

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 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	31/10/2022 13:37 (SGT)
Reported by	Both
Date of Accident	30/10/2022 21:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SINGAPORE CRUISE CENTER CARPARK (HARBOURFRONT FERRY TERMINAL CARPARK C)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR3204K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HAJA MAIDEEN S/O KALANDAR MASTAN
NRIC No	S1431066E
Email Address	HAJA.MDEEN@GMAIL.COM
Mobile Phone No	(Phone) +65-97862574
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1900263208

DRIVER

Name of Driver	HABIB SHAH BIN S M SYED ALI
NRIC No	S8915814A
Date Of Birth	15/05/1989

Occupation	Indoor
Date Of Driving Pass	10/01/2009
Driving experience	13 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96896786
Alt. Phone Number	-
Email Address	HABIBSHAH89@GMAIL.COM
Address	BLK 83 REDHILL LANE #04-85
Address complement	-
Postcode	150083
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SON IN LAW
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	Raining
Road Surface	Wet

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	ZULAYHA SHARIN D/O HAJA MAIDEEN
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 ATTACHED SKETCH PLAN AND STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT5885U
Vehicle Manufacturer	Lexus
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)	-

SKETCH PLAN

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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")

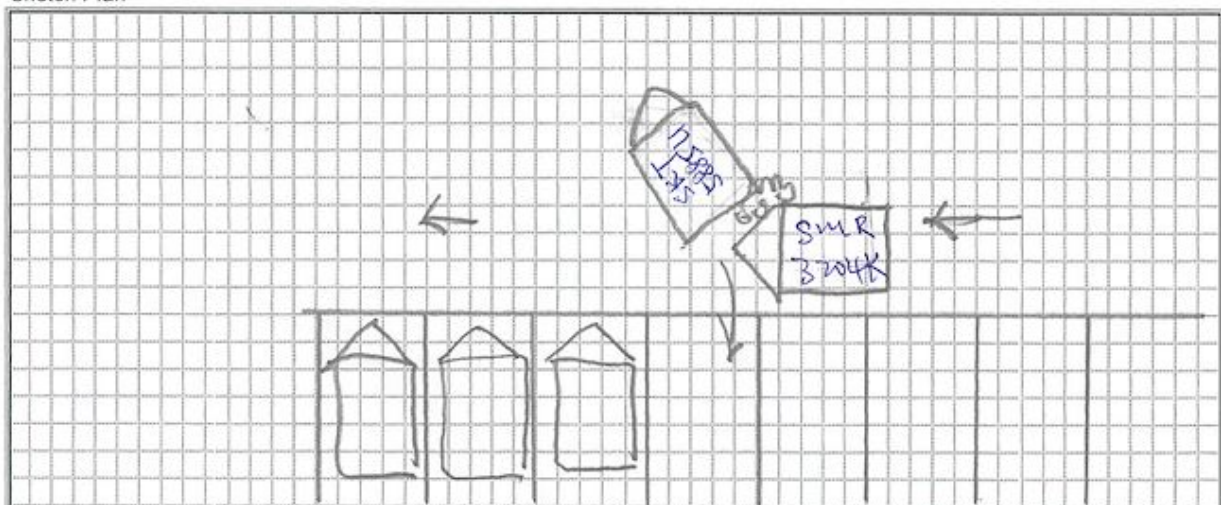
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

 31/10/22  31/10/22 1220pm
 

Policyholder's Signature / Date & Time 1220pm Driver's Signature (if driver is not the policyholder) / Date & Time
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



