

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 withholding 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 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	14/03/2018 16:43
Date Of Accident	13/03/2018 21:05
Exact Location Of Accident	JUNCTION OF YISHUN AVENUE 9/YISHUN STREET 21
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM9805A
Insured/Policyholder	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	-
Email Address	EDWIN@CARCOVE.COM.SG
Mobile Phone No	(LOCAL) +65-97636615
Alternative Phone No	OFFICE-97636615

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	999994802
Cover Note Number	

Driver

Name of Driver	MOHAMAD SHAHRIZAL BIN AHMAD
NRIC No	S8025805D
Date Of Birth	07/09/1980
Occupation	OUTDOOR
Date Of Driving Pass	05/12/2000
Driving Experience	17 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97636615
Fax Number	
Contact Number	OTHERS-97636615
E-Mail Address	EDWIN@CARCOVE.COM.SG

Address	BLK 783 YISHUN RING ROAD #04-3516
Postcode	760783
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
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?	YES
Was any injured conveyed to hospital by ambulance?	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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE

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 TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL345Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PETER NGEOW YOON NING
NRIC/Passport Number	S1183676C
Contact Number	97693803

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MOHAMAD SHAHRIZAL BIN AHMAD
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLM9805A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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7. 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)**

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.
- (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:
 - (i) 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: 14 MAR 2018
C 12204PS

14/03/2018
Reporting Centre Personnel's Signature
Name: Kelli W...
NRIC/FIN No:

SKETCH PLAN

VEH A : 3LM9805A

VEH B : 3JL345Z

YISHUN AVE 9

YISHUN ST 21

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE 13TH MARCH @ 2104HRS, I WAS TURNING RIGHT TO THE
 13
 YISHUN ST 21 FROM YISHUN AVE 9 WHEN THE TRAFFIC GREEN ARROW
 ON MY FAVOUR. I STOPPED AT THE JUNCTION TO GIVE WAY TO A
 CYCLIST BECAUSE HE IS STILL CROSSING THE ROAD HALFWAY OUT OF A
 SUDDEN THIS I FELT AN IMPACT HIT ON MY REAR CAR. SO I CAME
 DOWN AND I SAW THIS VEHICLE 3JL345Z BANG ONTO MY CAR AFTER
 THAT HE SHIPPED OUR CAR TO ONE SIDE AND EXCHANGE PARTICULARS AND
 LEFT.

DECLARATION

I/We 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: 14 MAR 2018
 @ 1220HRS

Reporting Centre Person's Signature
 Name: Kelli WATSON
 NRIC/FIN No.:

Email: sm@idac.com.sg

Tel no: 6555.6888 Fax no: 6454.3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 13 / 03 / 2018 (dd/mm/yy) Time of Accident: 21 : 04 / (24-HR-FORMAT)

Vehicle No.: SLM 9805A Vehicle Make & Model: TOYOTA NISHA

Exact location of Accident: YISHUN AVE 9 + YISHUN ST 21

Policyholder's Name / IC No.: CAR CARE LEASING PTE LTD

Driver's Name / IC No.: MOHAMAD SHAHRIZAL BIN AHMAD (As Above) ☐

Driver's Contact No.: 9763 6615 Company Contact No: _____

Driver's Address: BLK 783 YISHUN AVE ROAD # 04-3516 (S) 760783

Email address (if any): admin@carcare.com.sg Insurance Company: _____

Relationship between Owner & Driver: (Please CIRCLE one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hire or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 4 2 FEMALE
1 MALE

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: MOHAMAD SHAHRIZAL BIN AHMAD

Injuries Sustain: _____ Injured Person in Which Vehicle: SLM 9805A

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: PETER NGEON YOON NING S1183676C Vehicle No: SLL 3452

Driver's Contact No: 9769 3803 Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8025805D



Name

MOHAMAD SHAHRIZAL BIN
AHMAD

Race

JAVANESE

Date of birth

07-09-1980

Sex

M

Country of birth

SINGAPORE

S8025805D

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8025805D

Name

MOHAMAD SHAHRIZAL BIN
AHMAD

Birth Date 07 Sep 1980

Issue Date 14 Dec 2009



001611640D



4498517

NRIC No. S8025805D



DATE OF ISSUE

28-11-2009

APT BLK 783 YISHUN RING ROAD #04-351B
SINGAPORE 760783

NRIC No. S8025805D

Date: 27/07/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

	PASS DATE
Class 2R Motorcycles <= 200 cc	16 Aug 1999
Class 2A Motorcycles between 201 cc and 400 cc	24 Jul 2001
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	05 Dec 2005



Licence No: S8025805D

NP 428A



HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

MZ 400

TPFT COMMERCIAL MOTOR		(The below excess is subject to GST)	
CERTIFICATE NO.	SLM9805A	POLICY EXCESS	S\$2000.00 Section (II)
POLICY NO.	999994802	WINDSCREEN EXCESS	NA
1) VEHICLE REGISTRATION NO.		SUM INSURED	Market Value
2) NAME OF INSURED		INSURING WITH COE/PARF	Yes
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		SLM9805A	
4) DATE OF EXPIRY OF INSURANCE		Car Cove Leasing Pte Ltd	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*		14 February 2018	
		13 February 2019	
Any person who is driving on the insured's order or with their permission. If You or Your Authorised Driver is below the age of 23 years old and/or above 65 years old and/or has less than 1 year driving experience, the additional excess Section 2 is S\$3,000, outside Singapore is S\$5,000 and Fire & Theft excess Section 1 is S\$1,500.			
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.			
6) LIMITATION AS TO USE*			
1) Use for social, domestic, pleasure purposes and business purposes of insured.			
2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.			
3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.			
The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.			
LOSS OF USE		Not Included	
HIRE PURCHASE COMPANY		Heritage Auto Enterprise Pte Ltd	
*Limitations rendered inoperative by Section 9 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.			

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 14 Mar 2018

AIG Asia Pacific Insurance Pte. Ltd.

691991-000
Moh Kok Heng
3 Tampines Grande, AIA Tampines
#02-38
SINGAPORE 528799

AUTHORISED REPRESENTATIVE

ORIGINAL

S5POEC