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OD : TP ! Reporting Only	i-Motor W/O (Within: OD 2hr	s, 7'P 4hrs)	
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Preferred Wksp / INC Assign Wksp / QW;	(Tel: Fa	x;
TP Particulars: Veh No: JB	153910E . INC()/Non-INC().	
Owner / Driver: (Tel:)
Policy No: ()	Period: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%	Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 30-10	0%]
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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,
- 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.

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.
- 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,	
FERENCE WITH A SECOND OF THE SECOND	ACCIDENT STATEMENT
Date Of Report	16/07/2018 15:28
Date Of Accident	13/07/2018 14:55
Exact Location Of Accident	181 BEDOK NORTH RD
Country/State of Loss	SINGAPORE
學 A D D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM5405X
Insured/Policyholder	
Name Of Registered Owner	MARIC & PARTNERS PTE LTD
Co Reg No	201620701N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	AIRWAVE 1.5M 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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 999994654

Cover Note Number

Driver

Name of Driver TAN WENG KWANG

 NRIC No
 \$8426788J

 Date Of Birth
 30/08/1984

 Occupation
 INDOOR

 Date Of Driving Pass
 09/02/2015

Driving Experience 3 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93379749

Fax Number

Contact Number OFFICE-93379749

EMail Address NOEMAIL

Address BLK 25 JALAN BERSEH

#12-140

Postcode 200025

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

THER - HIKEN

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? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

GENDER:

NO

NO

NO

: FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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

SBS3910E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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 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.
- 5. 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
- 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:

- (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.

Maric & Partners Pte Ltd Co Reg No 2016/20181N

9 Tagore Lane #03-04

Policyholder's Signature 4/7 Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

SKETCH PLAN B2

181 Badoic North Rd Vehicle A: SJM 5405X Vehicle B: SBS 3910E

Birs stop

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Total of the Accident
On the stated date and time, I vehicle A turn left
to turn into the minor road. Suddenly vehicle B
accelerate and hit onto my vehicle rear left portion.

DECLARATION

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

Maric & Partners Pte Ltd Co Reg No 201620701N

Policyharder's signature Date & Times pore 787472

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 13 /07/2017 (dd/mm/	yy) Time of Accident: 14: 55 (24-HR-FORMAT)
	e Make & Model: Handa Airwave
Exact location of Accident: 181 B2	dok North Food.
Policyholder's Name / IC No. : Maric	& partners
Driver's Name / IC No. : Tan Wen	g Kwing 158426788 J (As Above)
Driver's Contact No.: 9337 93	T49 Company Contact No:
Driver's Address: Lik 25 Jalan	1 Berseh #12-140 s(200025)
	Email address (if any):
Relationship between Owner & Driver: (P Owner / Spouse / Children / Friend / Parents	Please CIRCLE one only) / Sibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TIC	K one only)
Own Insurance / Other Vehicle (The	one you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose	No. of Passengers (Including Driver):
Weather condition & Road conditions? (O	n the day of accident)
Clear & Dry / Raining & Wet /	After-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car	Camera? Yes / No
Any Injuries: Yes / No (If YES) Injured Person' Name:
Injuries Sustain:	Injured Person in Which Vehicle:
Police Report filed: Yes / No (If YES) Which Police Station:
	The Other Party(s) Details:
1. Driver's Name / IC No:	Vehicle No: SBS 3910E
	Insurance Company (If any):
2. Driver's Name / IC No:	Vehicle No:
Driver's Contact No:	Insurance Company (If any):
*Independent Witness (If Any):	Contact No:
Preferred Workshop Name:	

^{*}If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

* REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8426788J



Name

TAN WENG KWANG

陈荣光

CHINESE
Date of birth
30-08-1984
Country/Place of birth

SINGAPORE

Sex M S8426788J









5\$1900.00 (Sect II) NA

CERTIFICATE OF INSURANCE

POLICY EXCESS WINDSCREEN EXCESS BUM INSURED

25 April 2018

24 April 2019

INSURING WITH COEPART YES

MARIC & PARTNERS PTE LTD

MITTING VEHICLAS / THESE PARTY PRINCE AND COMPLEMENT VINE WALES. 1961

SUMMER PROPERTY AND DESCRIPTION

MATTER VETERLES CHANGE PARTY STORES MAJER 1995 (MALATER

THIRD PARTY
COMMERCIAL MOTOR
SJM5405X
POLICY NO. 3999-4054

T I VEHICLE REGISTRATION NO. I) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE

S) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE

Any present who is diving an the binamete order or with from perspanse.

31,000,50 Section 15 Excess is experitative for driver who is above 23 years and analysis with resonance 2 perspanses.

\$20,000,50 Section 15 Excess is experitative for drivers who is 11 years only with individual 1 years driving experience.

This pools device not cover always who are facility 21 years and an other binames. I year driving experience.

Provided that the person officery is permissed in accordance with the specialing or other laws or requisitions to their that its other of a Cost of Lee or by reason of any environment or regulation in that behalf from priving the Mobile Various.

6) LIMITATION AS TO USE"

- The for action, domestic parentier purposes and business purposes of traumic
 Use for excital phosphale places on purposes and purposes of any person when the winkup in time?
 The for the company of passengers for two or reward by any person to when the centure is hised.

LOSS OF USE

Not included

HIRE PURCHASE COMPANY NA

Substances condened properties by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Ad (Chapter 169), and Section 65 of the Road Transport Act, 1967 Milesyste), thir not following the included under these headings.

If the hereby Cartify that the policy to which this Cartificate relates is resided in accordance with the provisions of the Militor various (Trins-Party Risks and Companies or) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 12 Apr 2018

500656-000 Cowell Insurance (Agency) Pre. Ltd. # Burn Road 809-09 Trives Singapore 369977

AIG Asia Pacific Insurance Pte Ltd

AUTHORISED REPRESENTATIVE

BSPOEC

ORIGINAL