SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. 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 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 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 conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	02/04/2018 18:04	
Date Of Accident	30/03/2018 02:05	
Exact Location Of Accident	INTERSECTION OF VICTORIA ST AND OPHIC RD	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLT2527L	
Insured/Policyholder		
Name Of Registered Owner	LM RYDES	
Co Reg No	53369563E	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-81267332	
Alternative Phone No	Office-81267332	
Vehicle Particulars		
Manufacturer	KIA	
Model	CARENS-1.7 D SUNROOF (A)	
Exact Purpose for which vehicle was being used at time of accident	UBER	
Are you claiming under your own insurance policy for repair to your vehicle?	YES	
If No, Please state action to be taken		
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	1700067885	
Cover Note Number		
Driver		
Name of Driver	SAHRIL BIN AMAN	
NRIC No	S7802844J	
Date Of Birth	07/02/1978	

OUTDOOR

20/07/2001

16 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81267332

Fax Number

Contact Number

EMail Address ES2805@GMAIL.COM

Address APT BLK 267A PUNGGOL FIELD

#03-107

Postcode 821267
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

la como de Cara de Cara Valeida

Insurance Company of Driver's Own Vehicle

-

NO

NO

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General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions NIGHT-DARK

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?

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)

Passenger 1 Name: : UNKNOWN

Gender: : Male

Passenger 2 Name: : UNKNOWN

Gender: : Male

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

REFER TO ATTACHMENT

Attachment(s)

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

Details of Witness 1

Name RIS

Phone Number Email Address 83932363

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHA4317K

Vehicle Make/Model/Colour

HYUNDAI SONATA

Details Of Properties

TAXI

Vehicle Category Name of Driver

MR. HENG

NRIC/Passport Number

Contact Number

90048060

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- 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.
- 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.
- 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:
 - 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:

Reporting Cen Name: NRIC/FIN No.:

re Personnel's Signature

Sketch Plan #2

SKETCH PLAN		
		FFLES SPITAL
	→ °	⇒
	A AB	←
	1 1	
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
On the 30th of v	March 2018 at about 2.0	I am I was driving down
Ophir Road At +	ne intersection of Ophir Road	d and Victoria Street, a taxi
	ight and hit my car The	
intersection w	ere defective	
DECLARATION	105 - 1000 - 1000	
/We declare the foregoing part	iculars are true in every respect.	1
	Salvil	t/m
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

CYCLE & CARRIAGE COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder : LM Rydes

Period of Insurance Engine No.

: 24 Oct 2017 To 23 Oct 2018 : D4FDHH110213

Chassis No. : KNAHU815VJ7190426 Vehicle No.

: SLT2527L : 1700087885

Policy No. Endorsement No.

: 000000000173042

Issued Date

: 12 Jan 2018

Make/Model

: KIA Carens 1.7 Diesel EX

Engine Capacity/Tonnage : 1685 Tonnage Driver Restriction

: NA

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*:

Arc, person also in driving on the Policyholder's order or with their permission.
This Policy will and send of the Policyholder or any authorised driver only if herbie erects the operation upon condition.

7.5. Trive to pay at 3150 and one of 53,000 on "Young antior temperatured Describer Excess" ("VIDR") if you are or Your Audiorated Describer Instead or uncorrectly is under the upp of 23 and or bus less than 2 pages from

Age Condition

: All Age Condition

Limitation as to use" :

Use for this continge of passengers or goods in connection with the Pulsaytrabor's tructiness. Use fair poder internation, pleasure purposes and business purposes and business purposes and object of the pulsar desired before purposes and business purposes and business purposes and object of the district pulsars, desired seems, possentable, relative productions and production of the business purposes and business pu

Limited increased increases by Section 6 of the Motor Veterine (Timb-Party Plats and Compensation) Act CCap. 199 and Section 96 of the Road Transport Act, 1997 Malaysia, we set to no exclude a set three headings.

Section 1 Pro - 90 Own Damago - \$2000 Thirth - 90 Placet Cover - 90

Baction 2 Property Damage - \$2000 Windscreen: \$100

Named Driver and Excess (shore applicable)

Oli, Wing - 32000 (Dan Daniege) \$3000 (Property Damage), Sahrif Bin Assin - \$2000 (Oan Daniege) \$2000 (Property Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRES (FOR CLAIMS RELATED REPAIRS)

For other Asservant Reporting ContinerAlia Assistance Repairers, please contact our 24-hour accident on a 163-33 Ministriction and service and doubload "Alia 30" from Tunes or Google Play.

IMPORTANT NOTES

4 the coincides ferror for the coincide of passenger for him or record, such driver must be named under the Policy and registered with the survive operator. Should you decide to include any other amounts are extended of paying remarks the right to acceptionact the includes of say frames Discrete.

Hire Purchase Company/Employer's Loan: Goldbell Financial Services Pte Ltd

TWO family Units, that the policy to which the Curtificate of Insurance related is labour in ununitaries with the provinces of the Motor violuties. Their Party Ratio and Commencement Act (Day, 1904, Part IV of provinces) and Commencement Act (Day, 1904, Part IV of provinces).

0500710050

CAC PULCO-CORP SALES

22 Vol ROAD 4 FULCO SIMIDING

STORAGORS 400017 ANSP - MOTOR.

Undavertition by Al@ Asto Pastric Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

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Accident Photo



Accident Photo

















Driving License







