

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	27/06/2018 17:23
Date Of Accident	22/06/2018 22:30
Exact Location Of Accident	MARINA BAY SANDS (BAYFRONT AVE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT2332G
Insured/Policyholder	
Name Of Registered Owner	LIM LAY SIM
NRIC No	S1480683J
Email Address	PAMELA.LIM@BORNEOMOTORS.COM.SG
Mobile Phone No	(LOCAL) +65-96940444
Alternative Phone No	OFFICE-96940444

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVP000003716-00-000
Cover Note Number	

Driver

Name of Driver	MUHAMMAD HELMI BIN RUSLAN
NRIC No	S8931264G
Date Of Birth	08/09/1989
Occupation	INDOOR
Date Of Driving Pass	24/11/2014
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96948989
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 105D EDGEFIELD PLAINS #06-57
Postcode	824105
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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)	3
Passenger 1	NAME: : MUHD HASSANAL RUSLAN GENDER: : MALE
Passenger 2	NAME: : JULIE SOPANTI GENDER: : FEMALE

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

I STOP MY VEHICLE AT TRAFFIC LIGHT. VEHICLE B CANNOT STOP IN TIME AND HIT MY VEHICLE FROM BEHIND.

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	SHA7431T
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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.

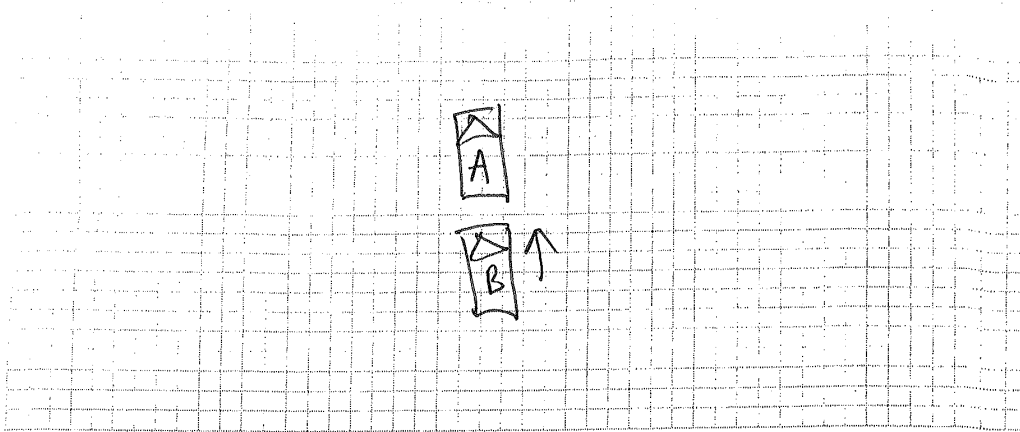
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stop my veh at Traffic light, veh B cannot stop vehicle A hit my veh from behind

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.:

27/6/2018

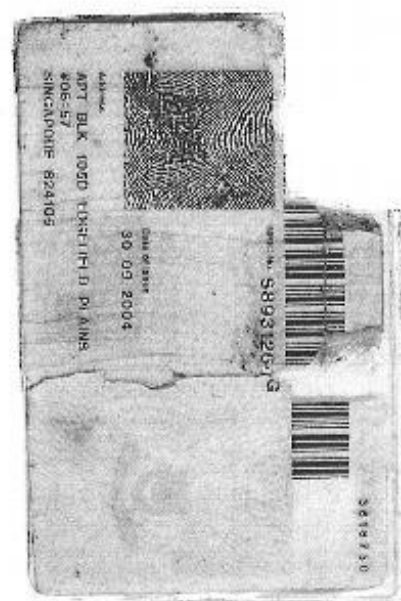
27/6/18 11.40 AM

Identification Card



owner

Driving License



INSURANCE



GREAT AMERICAN INSURANCE COMPANY

UEN: T15FC0029B GST REG. NO.: M90370081T
3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER
SINGAPORE 039180
TEL: +65 6804 6000
FAX: +65 6235 2616

CERTIFICATE OF INSURANCE

* Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third Party Risks and Compensation) Rules, 1987
Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia)

Policy Details

Certificate Number	: MOMVP00003716-03-000	Cover	: Private Car (Comprehensive)
Policyholder Name	: Lim Lay Sim	Chassis Number	: JTDGG20W5CJ009474
NCD Entitlement	: 50% No Claim Discount	Engine Number	: 2ZR0A78769
Hire Purchase	: HONG LEONG FINANCE LIMITED	Registration Number	: SLT2332G
Period of Insurance	: From 02/04/2018 (00.00) To 01/04/2019 (23.59) (Both Dates Inclusive)		

Persons or Classes of Persons entitled to Drive

- a) The Policyholder
b) Any person who is driving on the Policyholder'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 or so has been Vehicle 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

Limitations as to Use

Use only for social, domestic and pleasure purposes and for Policyholder's business
This Policy does not cover:

- a) Use for Hire and Reward
b) Use for racing, pace making, reliability trial or speed testing
c) Use for carriage of goods (other than samples) in connection with any trade or business
d) Use for any purpose in connection with Motor Trade

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

Excess (Section 1)	: N/A	Workshop	: Dealer Workshop
Excess (Section 2)	: N/A	Off Peak Car	: No
Windscreen Excess	: SGD 100.00	NCD Protection	: Yes
ADDITIONAL EXCESS	: Please refer overleaf		

Driver Details

Main Driver	: Lim Lay Sim
Named Driver 1	: Chester Yeo Qi Han
Named Driver 2	: Jeraldine Yeo Hui Qing
Named Driver 3	: N/A
Name of Intermediary	: NLE Insurance Agencies Pte Ltd

Date of Issue

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of
Great American Insurance Company

Authorised Signatory
mlaw

AUTHORISE LETTER


Pamela Lim Lay Sim
105 Petir Road #12-13
S(678274)
26 June 2018

RE: Signatory Authorization on behalf of Pamela Lim Lay Sim

To whom it may concern,

I, Pamela Lim Lay Sim, s1480683J, policy holder of certificate number MOMVP000003716-00-000, authorize Chester Yeo Qi Han, s9302520b to act on behalf of and to which, allow signatory decision to be made by him with regards to the accident reporting on vehicle SLT2332G.

Sincerely,

 06/6/18
Pamela Lim Lay Sim

+65 9694 0444

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

