## 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 <u>truthful and accurate</u> 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.
- 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	12/07/2018 17:05
Date Of Accident	27/05/2018 00:30
Exact Location Of Accident	SENGKANG SPORT CENTRE CAR PARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM1120U
Insured/Policyholder	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	201602573M
Email Address	EDWIN@CARCOVE.COM.SG
Mobile Phone No	(LOCAL) +65-90810094
Alternative Phone No	OFFICE-90810094
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	999994935/100833068-00002
Cover Note Number	
Driver	
Name of Driver	CAR COVE LEASING PTE LTD

 NRIC No
 201602573M

 Date Of Birth
 07/07/1998

 Occupation
 INDOOR

 Date Of Driving Pass
 26/03/2018

Driving Experience 0 YEAR AND 2 MONTH

Gender MALE

Mobile Number (LOCAL) +65-90810094

Fax Number

Contact Number OTHERS-90810094

EMail Address EDWIN@CARCOVE.COM.SG

Address BLK 684 WOODLANDS DRIVE 73

#13-211

Postcode 731684

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

1

### **General Information of the Accident**

Type Of Accident COLLIDED INTO PROPERTY

Weather Conditions CLEAR
Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 1
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.

## **Details of Police Action**

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Was notice of intended Prosecution given? NO

If Yes, against whom?

## **Circumstances of Accident**

ON THE DATE 06-06-2018 MY COMPANY CAR COVE RECEIVE A LETTER FROM AIG SAYING ONE OF MY HIRER DID BANG INTO THE BARRIER OF SENGKANG SPORT CTR. WE IMFORM THE HIRER BUT THE DRIVER SENT HIS FATHER TO MY COMPANY AND WE TOLD HIM ABOUT THE INCIDENT AND HE WAS NOT HAPPY WITH IT AND HE TOLD ME ONE OF THE CAR COVE MEMBER THAT HE WILL REPORT TO THE POLICE AND HE HIMSELF WILL SUE THE METRO PARKING AND DO NOT WANT TO PAY THE EXCESS OF \$6000 TO MY COMPANY.WE ATTACH WITH THE VIDEO FOOTAGE OF THE ACCIDENT.DURING REPORT THE DRIVER REFUSE TO COME AND WE ARE NOW DOING REPORT FOR OUR RECORD AND PLS DO NOT PAY ANYTHING TO THE METRO PARKING ,LET THE DRIVER'S FATHER GO AND SETTLE WITH THE OTHER PARTY THANKS.

## Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties BARRIER

Vehicle Category NA/UNKNOWN

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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- 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)

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 :
  - 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:
  - 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;

DRIVER NUMPL

NRIC/FIN No.:

Reporting Centre Perso

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cyholder's ignature	Driver's Signature (If driver is not the policyholder)	Name: NRICJFIN NO. POPOLI WATTING



AIC Asia Pacific Insurance Pte. Ltd. (201000404M) AIG Building 78 Shenton Way #07-16 Singapore 079120

www.aig.com.sg

T (85) 6419 3000 F (65) 6835 7416 6334 7775 WEINING

41 005.09

Your Ref : SLM1120U Our Ref : 7547455215SG-001 Date : 06 June 2018

Car Cove Leasing Pte Ltd 1557 Keppel Road #01-02, Singapore 089066

WITHOUT PREJUDICE

Dear Sir/Madam.

### ACCIDENT INVOLVING SLM1120U AND CAR PARK BARRIER ON 27 MAY 2018 AT SENGKANG SPORT CENTRE CAR PARK, SINGAPORE

We refer to the above matter.

We would like to inform you that we have received a claim from a third party involved in the above auto accident.

Our record shows that you have not reported the accident to us. We would appreciate it if you could urgently file a report at our approved reporting centre.

You should also IMMEDIATELY forward us by hand any letters or Courts Summons received from the other party involved in the accident. You should not negotiate, admit liability or offer payment to them.

We would like to bring to your attention that under Policy Condition 5A, we shall have full discretion in the process and settlement of the said third party claim.

Your NCD (No Claim Discount) will be reduced by 30% (20% for motorcycle/ commercial vehicles) if a claim is made (inder your policy.

To enable us to look into the matter immediately, please let us hear from you within seven (7) days from date of this letter. In accordance with the policy conditions, we reserve the right to repudiate the said claim to you should you not give proper notice to us of any occurrence which may give rise to it.

Kindly contact our Call Centre at (65) 6419-3000 if you have any further enquiries.

Yours faithfully,

Claims Department

AIG Asia Pacific Insurance Pte. Ltd.

This is computer generated document, no signature is required.

## Car Cove Leasing Pte Ltd ("The Company"

#### hirer / Authorized Oriver ("Oriver")

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go 16/07/2018

If we have had and series to the above mentioned terms and conditions.

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Car Cova Lessing Plaints



# CAR COVE LEASING PTE LTD

1 #02-04 ONE COMMONWEALTH BUILDING, COMMONWEALTH LANE, SINGAPOF Tel: 6204 8228 Fax: 6204 8229

201602573 m

### HIRER PARTICULARS

Name/Company

: MUHAMMAD MATIN ASYRAF BIN

MOHAMMAD KHAIRIL

ID/NRIC No/ROC

S9822309F

Contact (HP)

90810094

Contact (HOME)

Date of Birth

License Pass Date

Address

BLK 684 NO. A #13-211

WOODLANDS DRIVE 73

731684

## RENTAL AGREEMENT HA201805-000216

Rental Start Date : 25/05/2018

Rental End Date : 28/05/2018

Agreed Period : 3.00 Day(s)

Excess for Third : S\$ 6,000

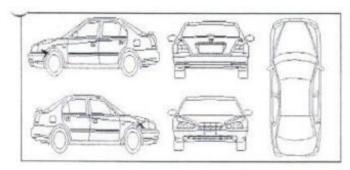
Party Insurance

## VEHICLE INFO

Reg No : SLM1120U

Make KIA

Model : CERATO FORTE



RENTAL /	LEASE CHARGES	S\$
PER DAY	70.00	
	TOTAL	70.00

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