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SN08234J0001 / National Assessment Centre Services [159721]

ENTRY DATE & TIME: 19/04/2023 12:59 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (19/04/2023 12:59 (SGT))



SINGAPORE ACCIDENT STATEMENT

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 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.

4. The issue and acceptance of this Form by insurance companies in total admission of percey liability of the part of the work of the Second 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

19/04/2023 12:59 (SGT) Both Policyholder and Actual Driver 18/04/2023 10:25 (SGT) SLE, Singapore TOWARDS CHANGI BEFORE EXIT 8B Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMM2481J

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address**

Mobile Phone No Alternative Phone No No

MUHAMMAD SHAHFIQ BIN NORDIN SXXXX658Z

shahfiq91@hotmail.com (Phone) +65-9646623

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

Honda

Civic

Private use

No - Claiming third party

Private car Auto 1595

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number AIG Asia Pacific Insurance Pte. Ltd. 7220117942

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

MUHAMMAD SHAHFIQ BIN NORDIN SXXXX658Z 11/05/1991 Outdoor

Date Of Driving Pass Driving experience	16/12/2010 12 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-9646623
Alt. Phone Number	(Filone) 103-3040023
Email Address	shahfiq91@hotmail.com
Address	BLK 831 TAMPINES STREET 83 #01-36
Address complement	BEICOST FAINT INCO STREET SO NOT SO
Postcode	520831
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)	1
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	-
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 OTH	ER VEHICLE PROPERTY 1

Vehicle Registration Number	SNG374T
Vehicle Manufacturer	-
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 accide	ent
No. Of Passenger (Including Driver)	

SKETCH PLAN

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 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. 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' 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 law yers/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 is not the policyholder) / Date & Time

Withessed by Reporting Centre Personnel (Name as in Nric/ID card)

Sketch Plan

White B - SMM 24815

White B - SNG 3747

SLE Towards Changi

but Extit 8B.

		e Accident						
On	The	Stated	date	cul	- fime	· I	was	
traveling	Gruis	nt on	my	Jesig	gnested	on	the	stated
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Stop. As Such	I	follow	suit.	Out	of Si	Vilen.	s telt	an
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Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Send/Fax to:			ed:	
HO M. D. S. C.		CCIDENT STATEMENT		
Date of Accident:		CINFORMATION		
Exact Location:	18-Apr-2023	Time of Accident:	1025	
Exact Location.	SLE towards Changi Bef Ex	kit 8B		
	DETAILS	OF OWN VEHICLE		
Vehicle Registration No.	SMM 2481 J	NRIC / FIN / Passport no:	S911565	8Z
Name of Registered Owner:	MUHAMMAD SHAHFIQ B	IN NORBIN		
Owner's Email:	shahfiq91@hotmail.com			
Owner's Address:	831 TAMPINES STREET 8	33 #01-36 S520831		
Vehicle Make:	HONDA	Vehicle Model:	CIVIC	~
Engine Capacitty (cc):	1597	Transmission:		Auto / Manual
Type of Claim:	Own Damage / Third Part	y / Reporting Only		
Vehicle Category:	Private / Commercial / Mot	orcycle / Private Hire		
Name of Insurance Co:	AIG			
Type of Policy:	Comprehensive / Third I	Party / Third Party, Fire & Theft		
Policy Number:	7220117942			
		DDB/FD		
Name of Driver:		DRIVER		
NRIC / FIN / Passport no:		Date of Birth:	144/05/40	same as Owne
Occupation:	Indoor / Outdoor		11/05/19	
Contact Number:	9646 9623	Driving Pass Date: Gender:	16/12/	
Address:	9040 9023	Gender:	Male / Female	
Relationship with Owner:	Owner / Employee / Spou	ise / Child / Hirer / Others:		
Translater Name:	Will / Employee / Spot	Translater NRIC:		
Translater Contact No:				
Translater Contact No.	CENEDAL INCODE	Translater email: MATION OF THE ACCIDENT		
Type of Collision:	Chain collision / Side Swipe	/ Front to Rear / Others:	- 10 to 10 t	Charles and the constant
Weather Condition:	Clear / Raining / Others:	Road Surface:	Dry / Wet	
Video availiable:	Yes (No	Road Surface.	9,,,,,	
Was anybody injured?	Yes (No)	Police Report Made?	Yes No	\
No. of passenger onboard (inc		1	1100/110)
		OF OTHER VEHICLE		
	Vehicle 1	Vehicle 2		Vehicle 3
Vehicle Registration No:	SNG 374 T			
Vehicle Make / Model:				
Name of Driver:				
NRIC / FIN / Passport no:				
Contact Number:				
Name of Insurance Co:				
	DETAIL	LS OF WITNESS		
Name:		Contact Info:	T	
	•			
	DETAILS O	F INJURED PERSON		
	Person 1	Person 2		Person 3
Name / in which vehicle?:				
Driver's Declaration. I declare that the inf consequences arising from incomplete or	formation given in this report are true r innaccurate information that are su	e and accurate to the best of my collection ubmitted.	and I bear full r	esponsibility for any
Signature of Driver		Date and time		



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: Muhammad Shahfiq Bin Nordin : 02 Nov 2022 To 01 Nov 2023

Period of Insurance Engine No.

: R16B21601705

Chassis No.

: MRHFC5650GT001399

Vehicle No.

: SMM2481J

Policy No.

: 7220117942

Endorsement No.

Issued Date

: 12 Oct 2022 9:40

ABOUT THE COVER

Make/Model

: HONDA CIVIC VTI 1.6

Engine Capacity/Tonnage : 1,595.00 CC

Sum Insured : Market Value

First Year of Registration : 2017

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 \$5\$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)

Muhammad Shahfiq Bin Nordin - \$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/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: OCBC Bank 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).

0500522000

MULTI-LINES AGENCIES

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIG BUILDING, 78 SHENTON WAY #01-K1 GEM ROOM SINGAPORE 079120 AYSP-NONLIFE Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Ann Wei Chew