

## 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	31/01/2018 15:45
Date Of Accident	30/01/2018 18:30
Exact Location Of Accident	SLE BKE - LAMP POST 393F (MANDAI TWD TURF CLUB)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL3904S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SALOMAH BINTE OSMAN
NRIC No	S1676908H
Email Address	SALOMAHOSMAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96507064
Alternative Phone No	OTHERS-96507064

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USAGE
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	2100501522
Cover Note Number	

### Driver

Name of Driver	SALOMAH BINTE OSMAN
NRIC No	S1676908H
Date Of Birth	24/11/1964
Occupation	INDOOR
Date Of Driving Pass	26/02/2001
Driving Experience	16 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96507064
Fax Number	
Contact Number	OTHERS-96507064
Email Address	SALOMAHOSMAN@GMAIL.COM

Address	BLK 253 COMPASSVALE STREET #10-27
Postcode	540253
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	- - -
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.	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

REFER ATTACHMENTS

#### 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	GBD1657D
Vehicle Make/Model/Colour	NISSAN CABSTAR
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RAMACHANDRAN KARTHIKEYARN
NRIC/Passport Number	G2064805N
Contact Number	96777496
Address	
Postcode	
Insurance Company Name	EQ INSURANCE COMPANY LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

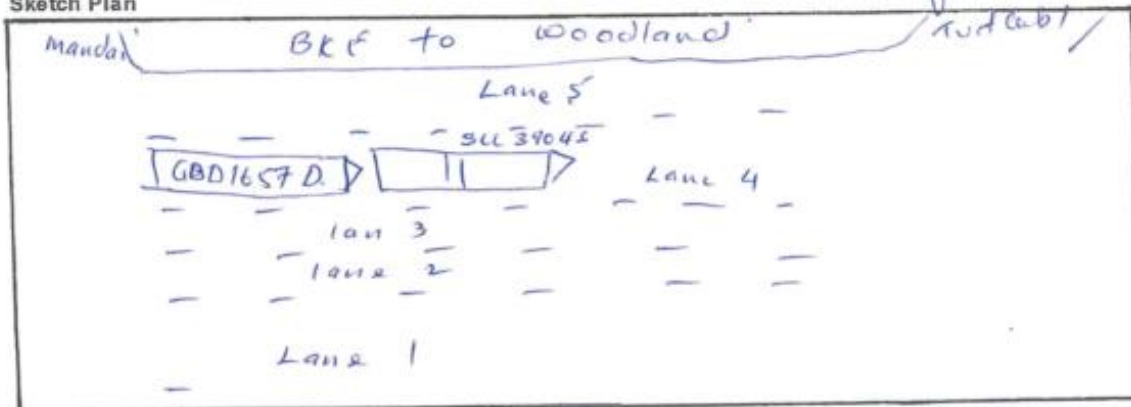
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that 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' 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan





## Individual Statement

### Describe Circumstances of the Accident

AT Around 6.30 pm, while driving my vehicle  
SLC 3904 S back to home. Suddenly while  
Reaching along BKE from mandai to Jit Club  
Suddenly Vehicle Number GBD 1657 D bang  
on the rear of my vehicle. Causing  
Damage to my rear bumper and  
by rear bonnet cannot be close on  
normal circumstances. Need additional  
force to close the back bonnet.  
Accident occur near lampost 393 F.

### Declaration

We declare the foregoing particulars are true in every respect.

 31/1/2016 

Policyholder's Signature / Date &  
Time

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

  
Witnessed by Reporting Centre  
Personnel

Common Statement



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : SALOMAH BINTE OSMAN  
VEHICLE NUMBER : SLL3904S  
DATE/TIME OF ACCIDENT : 30/1/2018 6:30pm  
PLACE OF ACCIDENT : BKE (Between Mandai to Tort (h))  
THIRD PARTY VEHICLE (IF ANY) : G3D 16570

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

WORKPLACE 20 Gul Way to Home at 253  
Compassvale St

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?

FRONT TO REAR - Damage to vehicle SLL3904S  
Bumper and Bonnet.

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

NO.

Salomah Binte Osman

Name:

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



JOANNE



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

## COVER NOTE

<b>Cover Note No.</b> 2100501522		<b>Date</b> 17 Feb 2017	
The following risk described in the Schedule is hereby HELD COVERED in the terms of the applicable Company's policy issued to the Policyholder.			
<b>SCHEDULE</b>			
<b>Policyholder</b>	Salomah Binte Osman		
<b>Age Condition</b>	All Age Condition	<b>Registration No.</b>	
<b>Policy Type</b>	TOYOTA AUTO PROTECTOR (2-YEAR)	<b>Make/Model</b>	TOYOTA Corolla Altis 1.6 Dual
<b>Effective Date</b>	17 Feb 2017	<b>CC/Tonnage</b>	1,598.00
<b>Expiry Date</b>	16 Feb 2019	<b>Engine No</b>	1ZRY324671
<b>Excess</b>	S\$600.00	<b>Chassis No</b>	MR053REH104556013
		<b>Year of Registration</b>	2017
		<b>Hire Purchase Company</b>	HONG LEONG FINANCE LTD
This policy is subject to driver's age condition. The policy will indemnify the Insured or any authorised driver only if he/she meets the age condition. Please refer to policy terms and conditions.			
In addition to the Policy Excess, a Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00 (before GST) will apply to You or Your Authorised Driver who is below the age of 23 (in case of All Age Condition policies) and/or has less than 2 years' driving experience. The YIDR Excess is not applicable to Named Driver policies.			
Usage of vehicle only for the following purposes: 1. Use only for social, domestic and pleasure purposes and for the Policyholder's business. 2. Use in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business and use for social, domestic or pleasure purposes.			
Please note that acceptance of the risk is subject to our final acceptance and terms and conditions applicable to the policy. Should you require any change to the insurance, please contact us immediately. Otherwise, any change will not be covered under the policy.			
The Company may cancel this cover by notice in writing and the insurance will be terminated and a proportionate part of the annual premium for the insurance will be charged for the time the Company has been on risk.			
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)			
<b>CERTIFICATE OF INSURANCE</b>			
I/We hereby certify that this cover note 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

AIG Asia Pacific Insurance Pte. Ltd.

**IMPORTANT NOTICE**

THIS COVER NOTE IS VALID FOR  
60 DAYS FROM THE FIRST DAY OF  
THE POLICY PERIOD. APPLICABLE  
TO CORPORATE POLICIES ONLY.

  
AUTHORISED REPRESENTATIVE

ORIGINAL

IASCHL

## NRIC & DRIVING LICENCE



Accident Photo





Accident Photo



Accident Photo



Accident Photo