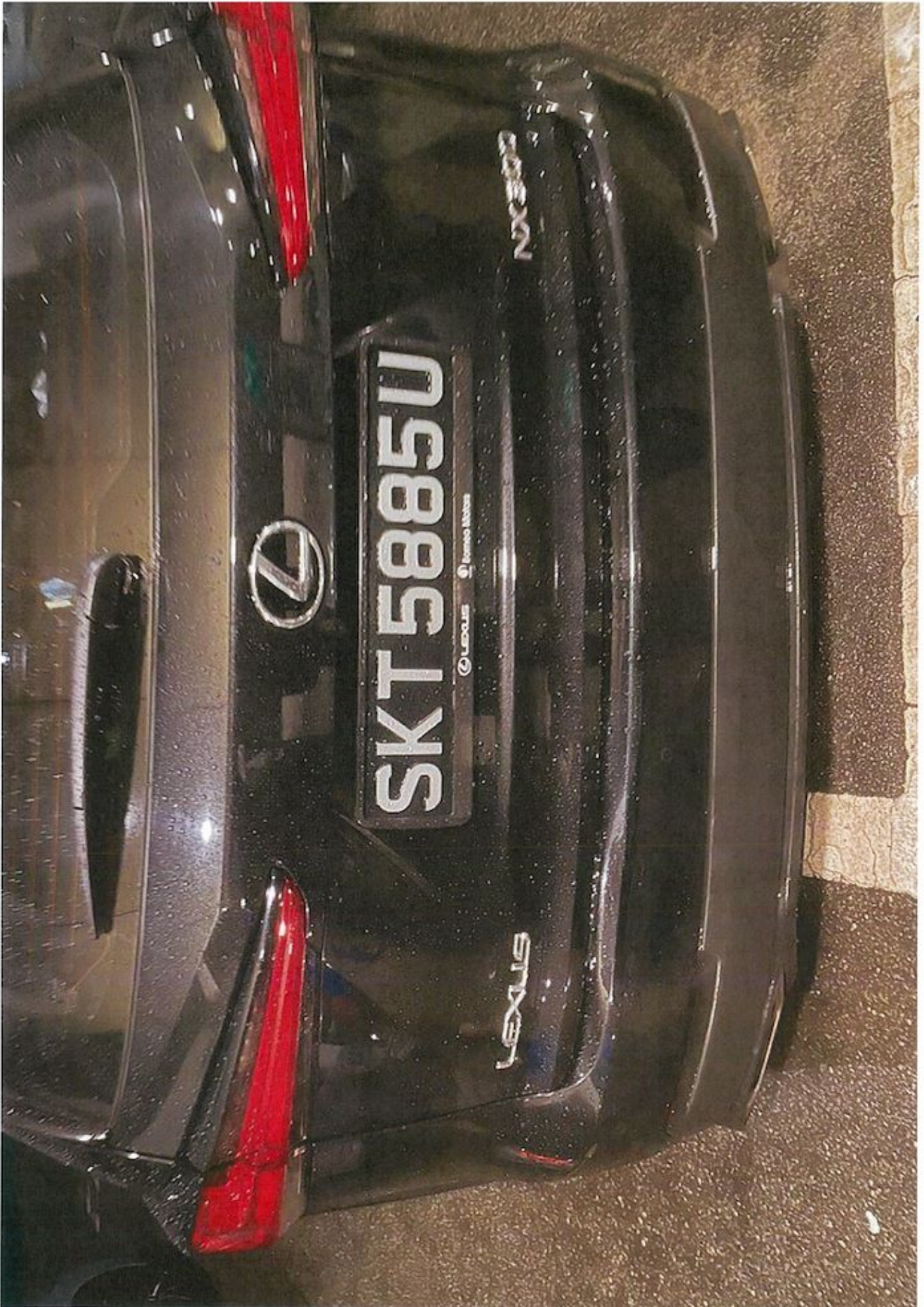
I was authorized by owner of vehicle SMR3204K, Mr. Haja Maideen to pick my family up at HarbourFront ferry Terminal Carpark C. Relationship with driver: Father-in-law

The other driver failed to admit to his mistake of reversing without checking and proceeded to ask us to go back to our own individual insurance companies for ~~the~~ claims. I would like to ~~as~~ make a claim against the other driver for his negligence to check for car behind him. Camera footage along with images have been submitted to show that ~~at~~ the other driver reversed into me.

