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Owner / Driver: (Tel:
Policy No: () Period: (Cover Type: (
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SN0823220003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 02/02/2023 15:16 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (02/02/2023 15:16 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

- 1. Please report <u>correctly</u> the details of the accident to speed up the cialms 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
- F. As y false condition may be referred to the Believe for investigation.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy hability 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 02/02/2023 15:16 (SGT) Both Policyholder and Actual Driver Date of Accident 18/01/2023 21:30 (SGT) **Exact Location of Accident** Woodlands Ave 2, Singapore Additional Location Information TOWARDS WOODLANDS AVENUE 5 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJC3679M

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SAIMEN BIN ASHIK NRIC No SXXXX199J **Email Address** saimenashik68@gmail.com Mobile Phone No (Phone) +65-89505121 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Estima Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to Private use your vehicle? Vehicle Category

No - Claiming third party Private car Transmission Auto CC 2362

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7220140237

DRIVER

Name of Driver SAIMEN BIN ASHIK NRIC No SXXXX199J Date Of Birth 24/02/1968 Occupation Outdoor

Date Of Driving Pass		
Driving experience		
Goridei	11 YEARS AND 4 MONTHS	
Mobile Number	Male	
Aut. 1 Holle Hulliber	(Phone) +65-89505121	
Lindi Address		
144,000	gridii.com	
Address complement	BLOCK 174 YISHUN AVENUE 7 #07-829	
i osteode		
is the driver the policyholder?	760174	
If No, Relationship of the Driver with the Insured	Yes	
Does Driver Own Other Vehicles?		
Vehicle Registration Number of Other Vehicle Owned by Driver	No	
Insurance Company of Other Vehicle Owned by Driver	-	
January Bliver	1	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident		
Weather Conditions	Collision - Major/Minor Rd	
Road Surface	Clear	
	Dry	
OTHER INFORMATION		
S WELLING CHINATION		
Was any faraing at the		
Was any foreign vehicle involved in the accident?	No	
realises of verticles involved in the accident	2	
was anybody injured in the Accident?	Yes	
vas any injured conveyed to hospital by ambulances	No	
vas any other vehicle or property damaged?		
realiber of Passengers (Including Driver)	Yes	
. Ido the differ beel approached by linknown none (-)	1	
	N	
ranslator's flame	No	
Translator's ID	-	
rranslator's phone number	8	
Translator's email	-	
Original language used in the statement	-	
and distributed the second sec	-	
DETAILS OF POLICE ACTION		
Was the accident reported to the police?		
Was notice of intended Prosecution given?	No	
f yes, against whom?	No	
Tyes, against whom?	-	
CIRCUMSTANCES OF LOOP		
CIRCUMSTANCES OF ACCIDENT		
PI FACE DEFED TO CUETCUE.		
PLEASE REFER TO SKETCH PLAN		
ATTACHMENT(S)		
ATACHMENT(S)		
Via accident what a series of the series of		
Are accident photos available for attachment?	Yes	
Vas there any video captured by Car Camera?	No	
DETAILS OF OTHER	VEHICLE PROPERTY 1	
ehicle Registration Number	SMY483D	
eriicie Manufacturer	OWIT 403D	
chicle Model	-	
enicle variant	-	
enicle Colour	-	
enicle Category	-	
ame of Driver	Private car	
ontact Number	-	

Address	
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-
5 - (morading briver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	
Gender	SAIMEN BIN ASHIK
Phone No	Male
Address	(Phone) +65-89505121
Address Complement	-
Post Code	-
Approximate Age Years Old	•
Injuries Sustained	₽
Injured person in which vehicle?	SLIGHT INJURY
Were seat belts worn?	SJC3679M
Was this injured conveyed to hospital by ambulance?	Yes
nospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process 2. This Formmust 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
- 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)

