

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	20/07/2018 14:13
Date Of Accident	14/07/2018 12:15
Exact Location Of Accident	PIE CHANGI ON LANE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB6804Z
Insured/Policyholder	
Name Of Registered Owner	PREMIER ECO-CARE PTE LTD
Co Reg No	200804110z
Email Address	NEWPIONEER@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	Office-62651703

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE MANUAL
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	REPORTING ONLY
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	1700056415
Cover Note Number	

Driver

Name of Driver	DURASAMY MAHENDIRAN
NRIC No	G2136506N
Date Of Birth	02/03/1990
Occupation	OUTDOOR
Date Of Driving Pass	21/03/2015
Driving Experience	3 YEARS AND 3 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-90397923
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	-
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	2
Passenger 1	Name: : UNKNOWN Gender: : Male

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

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC7307Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

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 Signature
Name:
NRIC/FIN No.:

A hand-drawn diagram on grid paper illustrating a vehicle collision. Two rectangular vehicles are shown overlapping, with a red asterisk marking the point of impact. The vehicles are positioned on a road with dashed lane markings. Red arrows indicate the direction of travel for both vehicles, pointing towards the collision point. The road is bounded by solid lines on the left and right, and dashed lines in the center.

LICENSE PLATE: GBB 6804 Z	ACCIDENT DATE & TIME: 12:15 PM
CONTACT NUMBER: 90397923	E-MAIL ADDRESS: newpioneer @ 9ignet.com.sg.
LOCATION: PIE (Changi) on Lane 3	
<p>On 14/7/2018 @ 12:15pm, I was travelling going to PIE (Changi) on lane 3. Suddenly vehicle B (SKC 7307Z) cut into my lane and the vehicle swiped side of my vehicle. No one was injured.</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input type="checkbox"/> Claim Own Policy	<input type="checkbox"/> Claim Third Party
<input type="checkbox"/> Claim OD/TP at other workshop	<input checked="" type="checkbox"/> Reporting Only

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

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

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

INSURANCE CERT



POLICY SCHEDULE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Policy No. : 1700056415

Period of Insurance : 20 Oct 2017 to 19 Oct 2018

Issued Date : 13 Oct 2017

ABOUT THE POLICYHOLDER

Name of Policyholder : PREMIER ECO-CARE PTE LTD
Address : 2 CLEMENTI LOOP
#03-01 LOGIS HUB @ CLEMENTI
SINGAPORE 129609

Occupation/Nature of Business : Interior Design, Landscaping & Maintenance, Renovation contractor, Electrical Works

ABOUT THE VEHICLE

Registration No. : GBB6804Z Engine Capacity/Tonnage : 1 Tonnage
Chassis No. : JTFHT02P100048750 Engine No. : 1KD1958955
Seating Capacity : 2 First Year of Registration : 2009 Body Type : Van
Make/Model : TOYOTA HIACE VAN 1 ton (Van)
Hire Purchase Company/Employer's Loan : NA

ABOUT THE COVER

Sum Insured : Market Value Off Peak Car : No
Driver Restriction : NA Insuring with COE/PARF : No

Person or Classes of Persons Entitled to Drive :

- a) Any person who is driving on the Policyholder's order or with their permission.
b) This Policy will indemnify the Policyholder or any authorised 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 a Young and/or Inexperienced Driver (as defined in the policy) or under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use

- 1) Use in connection with the Policyholder's business.
2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving tuition, driving test, racing, sports, training, delivery, mail or specialising, and b) use whilst driving a motor except the towing of a motor disabled using a mechanically propelled vehicle as tow for any purpose in connection with Motor Trade.

Other Key Policy Benefits :

Key Replacement Cover: SAG, Stole, Rats and Civil Commotion, Dealer (first 3 years from original registration) • AIG Authorized Workshop • In-Car Camera Excess Waiver

EXCESS

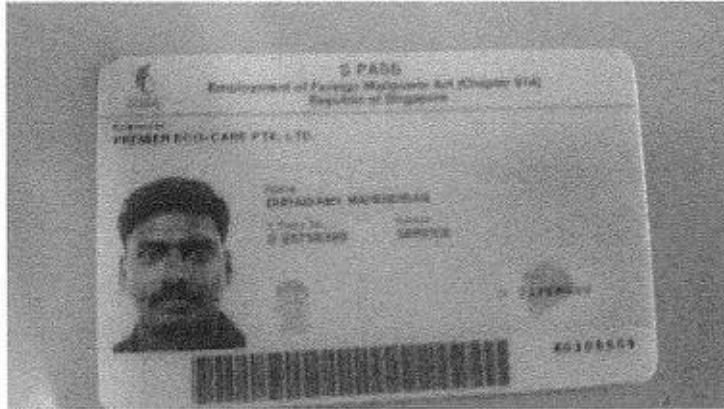
Section 1
Felo - \$0 Own Damage - \$500 Theft - \$0
Section 2
Property Damage - \$0
Windscreens : \$100

PREMIUM

Premium	:	\$	1,345.21
GST (7%)	:	\$	94.16
Total	:	\$	1,439.37

Your Premium includes the following discount(s)
Group Discount - 25.00%, COE Excess - 5.00%, No Claim Discount - 0%

DL & WP



DL & WP



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

