owner/Spouse / Children | / Friend / Parents / Sibling / Relative | e / Employee / Hirer or Other | rs specify: |
| What do you wish to clair | m? (Please <u>TICK</u> one only) | | |
| o Own Insurance Lo Othe | er Vehicle (The one you want to clair | n against)/ o Reporting (Fo | r Record Purpose) |
| Tyce of Accident | | | |
| o Chain Collision & Hea | d To Rear o Side Swipe o Other | | |
| Occupation (nature job) | e Tndoor / o Outdoor *No. | of Passengers / Including Dr | river): |
| *Passanger Name: | JORIZAM BINTE AHMAD KAM | AL Gender | Male (Female) |
| *Passanger Name: | Straight 1 To the Straight Control of the Control o | Gender | : Male / Female |
| n v | d conditions? (On the day of accide | | |
| 6 Clear & Dry / o Raining | & Wet / o After-Rain & Wet / o Driz | zzling & Wet / Others: | |
| Was there any video capt | ured by your car Car camera? O Ye | s Lo No | |
| Any Injuries: o Yes /or | lo (If YES) Injured Person' Name: _ | Security Control of the Control of t | |
| Injuries Sustain : | Injured | | |
| | o No (If YES) Which Police Station: | | |
| , | The Other Party (| | |
| 1. Driver's Name / IC No: | ** | | Smx 6213 H |
| | In | | |
| | If Any): | | |
| | - In | | |
| *Independent Witness (If | | Contact No: | |
| Preferred Workshop Nam | | Contact No: | |



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: Abu Bakar Bin Matsom

Vehicle No.

: SKX446R

Period of Insurance

: 25 Nov 2021 To 24 Nov 2022

Policy No.

: 7210122009

Engine No. Chassis No.

: G4FGFU039478 : KMHDH41CMGU643038

Endorsement No. **Issued Date**

: 21 Oct 2021

ABOUT THE COVER

Make/Model

: HYUNDAI ELANTRA 1.6 GLS

Engine Capacity/Tonnage: 1,591.00 CC

Sum Insured : Market Value

First Year of Registration : 2015

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

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 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 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 - S0

Windscreen: \$100

Named Driver and Excess (where applicable)

Nurul Adlyna Binte Abu Bakar - \$600 (Own Damage), \$600 (Flood Cover), Abu Bakar Bin Matsom

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: SING INVESTMENTS & FINANCE 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).

0502263000

SAFE HARBOUR ASSURANCE AGENCY

BLK 208 HOUGANG ST 21 #04-207

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SINGAPORE 530208

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Pugy Khee Goh