	ASSI	GNMENT		
rom: Date:		Veh No:	KX 446K	2 Yr Regn: 20/5 No
Estimated Cost:				prry / Taxi / Prime Mover /
DD / TP/WS/TP RES/OD RES/EVA/INV/MV		Truck / Traile		any reactive time time to the
To Inspect Vehicle No:		11	under Elan	to: c.c 1591
at Worlshop m/s	-	Colour	Red.	A/C: Insured / Std / NI / NA
of		Sp.Reading 9	1443	T/Radio: Insured / Std / NI / NA
nsured		Eng/No:	1173.	77 (17)
Policy No.		C/No:	KMHDHA	1CM 94643038
Claims No.		Gen. Cond: Good		
Sum Insured: Excess:				
		Steering Inorder / Jammed / Leaked / Burnt or Brake: (Inorder / Jammed / Leaked / Burnt or		
(Client's Record)  Make of Veh:		Modi: Nil (S/Rim) STD A/Rim or		
WILLIAM CO. VOIL			/ /	60R15
(Policy Condition)		Tyre Size: F:	1951	10PIC
Remark: The veh had commenced its	N/S O/S		A LOV LED !! IZ	I MIC LOUTON LOUD LOUDS
repair at the time of inspection.	3/0	TOYOY YOKO or		/MIC/OHTSU/PIR/SUMI/
al. or Market Value:		Front	- 14	
IDAC Accident Rport: Consistent? : Yes or No		R/Bal. 06	mm	Rear R/Bal. Ob mm
GIA / PR Seen: Consistent?: Yes or No		L/Bal.	mm	L/Bal. 26 mm
Est. Repairs: days Res.: Yes or No		D.O.A.	- 49	D.O.I. 16/08/22
um Sum: % 3 Val.: Yes or		Survey held at	Anto	Unled 1
				/ N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS Ve	ehicle: IN / OUT			The state of
Person Contacted:	*	The U/C / Cha	ssis frame / Bod	y Structure affected due to collision
Date / Time Action / Instruction			F	
TYHL		*		
mv :				
PV:				
Nett:		•		
ate/Time, File Pass to? : Preli. Report		Days Of Repair:		
: Final Report			Trin	Curron Foo
ate/Time, File Return to?		Resurvey No. of	ınıp:	Survey Fee:
	S of all Ellinson	Site Insp	(\$	
	Add Fee:	. I OHE HIST	(4)	) _ S +RS, _SI

SN08228A0004 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 10/08/2022 16:03 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (10/08/2022 16:03 (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 Actual 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

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 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

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?

Vehicle Category

Transmission

CC

Hyundai Elantra

Private use

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 Occupation

ABU BAKAR BIN MATSOM

SXXXX415D 13/02/1965 Indoor

Accident report SN08228A0004

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Date Of Driving Pass

Driving experience

Gender Mobile Number

Alt. Phone Number

**Email Address** 

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

25/10/1983

38 YEARS AND 10 MONTHS

Male

(Phone) +65-94562703

abm1365@hotmail.com

BLK 505 PASIR RIS STREET 52 #04-193

510505

Yes

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions Road Surface

Collision - Head to Rear

Clear

Dry

No

No

Yes

2

No

2

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

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?

Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

Translator's name

Translator's ID

Translator's phone number

Translator's email Original language used in the statement

PASSENGER 1

Name

Gender

NORIZAM BINTE AHMAD KAMAL

Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

No

No

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

No

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

SMX6213H

Accident report SN08228A0004

Page 2 of 13

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)	-

### SKETCH PLAN

# IMPORTANT NOTICE

- 1 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.
- 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.
- The insure 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") maylare 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 povernment 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 (I drives it not the policyholder) / Date

Vanessed by Reporting Centre Personnel

# Sketch Plan



Describe Circumstance of the Accident					
on 8 AUG 2022	at 17:00 pm. My vehicle was stationary at a				
traffic light junction along	bedok north rd. suddenly I felt an impact from the  I alighted from my vehicle, I realised vehicle B				
rear of my rehicle. When					
(Smx (213H) had collided	onto my vehicle rear partion.				

Declaration

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

Policyholder's Sighay of Tobe & Time

Driver's Signature (Abriver's notice policyholder) / Date

Wypotied by Reporting Centre Personnel

(Name as in NRIC/ID card)