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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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 28/02/2023 17:23 (SGT) Reported by Driver Date of Accident 28/02/2023 12:35 (SGT) **Exact Location of Accident** Second Link Bridge, Second Link Expy, Kampung Tiram, 81550 Gelang Patah, Johor, Malaysia Additional Location Information TOWARDS SINGAPORE CHECK POINT(TUAS) Country/State of Loss Malaysia

# **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number SKK4626E

### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NURILYANA BINTE OTHMAN NRIC No SXXXX451G Email Address danniehamid@gmail.com Mobile Phone No (Phone) +65-91545989 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Model Wish 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 1798

### INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 2100346565-09

#### DRIVER

Name of Driver DANNIE BIN ABDUL HAMID NRIC No SXXXX739J Date Of Birth 26/07/1975

Occupation	Indoor	
Date Of Driving Pass	03/06/2005	
Driving experience	17 YEARS AND 8 MONTHS	
Gender	Male	
Mobile Number	(Phone) +65-99298755	
Alt. Phone Number	-	
Email Address	danniehamid@gmail.com	
Address	1B CANTONMENT ROAD #18-23	
Address complement	-	
Postcode	085201	
Is the driver the policyholder?	No	
If No, Relationship of the Driver with the Insured	Spouse	
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	DRIZZLING	
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?	Yes	
Was any injured conveyed to hospital by ambulance?	No	
Was any other vehicle or property damaged?	Yes	
Number of Passengers (Including Driver)	2	
Has the driver been approached by unknown person(s)	2	
soliciting/offering accident claims assistance?	No	
Translator's name	140	
Translator's ID		
Translator's phone number	-	
Translator's email		
Original language used in the statement		
original language used in the statement	-	
PASSENGER 1		
Name	<b>5</b>	
Name Gender	DAYANG MAIMUNAH BINTE BUJANG	
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?	ino -	
	-	
CIDCLIMETANICES OF ACCIDENT		
CIRCUMSTANCES OF ACCIDENT		
PLEASE REFER TO SKETCH PLAN		
ATTACHMENT(S)		
Are agaident photog quallable for the base 10		
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera?	No	
DETAILS OF OTHER	R VEHICLE PROPERTY 1	
	·····································	网络
Vehicle Registration Number	SKN8330B	
Vehicle Manufacturer	SKN8330R	
Vehicle Model		
	-	

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Private car
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# INJURED PERSONS DETAILS

# INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	DANNIE BIN ABDUL HAMID Male (Phone) +65-99298755 SLIGHT INJURY SKK4626E Yes No
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	DAYANG MAIMUNAH BINTE BUJANG Female SLIGHT INJURY SKK4626E Yes No

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- 1. Please 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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre & Time Personnel

Sketch Plan

Custom (Tws)

Describe Circumstances of the Accident
On 28.02.2023 at about 12:25hrs, I was traveling
along from JB Custom Tungras Sinsapute Checkpoint (Tuas). The traffic
was on slow move. Ahead of me, there's a reliable slow down and stop.
I follow suit. While waiting, all of a sudden, I felt an injust from
the war. Then I realised a vehille CKN 8230R had collided outo
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# Declaration

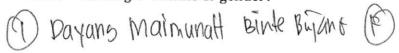
We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

Date of Accident	28-02. 23 Accident Time: 12-2548 (24-HR-Format)
Accident Place	: From US Curpon To SIVIBAPURE CHECK Point (Tuas)
Vehicle. No. (Car Plate No.)	: SKK4626 F Make/Model: TWOTA WISH CUT
Insurace Company	: Ale Policy No: 2100346565-09
Owner or Company Name /IC No.	: Nurilyana Birte Othman - (\$79144516)
Owner or Company Contact No.	:Owner's Hp 91545989 Company Tel
DRIVER'S Name / IC No.	: Dannie Bin Abdul Hamid s 7521739J
DRIVER'S Date Of Birth	: 26-57. 1975 DRIVER'S License Pass Date 03.06. 2005
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	:1B Cantonnent Rd #18.23 5(085201)
DRIVER'S Contact No./ Alt No.	:1)
DRIVER'S Occupation	: INIOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: danniehamid comait-com
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET & WELL A
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river): 2 paf
Was there any video Captured by ca Exact purpose for which vehicle wa Any Injury (If YES, Pls state):	s being used at the time of accident: Private use \ Work purpose
	Party Driver's Particular (if any)
Vehicle, No: SKN 9336	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:





# CERTIFICATE OF INSURANCE

# **AUTOPLUS PRIVATE VEHICLE**

Name of Policyholder : Nurilyana Binte Othman Vehicle No. : SKK4626E Period of Insurance : 22 Jul 2022 To 21 Jul 2023 Policy No. : 2100346565-09

Engine No. : 2ZR1270039 **Endorsement No.** 

Chassis No. : JTDGG20W205003804 Issued Date : 19 Jul 2022 15:48

**ABOUT THE COVER** 

Make/Model : TOYOTA NEW WISH

Engine Capacity/Tonnage: 1,798.00 CC Sum Insured : Market Value First Year of Registration : 2013 **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 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 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 - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Nurilyana Binte Othman - \$600 (Own Damage), \$600 (Flood Cover)

## 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/AlG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AlG website www.aig.sg or AlG SG Mobile App. Simply search and download "AlG SG" from iTunes or Google Play.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG 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).

0030210478 AIG - AUTO DIRECT

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Reg.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

SSPTLA

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Singapore NRIC	
451G	
SKK4626E	
0	
\$19,835.00	
Yes	
21 Jul 2023	
\$9,917.00	
21 Jul 2023	
10	
\$61,700.00	
\$11,675.00	
	SKK4626E  No  08 Apr 2023  TOYOTA  WISH CVT  Black  2013  2ZR1270039  JTDGG20W205003804  105.0 kW (140 bhp)  \$23,453.00  22 Jul 2013  22 Jul 2013  0  \$19,835.00  Yes  21 Jul 2023  \$9,917.00  21 Jul 2023  B - Car (1601cc & above)  10  \$61,700.00  \$1,758.00

The information contained herein is correct as at 28 Feb 2023