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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

EMail Address

- 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 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 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.

oforesaid.		
<b>公司的证明</b> ,这位是一个公司	ACCIDENT STATEMENT	
Date Of Report	10/05/2018 14:14	
Date Of Accident	10/05/2018 10:20	
Exact Location Of Accident	ALONG TOA PAYOH LORONG 1	
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLL6942L	
Insured/Policyholder		
Name Of Registered Owner	DANDELION ED PTE LTD	
Co Reg No	201314301M	
Email Address	NGIAP147@HOTMAIL.COM	
Mobile Phone No	(LOCAL) +65-87180969	
Alternative Phone No	OFFICE-67023360	
Vehicle Particulars		
Manufacturer	HONDA	
Model	VEZEL-1.5 X CVT (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	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	999994943/100855728-00026	
Cover Note Number		
Driver		
Name of Driver	WEE NGIAP KIAN	
NRIC No	S1735633Z	
Date Of Birth	17/01/1966	
Occupation	OUTDOOR	
Date Of Driving Pass	22/11/1997	
Driving Experience	20 YEARS AND 5 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-87180969	
Fax Number		

OFFICE-67023360

NGIAP147@HOTMAIL.COM

BLK 96 LORONG 3 TOA PAYOH Address

#15-42 310096

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

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

NO

ambulance?

YES

Was any other material or property damaged?

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

Vehicle Registration Number

SLV6320D

Vehicle Make/Model/Colour

HONDA JAZZ

DETAILS OF OTHER VEHICLE PROPERTY 1

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

THANABAL S/O PERUMAL MANGALLEESWARAN

NRIC/Passport Number

S0785980E

Contact Number

94568277

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name

WEE NGIAP KIAN

Veh A. SLL 6942L VILLB: SW 6320D

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 liability.
- 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.
- 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 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:

- 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)
  - (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

10/02/2018

(ii) for complying with requirements under any regulations, laws or court orders.

DANDELION ED P

ROI 411314301 Policyholder's Signatur Date & Time:

Driver's Signature

(If driver is not the policyholder)

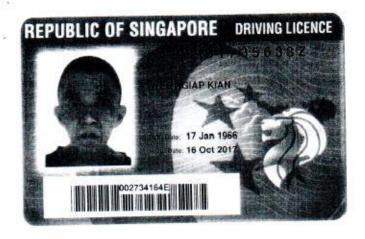
Date & Time:

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

SKETCH PLAN	7 (4)	
Veh A: SLL 6942L	75 × 12 1/	BIK 115
Veh B: SLV 6320D	Toa Payoh	
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DECLARATION	12.300	pu.
I/We declare the foregoing partic	ulars are true in every respect.	/
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DANDELION ED PTE LTD	10 0 20	(MV 1000) 100
ROC: 201314301M	Driver's Signature	Reporting Centre Personnel's Signature
Policyholder's Signature Date & Time:	(If driver is not the policyholder)	Name: 200 / WATA
Sete & Tillies	Date & Time:	NRIC/FIN No.: 908 21

# Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com Particular Of Insured/Driver & Details Of The Accident Motor Accident Report \*Time of Accident: 10 - 20 am \*Date of Accident: 10 (05 120 18 \*Accident Location: Ton Payoh Lorong Vehicle Details \* Make & Model: Honda VEZEL 1-5 X CVT \*Vehicle Number: SLL 6942 L Insured / Policyholder \*Owner Name: Danderion ED Pte Had \*NRIC: 201314301 W \*Address: \* HP: \*Email: (Indoor / Outdoor) \* Tel /H /Other: Wine 6400 3360 \*Occupation: Driver ( ) same as above \*Driver Name: Wee Hajap Klavi \*NRIC: S 1735 633 Z \*Address: Bik 96 Lorong 3 Toa Payoh #15-42 Singapore 310096 \*Date of Birth: 17 . 1 . 1966 \*Driving Pass Date: 33 . 11 . 1997 \* HP: 841 8 0969 \*Email: Naiap 147 @ Notwail . (om \*Gender: Male) / Female \*Occupation: Vrive (Indoor / Outdoor) \* Tel /H /Other: \*Driver an employee: Yes / No (\*If no, what is relationship with the policyholder: Passengers Details \* P/Name: \_\_\_\_\_\_(Male/Female) \* P/Name: \_\_\_\_\_\_(Male/Female) (Male/Female) \* P/Name: (Male/Female) \* P/Name: Insurance Company \*Coverage: C / TPFT / TPO \* Policy No: \_\_\_\_\_ \*Insurer: Detail of other vehicle / Property 2 Detail of other vehicle / Property 1 Vehicle No.: SW 6320 D Vehicle No.: Make & Model: Houd a Jazz Make & Model: Vehicle Category: Vehicle Category: Name of Driver: Thanabal Yo Perumal Mangalessa waran Name of Driver: NRIC : 9 0785980E NRIC : HP : 9456 8277 No. of Passengers (Including Driver):\_\_\_\_ No. of Passengers (Including Driver): \_\_\_ For Official Use Only \*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims) General Information of the accident \*Type of accident: Head-Rear / Side swipe / others: \*Any video cam: Yes / No \*Weather conditions: Clear / Raining / others: \_\_\_\_\_\_ \*Road Surface: Dry / Wet / others: NRIC :\_\_\_\_\_ HP:\_\_\_\_ \*Witness: Yes / No (Name: \_\_\_\_\_ \*Accident reported to police: Yes / No \*Summon against whom: \_\_\_\_ \*No. of passengers (include driver): \_\_\_ \*Injured party: Nes / No -I/Name: Web Kajap Kian \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No -I/Name:





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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 22 Nov 1997 passengers, axclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A



1223773 8t 26x08-1993 APT BLK 96 LORONG 3 TOA PAYOH #15-42 SINGAPORE 310096 No: 6995223 NRIC No: \$17356332 Date: 30/12/2011



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)

M.Z.400

COMPREHENSIVE COMMERCIAL MOTOR

OWN DAMAGE EXCESS S\$2,000.00 (1 & 11)S\$100.00

WINDSCREEN EXCES (for policies with effect from 1st November 2002)

SUM INSURED S\$1.00 INSURING WITH COE/PARF YES

1) VEHICLE REGISTRATION NO.

CERTIFICATE NO. 999994943/100855728-00026

SLL 6942L

2) NAME OF INSURED

Dandelion ED Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT 6 Mar 2018 OF INSURANCE FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE

13 Sep 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE \*

Any person who is driving on the insured's order or with their permission.

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 \* Use for the carriage of passengers or goods in connection with the Insured's business.

Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.

1) Use for 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.

LOSS OF USE NOT INCLUDED

\* NAMED DRIVER N/A

HIRE PURCHASE COMPANY SWEE SENG CREDIT PTE LTD

\*Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Melaysia), 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 19 Mar 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD

000064-000

DIRECT CLIENTS 01.4.95

AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120

Authorised Representative

ORIGINAL

SSCDSK

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