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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.

- 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 ladgement 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.

ACCIDEN	I O I A I	

Date Of Report

17/04/2018 15:22

Date Of Accident

16/04/2018 15:40

Exact Location Of Accident

ANSON ROAD (BEFORE FIRST ERP)

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLJ6922E

Insured/Policyholder

Name Of Registered Owner

MOHAMED ISMAIL BIN ABDULLAH @RETHNAM VALEN

NRIC No.

S0771475J

Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-82980891

Alternative Phone No

OTHERS-82980891

Vehicle Particulars

Manufacturer

MITSUBISHI

Model

LANCER-1.5 MIVEC (A)

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

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

GREAT AMERICAN INSURANCE COMPANY

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

Cover Note Number

MT/20178233

Driver

Name of Driver

MOHAMED ISMAIL BIN ABDULLAH @RETHNAM VALEN

NRIC No Date Of Birth S0771475J

Occupation

06/06/1947 OUTDOOR

Date Of Driving Pass

29/09/1998

Driving Experience

19 YEARS AND 6 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-82980891

Fax Number

Contact Number

OTHERS-82980891

EMail Address

NOEMAIL

Address

BLK 549 BEDOK NORTH AVENUE 13

#08-444

Postcode

460549

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

SIDE SWIPE

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?

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 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

SLA1558D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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.
- 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 liability.
- 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)

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:
 - (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

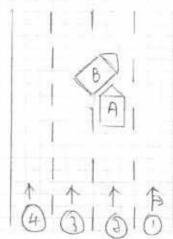
(If driver is not the policyholder)

Date & Time:

Reporting Centro Personnel's Signature

Name:

NRIC/FIN N



A= SLJ 6922E B = SLA 1558 D

(Before First ERP)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	/
	/
Refer to attach	
/	
DECLARATION	

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: FOLLI WHYTHIS

Name:

On 16.04.18 at about 15:40 hours along Anson Road (Before First ERP). While I was travelling straight on the lane 2, suddenly the vehicle (B) from my left cut into my lane and collided onto front left hand side portion of my vehicle (A).

Vehicle (A): SLJ 6922E

Vehicle (B): SLA 1558D

their

Au 21/2018 WADOB

SINGAPORE ACCIDENT STATEMENT

Accident Date: 16 04 2019 Time: 15240 (hh:mm) 24 hr format
Location Anson Road (refore First ERP)
Vehicle Number 5LJ 6922E
Insured Name Mohamed Ismail Bin Abolallah @ Rethnon water
NRIC/FIN 50771475] Contact Number 92990891
Make Midshishi Model Lancer Are you claiming under your own insurance policy for repair to your vehicle?
() Yes If No,Pls select: (V) Third Party () Reporting
Insurance Company Great American
Type of Policy (V) Comphensive () Third Party Fire & Theft () TP Only Policy Number (over Note : MT 2017 5253
Name of Driver (✓)Same as Insured
NRIC / FIN Contact Number
Date of Birth 06 06 947
Driving Pass Date 29 109 / 19619
Occupation () Indoor (/) Outdoor
Gender (/) Male () Female
Email Address - No email - (V)NO EMAIL
Address of Driver BLK 549 Bedok Worth News
09-444 Singgeore 460549
Was driver an employee of the Insured's Company? () Yes () No
If No, Relationship of the Driver with the Insured
(V) Owner () Spouse () Friend () Relative () Children () Sibling
Does the Driver Own Any Other Vehicle ? () Yes () No
If Yes, Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle
Weather Conditions (/) Clear () Raining () Others
Road Surface (V) Dry () Wet () Others
Was any foreign vehicle involved in this accident? () Yes (✓) No
Was anybody injured in the accident? () Yes (✓) No
If yes , injured detail
Was there any video captured by Car Camera? () Yes (V) No
Was the Accident reported to the Police? () Yes (√) No If yes attach police report
DETAILS OF 3 rd party Name / Nric Contact
Veh B SLA 1554D
Veh C
Veh D
Veh E
Veh F

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0771475J



MOHAMED ISMAIL BIN ABDULLAH @RETHNAM VALEN

INDIAN 06-06-1947 M

SINGAPORE

STREET, ST.

SLJ 692 JE Owner D driver

12-07-2011

APT BLK 549 BEDOK NORTH AVENUE 1 #08-444 SINGAPORE 450549

RHIC No: \$0771475J

Date: 22/03/2015



SLJ 6922E Own & drive

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight 61 which unladen does not exceed 2500 kilograms

29 Sap 1890

I A A SECTION AND

NP 428A



GREAT AMERICAN INSURANCE CI UEN: T15FC0029B GST REG. NO.: M

UEN: T15FC0029B GST REG. NO.: M 3 TEMASEK AVENUE, #16-01 CENTENNI/ SINGAPORE 039

TEL: +65 6804 60 FAX: +65 6235 20

MOTOR COVER NOTE: MT20178233

The Insured mentioned in this Cover Note, having proposed for insurance in respect o Vehicle described, is hereby HELD COVERED under the terms of the Insurer's usual for Policy applicable thereto for the period mentioned unless the cover is terminated by the notice in writing in which case the insurance will thereupon cease and a proportionate annual premium payable for such insurance will be charged for the time the Company risk.

The Insurer

: GREAT AMERICAN INSURANCE COMPANY

The Insured

: MOHAMED ISMAIL BIN ABDULLAH @RETHNAM VALEN

Insured Nric/Passport No/ Roc

: S0771475J

Policy Coverage

: COMPREHENSIVE

Make And Description Of Vehicle

: MITSUBISHI LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4

Vehicle Registration No.

: SLJ6922E

Year Of Manufacture

: 2009

Engine No.

: 4A910125658

Chassis No.

:JMYSRCY2A9U004138

Engine Capacity/ Tonnage/ Seater : 1499 cc

1499 cc

Hire Purchase

: POSB

Value (S\$)

: AS PER MARKET VALUE

Period Of Insurance

: FROM: 25/03/2018 TO: 24/03/2019

Excess (S\$)

: Section I : \$600

: Section II : Nil

: Windscreen Excess : \$100

Great American Authorized Worksh ; YES

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

For and on behalf of Great American Insurance Company

Great American Insurance Company Authorized Signatory

Date of Issue

: 20/03/2018

Intermediary

: NLE Insurance Agencies Pte Ltd

Cover Note Validity

: 30 days from the Date of Issuance

MTR/COVERNOTE/V02/16