

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	18/05/2018 15:55
Date Of Accident	18/05/2018 11:50
Exact Location Of Accident	WOODLANDS STREET 82 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT1313C
Insured/Policyholder	
Name Of Registered Owner	AHMAD DAHRI
NRIC No	S2696307I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97325814
Alternative Phone No	Office-97325814

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200
Exact Purpose for which vehicle was being used at time of accident	
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	2100485156-01
Cover Note Number	

Driver

Name of Driver	AHMAD DAHRI
NRIC No	S2696307I
Date Of Birth	03/03/1960
Occupation	INDOOR
Date Of Driving Pass	15/10/2002
Driving Experience	15 YEARS AND 7 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97325814
Fax Number	
Contact Number	OFFICE-97325814
EMail Address	NOEMAIL
Address	BLK 879 WOODLANDS STREET 82 #06-24
Postcode	730879
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	
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

MY CAR STATIONARY, WAITING FOR PARKING LOT. CAR B (GBF8866K) REVERSING AND COLLIDED MY CAR FRONT. NO ONE WAS INJURE AND WE EXCAHNGE PARTICULAR. I HAVE IN CAR CAMERA RECORD DOWN.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REFER CSE ALAN QUEK
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF8866K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN SONG HUI
NRIC/Passport Number	

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

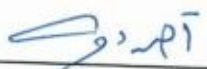
SKETCH PLAN

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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

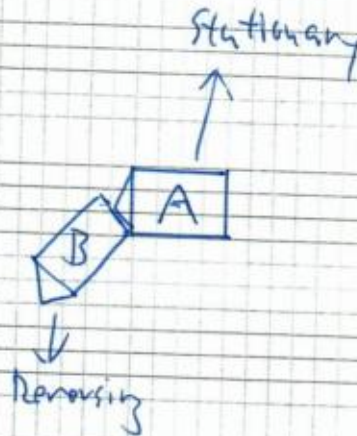


Reporting Centre Personnel's
Name: Alan Quak
NRIC/FIN No.:

SKETCH PLAN

(A) SGT 1313C

(B) GBF 8866K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- ① 'A' vehicle stationary, waiting for parking lot
- ② 'B' vehicle reversing and collided 'A' vehicle front.
- ③ No one was injured and we exchange particulars
- ④ I have in car camera record down.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature
Date & Time

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

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



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Ahmad Dahri
Period of Insurance : 05 Oct 2017 To 04 Oct 2018
Engine No. : 27492030604881
Chassis No. : WDD2050422R166346

Vehicle No. : SGT1313C
Policy No. : 2100485156-01
Endorsement No. :
Issued Date : 04 Sep 2017

ABOUT THE COVER

Make/Model : MERCEDES BENZ C200 SEDAN AVANTGARDE / EXCLUSIVE
Engine Capacity/Tonnage : 1,991.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2016
Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

in The Policyholder's
or any other person who is driving on the Policyholder's order or with his/her permission.
This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.
You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if you are or Your Authorized Driver (named or unnamed) is under the age of 23 and/or has less than 3 years' driving experience.

Age Condition : All Age Condition

Limitation as to use* :

Use only for road, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, liability law or sports-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Limits of Use 2000/c.

* Limitations rendered imperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 186) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$500 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreens : \$100

Named Driver and Excess (where applicable)

Ahmad Dahri - \$500 (Own Damage)

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

1. Express Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408650 67412339

2. Pandan Loop Service Center - Body Care & Repair (For accident repair & accident reporting) Add: 186 Pandan Loop Singapore 128379 67778556

For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MERCEDES-BENZ FINANCIAL SERVICES (S) LTD

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 186), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1981 (Malaysia).

050436022

CYCLE & CARRIAGE - EUGENE
239 ALEXANDRA ROAD
SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Smile

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

28 Shenton Way #02-16 AIG Building 5079120 | T: +65 6419 3000 | F: +65 6416 3723 | www.aig.com.sg

AIG Asia Pacific Insurance Pte. Ltd.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S26963071**
Name: **AHMAD DAHRI**

Birth Date: **03 Mar 1960**
Issue Date: **25 Aug 2003**

000770498K

FOR C&C USE ONLY

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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	15 Oct 2002

NP 428A

Licence No: S26963071

FOR C&C USE ONLY

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