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

Francis Cher
Motor Claims Assessor
Borneo Motors (S) Pte Ltd

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



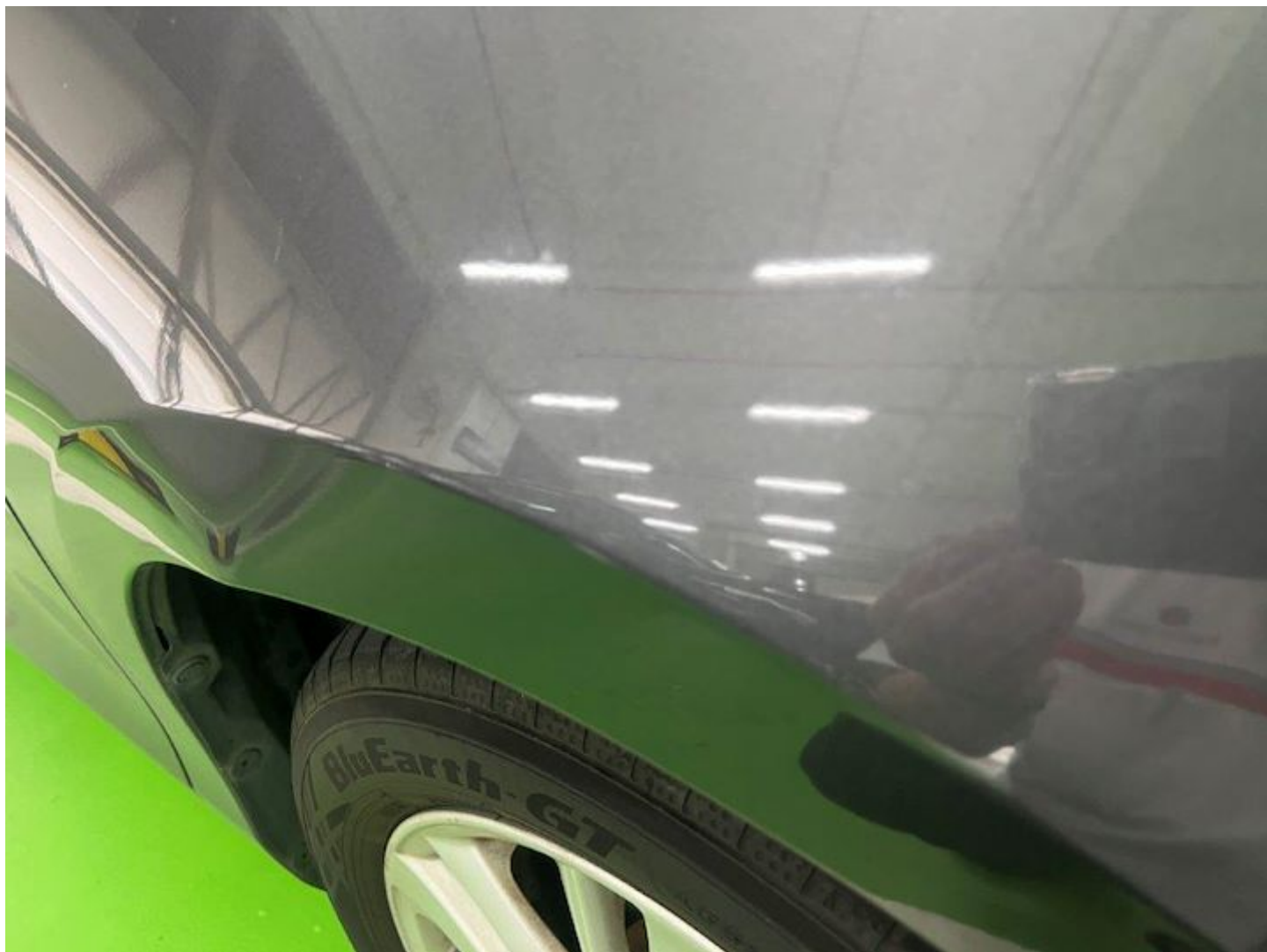




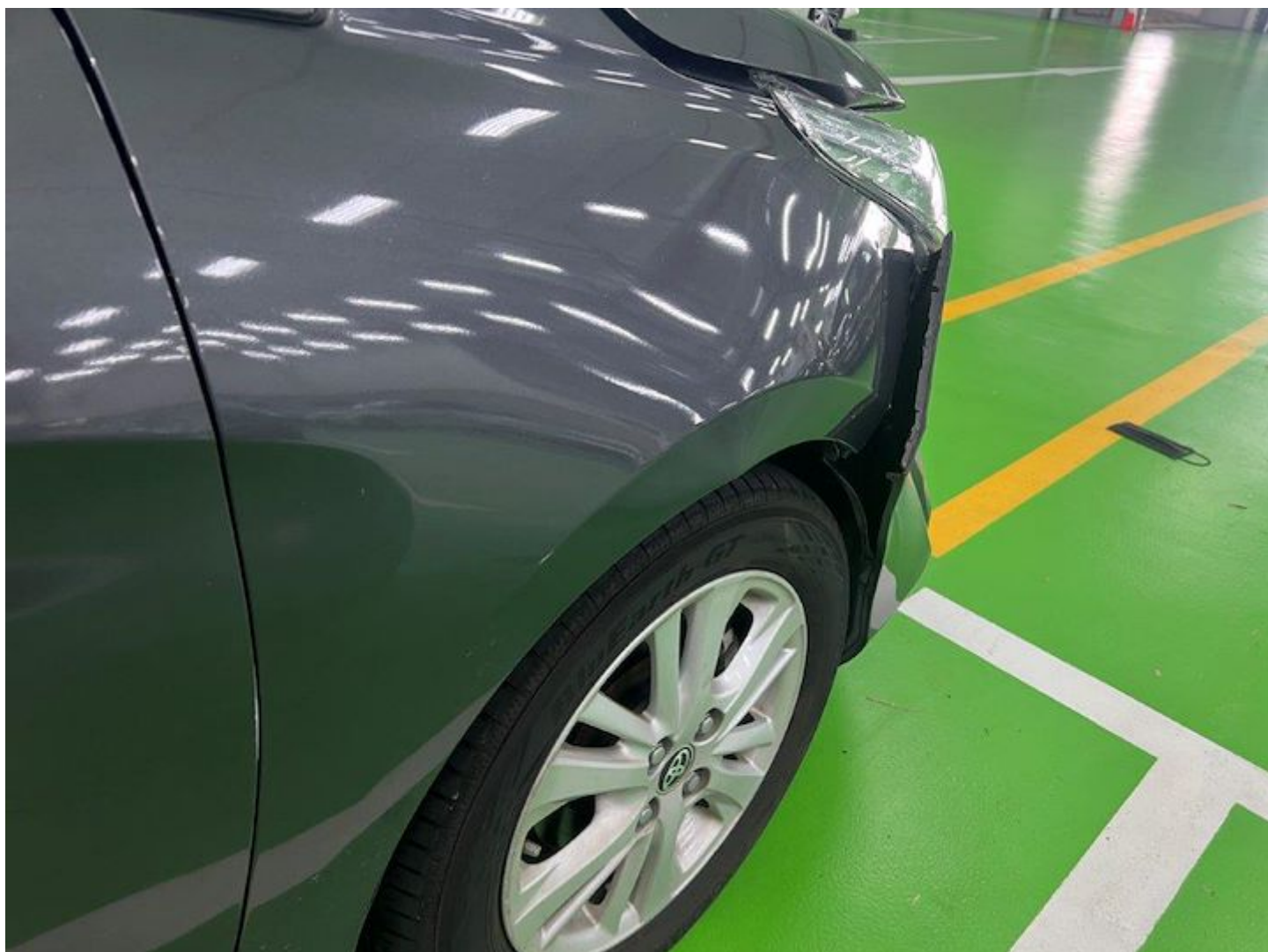
























PS: You can now enjoy round-the-clock access to selected AIG products and services with our easy-to-use Apple or Android smartphone app. Purchase new policies, renew your policies, access claims support or receive emergency assistance for motor and travel, anytime, 24-hours a day. Your AIG Mobile App can be downloaded for free at iTunes or Google Play.

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CERTIFICATE OF INSURANCE

TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : HAJA MAIDEEN S/O KALANDAR MASTAN
Period of Insurance : 30 Dec 2021 To 29 Dec 2022
Engine No. : 2NR5403501
Chassis No. : MR2B23F3X01193685

Vehicle No. : SMR3204K
Policy No. : 1900263208-02
Endorsement No. :
Issued Date : 22 Nov 2021

ABOUT THE COVER

Make/Model : TOYOTA VIOS 1.5
Engine Capacity/Tonnage : 1,496.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2019
Insuring with COE/PAFF : Yes

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 S\$53,000 as "Young and/or Inexperienced Driver Excess" ("YIDRE") 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.

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 any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

* 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)

HAJA MAIDEEN S/O KALANDAR MASTAN - \$600 (Own Damage), \$600 (Flood Cover)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Toyota Bodycare Centre (For accident repair & accident reporting): Add: 2 Pandan Crescent Singapore 128462 Tel: 6631 1188
 2. Toyota Bodycare Centre (For accident repair & accident reporting): Add: 17 Ubi Road 4 Singapore 408611 Tel: 6631 1688

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: DBS BANK LTD

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).



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : HABIB SHAH Bn SM Syed Ali
 VEHICLE NUMBER : SMR 3204K
 DATE/TIME OF ACCIDENT : 30 Oct 2022 / 935pm
 PLACE OF ACCIDENT : Harbourfront Ferry Terminal Carpark C
 THIRD PARTY VEHICLE (IF ANY) : SKT5885U

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Start Journey : Mei Ling Street

Destination : Harbourfront Ferry Terminal Carpark C (Also place of ~~accident~~ accident)

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

No.

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Right front for my vehicle → significant damage to body and headlight

Rear left for third party → minor ~~body~~ damage to car's body.

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No.

HLW
 Name: Habib Shah bn SM Syed Ali

I Affirmed The Above Information Is Given To My Best Knowledge.