l 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

(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 &

Sketch Plan

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

Witnessed by Reporting Centre

Personnel

Voodland Ave S

Vehicle Aissc367am Vehicle B: Smy 483D

Woodland Are 2

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Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Date of Accident		18/01/2013
Accident Place		: 18 01 2013 Accident Time: 2130 (24-HR-Format)
Vehicle No. (Car Plate	e No.)	: Woodland Ave 2 toward Woodland Ave 3
Insurance Company		: SIC 3679M Make/Model: toyota estima
Owner or Company N	lame /IC No.	: /4:9 Policy No: 722 014 0237
Owner or Company C	ontact No.	: Saimen bin ashik / S68031aq3
DRIVER'S Name / IC	No.	: Salso 5/21 Owner's Hp Company Tel
DRIVER'S Date Of Bir		: Saimen bin ashik 1 568031003
Relationship of Owner		: 24/02/1968 DRIVER'S License Pass Date 04/14/2011
DRIVER'S Address	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	: Spouse\Parent\Children\Sibling\Employee\Others: —
DRIVER'S Contact No	./ Alt No.	: Block 174 Yishun Avene 7 #07-829
DRIVER'S Occupation		:1) §USO SIZI 2)
Email Address		OR \OUTDOOR (e.g. working inside or outside office)
Weather & Road Surfa	ce	: Saimen ashile 68 G- 9mail. com
Reporting Type	: Renor	CLEAR & DRY RAINING & WET \ AFTER RAIN & WET ting Only \Claim Other Part \ Claim Own Insurance
Number of Passengers	(Including Drive	cris Claim Other Party \ Claim Own Insurance
Was there any video Ca	aptured by car ca	ing used at time of accident: Private use \ Work Purpose behing back and difficult breafing
	Other Party	Driver's Particular (if any)
Vehicle. No: Smy	t83 D	Vehicle. No:
Vehicle Make \Model:_		Vehicle Make \Model:
Name Driver:		Name Driver:
IC No. Driver/Contact:_		IC No. Driver/Contact:

NEW – Passenger's name & gender:

AIG

CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder ; SAIMEN BIN ASHIK

Period of Insurance : 24 Nov 2022 To 23 Nov 2023

Engine No. Chassis No.

: 2AZF107720

: ACR500057496

Vehicle No.

: SJC3679M

Policy No. Endorsement No.

: 7220140237

Issued Date

: 24 Nov 2022 17:25

ABOUT THE COVER

Make/Model

: TOYOTA ESTIMA AERAS 2.4 [Sedan]

Engine Capacity/Tonnage: 2,362.00 CC Driver Restriction

: NA

Off Peak Car : No

Sum Insured : Market Value

中的自然外的人士的理论是多。

First Year of Registration : 2008

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

If the Policyholder

b) Any other person who is diving on the Policyholder's order or with his/her permission.

This Policy will indemnify the Policyholder or any authorised driver only if he/she medic the specified age condition. You have to pay an additional sum of \$\$\$3,000 as "Young and/or (nexperienced Driver Excess" ("YIDR") If You are or Your Author(s) ("Interface (Interface)") and of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Mileage Condition

n 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 fire or reward, driving fultion, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any vade 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 1960, Section \$5.0f the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, ere 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

Windspreen: \$100

Named Driver and Excess (where applicable)

SAIMEN BIN ASHIK - \$600 (Own Damage), \$600 (Flood Cover)

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

Approved Reporting Centrest AIG Authorised Repairers (For claims related repairs) Any accident repairs to the Vehicle must be certified in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workship For other Approved Reporting Centrestation with the first 3 years of Repairers, please contact out 24-hour accident entergency heline at 455 6338 6200. Alternatively, You may refer to AIG website www.seg.sg or AIG SG Mebile App. Simply search and download AIG.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: GV CARS FINANCING PTE. LTD.

IWe haraby 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 1990, Pert IV of the Road Transport (Amondment) Act 2019 and Motor Vehicles (Third-Party Risks) Rules, 1999 (Malaysia).

0503982010

KHG HOLDINGS PTE. LTD.

389A BALESTIER ROAD

SINGAPORE 329796

Underwritten by AIG Asia Pacific insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

449444550

This computer generated document does not require a signature.

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