MME18014606 / Motor Image Enterprises Re Ltd - Toa Payoh ENTRY DATE & TIME 30/01/2018 11:47 SUBMITTED BY: Lim Po Beng

#### 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 <u>truthful and accurate</u> 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 policyliability 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

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	ACCIDENT STATEMENT
Date Of Report	30/01/2018 11:47
Date Of Accident	29/01/2018 17:35
Exact Location Of Accident	HENDERSON ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGR3771K
Insured/Policyholder	
Name Of Registered Owner	ISMADI BIN ISMAIL
NRIC No	S7312129I
Email Address	RACERXYZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98487584
Alternative Phone No	Office-NOPHONE
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER-2.0 XT (A)
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700079857
Cover Note Number	
Driver	
Name of Driver	ISMADI RIN ISMAII

Name of Driver ISMADI BIN ISMAIL

NRIC No S7312129I

Date Of Birth 09/04/1973

Occupation INDOOR

Date Of Driving Pass 05/02/1996

Driving Experience 21 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98487584

Fax Number

Contact Number OFFICE-NOPHONE

EMail Address RACERXYZ@GMAIL.COM

Address Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own Vehicle

-

1

Insurance Company of Driver's Own Vehicle

-

## 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 this accident? NO Number of vehicles involved in the accident 2
Was any body injured in the Accident? NO Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 5

Passenger 1 Name: : A

Gender: : Male

Passenger 2 Name: : B
Gender: : Male

Passenger 3 Name: : C

Gender: : Female

Passenger 4 Name: : D
Gender: : Female

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

#### REFER TO ATTACHED STATEMENT

## Attachment(s)

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

Remarks/ Reasons: TO BE ATTACHED

Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SH7829M

Vehicle Make/Model/Colour HYUNDAI/I40

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver ALVIN TEO ENG HOW

NRIC/Passport Number S7345345C

Contact Number

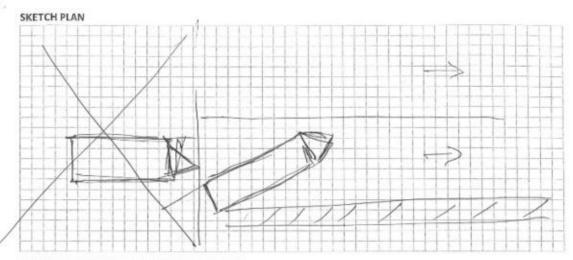
Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **Accident Sketch Plan**



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policyholder's Signature Date & Time:

GIARMC 3ketchPlanForm\_V3

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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  interested parties.
- By the lodgment 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)

Lunderstand, 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:
  - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:







# CERTIFICATE OF INSURANCE

## SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Ismadi Bin Ismail

Period of Insurance : 18 Nov 2017 To 17 Nov 2018
Engine No. : FA20CB30793

Engine No.

Chassis No.

: JF1SJGK85JG100607

Vehicle No.

: SGR3771K : 1700079857

Policy No. Issued Date

Endorsement No.

: 04 Dec 2017

### ABOUT THE COVER

Make/Model

: SUBARU New Forester 2.0XT

Engine Capacity/Tonnage: 1,998.00 CC Driver Restriction

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2017

Insuring with COE/PARF : Yes

#### Person or Classes of Persons Entitled to Drive\* :

s) The Policyholder b) Any other person who is divising on the Policyholder's order or with histher commission. This Policy will indomnify the Policyholder or any auditorised citiver only if heights meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young undior inexperienced Driver Excess" ("YIDR") If You are or Your Authorised Driver (named or unramed) is under the age of 23 another has less than 2 years' direing expenses.

Age Condition

: All Age Condition

Limitation as to use\* :

Use only for social, domestic and planeture purposes and for the Folicyholder's business.
This Policy does not cover use for hits or reversit, driving fastion, driving test, racing, pace-moking, reliability test or speed-renting. the curriage of goods other than sumples in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

\* Limitations rendered inoperative by Section B of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1997 (Melaysia), are not to be included under those heatings.

# EXCESS

Section 1 Fire - S0 Own Damage - \$1400 Theft - 50 Flood Cover - \$0

Section 2 Property Damage - S0

Windscreen: \$100

Named Driver and Excess (whom applicable)

Ismadi Bin Ismail - \$1400 (Own Damage)

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

1.Motor Image Enterprises Pts Ltd. Add: 19 Lorung 8 Tos Payoh Singspore 319255 64170100

For other: Approved Recording Centres/AIG Authorized Repairers, plants contact our 24-hour accident energency hotisse at +85 0338 8200. Attenuatively, you may refer to AIG website servicing coming or AID SU Mobile Args. Simply search and download "AIG SG" from ITunes or Google Play.

## IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Taird Party Risks and Compensation) Act (Cap. 189), Part IV of the Rood Transport Act, 1987 (Malaysia), and Motor Vehicles (Third Party Risks) Rules, 1988 (Malaysia).

0500619231

TAN CHONG CREDIT SUBARU-NGT

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

SINGAPORE 589622

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE





**Accident Photo** 



**Accident Photo** 



# COMFORT 6552 1111 6552 1111 SH7829 M

# **Accident Photo**









# **Accident Photo**







