MBM316164753 / Borneo Motors (S) Pte Ltd - Ubi
ENTRY DATE & TIME: 30/12/2016 17:25

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 30/12/2016 17:29

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 Authorised 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 ability.
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 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 Report	30/12/2016 17:25
Date Of Accident	13/11/2016 11:50
Exact Location Of Accident	SERANGOON CENTRAL
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD5369J
Insured/Policyholder	
Name Of Registered Owner	HONG TENG ENTERPRISE
Co Reg No	48167300L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-97762252
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150-2.0 YY211 (M)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100393823
Cover Note Number	
Driver	
Name of Driver	PALANIMUTHU KUMAR
Work Permit No	G2337027T
Date Of Birth	02/06/1993
Occupation	INDOOR
Date Of Driving Pass	12/03/2015
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83027574
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address Postcode	BLK 684 HOUGANG AVE 8 #04-981 530684
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE- SAME DIRECTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER AS ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGW8890R
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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")

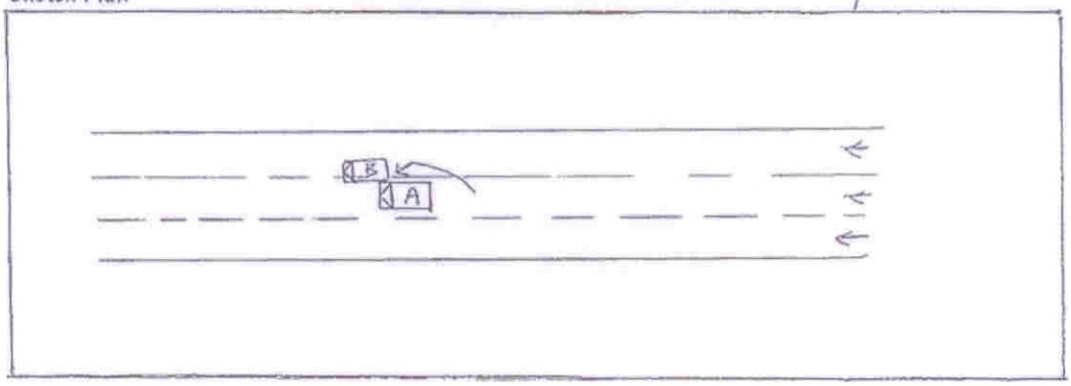
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and

(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.

宏 勝 企 業
HONG TENG ENTERPRISE P. KUMAR

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

Sketch Plan



Describe Circumstances of the Accident

My vehicle was travelling straight along Serangoon Central while vehicle B overtook my vehicle from behind and cut into my lane without signal in advance. Vehicle B rear left side bit onto my vehicle front right corner portion.

Declaration

We declare the foregoing particulars are true in every respect.

宏 腾 企 業
HONG TENG ENTERPRISE

P. KUMAR

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

AIG

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Palanisundhu Kumar

VEHICLE NUMBER : GBD 5369J

DATE/TIME OF ACCIDENT : 13/11/16 @ 11.50

PLACE OF ACCIDENT : Serangoon Road

THIRD PARTY VEHICLE (IF ANY) : SGW 9990R

****

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

From Serangoon to office.

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?

Side Swipe Same Direction.

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

No.

宏 腾 企 業
HONG TENG ENTERPRISE

P. KAMAR

Name:

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

AIG Asia Pacific Insurance Pte. Ltd.
AIG Building 78 Shenton Way #07-16 Singapore 079120
Tel: 6419 3000

MVA116143982 / VAC - Bukit Batok
ENTRY DATE & TIME: 15/11/2016 13:42

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 15/11/2016 13:47

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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ACCIDENT STATEMENT	
Date Of Report	15/11/2016 13:42
Date Of Accident	13/11/2016 11:50
Exact Location Of Accident	SERANGOON CENTRAL
Country/State of Loss	Singapore
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGW8890R
Insured/Policyholder	
Name Of Registered Owner	RENT MY CAR PTE LTD
Co Reg No	201535871N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-98269499
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH-1.8 (A)
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
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car
Insurance Company	
Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Third Party
Fleet Policy	No
Policy Number	5074695065-01
Cover Note Number	
Driver	
Name of Driver	ZAINAL ABIDIN BIN JAMLUDIN
NRIC No	S1449931H
Date Of Birth	24/05/1960
Occupation	Indoor
Date Of Driving Pass	20/02/1987
Driving Experience	29 Years And 8 Months
Gender	Male
Mobile Number	(Local) +65-98269499
Fax Number	
Contact Number	Office-98269499
EMail Address	NOEMAIL

Address	723 JURONG WEST AVE 6 #02-150
Postcode	S640723
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - RENTAL
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	Unknown - REFER TO SKETCH PLAN
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	No
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	No
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes,against whom?	

Circumstances of Accident

PLEASE SEE ATTACHED SKETCH PLAN. ATTENDED BY : SUSAN

Attachment(s)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD5369J
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	PALANIMUTHU KUMAR
NRIC/Passport Number	G2337027T
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

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(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.

AGENT MV CARE PTE LTD

15 NOV 2016

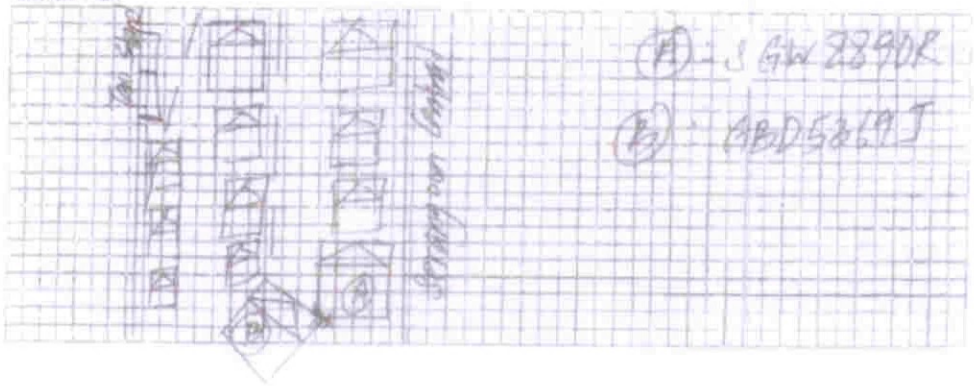
DAC BUKIT BATOK (VAC)
511 Bukit Batok St 23
Singapore 659545
Tel: 6567 9427 / 6560 3312
Fax: 6569 0722
Email: [redacted]@gmail.com

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2 Pg.1

Describe Circumstances of the Accident

On 15/11/16 @ 1150 hrs. I was driving my rental car [illegible] sending my customer to Seremban Nex. When I was enroute Seremban Expwy, there was heavy traffic. I drive slowly and follow my lane. Suddenly, I realized a collision from my car rear left side. I alighted and see the truck GBD5364J was hit my car rear left side caused my rear bumper was damaged. I am unable to provide more details as I had not send my car to workshop for assessment. The driver Mr Balamurutha Kumar (G2337427T) of the truck GBD 4364J was admitted his fault caused this incident happened. We exchanged particulars. After discussion, we had made decision to submit third party claim. Third party will do reporting only.

Declaration

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

15 NOV 2016

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel