

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	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	S0771475J
Date Of Birth	06/06/1947
Occupation	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

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

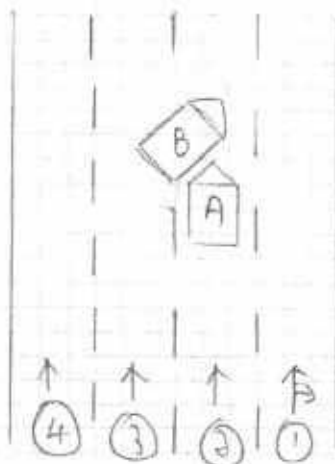
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

SKETCH PLAN



A = SLJ 6922E

B = SLA 1558D


Anson Road
(Before First ERP)


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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:

 17/04/2012
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

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

Chapin

17/04/2018
Robt WATKINS

SINGAPORE ACCIDENT STATEMENT

Accident Date: 16/04/2018		Time: 15:40		(hh:mm) 24 hr format	
Location Anson Road (Before First ERP)					
Vehicle Number SLJ 6922E					
Insured Name Mohamed Ismail bin Abdulillah @ Rethnam veien					
NRIC / FIN 507714757		Contact Number 9298 0891			
Make Mitsubishi		Model Lancer			
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting					
Insurance Company Great American					
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only					
Policy Number Cover Note: MT 2017 5233					
Name of Driver				(<input checked="" type="checkbox"/>) Same as Insured	
NRIC / FIN		Contact Number			
Date of Birth 06/06/1947					
Driving Pass Date 29/09/1998					
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor					
Gender (<input checked="" type="checkbox"/>) Male () Female					
Email Address - No email -		(<input checked="" type="checkbox"/>) NO EMAIL			
Address of Driver BLK 549 Bedok North Avenue					
# 08-444 Singapore 460549					
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No					
If No, Relationship of the Driver with the Insured					
(<input checked="" type="checkbox"/>) 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 (<input checked="" type="checkbox"/>) Clear () Raining () Others					
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others					
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No					
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No					
If yes, injured detail					
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No					
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report					
DETAILS OF 3 rd party		Name / Nric		Contact	
Veh B SLA 1558D					
Veh C					
Veh D					
Veh E					
Veh F					

Driver Only

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0771475J



Name
MOHAMED ISMAIL BIN
ABDULLAH
@RETHNAM VALEN

Race
INDIAN
Date of birth
06-06-1947
Country of birth
SINGAPORE

Sex
M

SLJ 6922E
owner & driver



4744346



NRIC No: S0771475J

Date of issue
12-07-2011

APT BLK 549 BEDOK NORTH AVENUE 1 #08-444
SINGAPORE 460549

NRIC No: S0771475J

Date: 22/03/2015



SLJ 6922E
Owner & driver





GREAT AMERICAN INSURANCE CO
UEN: T15FC0029B GST REG. NO.: M
3 TEMASEK AVENUE, #16-01 CENTENNIA
SINGAPORE 039
TEL: +65 6804 6000
FAX: +65 6235 2000

MOTOR COVER NOTE: MT20178233

The Insured mentioned in this Cover Note, having proposed for insurance in respect of Vehicle described, is hereby **HELD COVERED** under the terms of the Insurer's usual 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
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 Workst	: 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