SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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 witholding 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. 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

	ACCIDENT STATEMENT
Date Of Report	13/05/2016 14:21
Date Of Accident	13/05/2016 08:30
Exact Location Of Accident	BARTLEY EAST HIGHWAY (BEFORE AIRPORT ROAD)
Country/State of Loss	SINGAPORE
•	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKG1799E
Insured/Policyholder	
Name Of Registered Owner	MOHANA DASS S/O A RENGASAMY
NRIC No	SXXXX174H
Email Address	MOHANA.DASS06@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91776202
Alternative Phone No	Others-91776202
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY-2.4 HYBRID (A)
Exact Purpose for which vehicle was being used at time of accident	normal usage
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	2100310310
Cover Note Number	
Driver	
Name of Driver	MOHANA DASS S/O A RENGASAMY
NRIC No	SXXXX174H
Date Of Birth	06/02/1963

INDOOR

12/04/1997

19 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91776202

Fax Number

Contact Number OTHERS-91776202

EMail Address MOHANA.DASS06@GMAIL.COM
Address BLK 714 PASIR RIS ST 72 #06-29

Postcode S510714

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

-

NO

NO

2

NO

NO

General Information of the Accident

Type Of Accident COLLISION- CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

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)

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 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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKB4061G

Vehicle Make/Model/Colour SUBARU/LEGACY
Details Of Properties REAR OF VEHICLE

Vehicle Category

Name of Driver MUHAMMAD YUSOFF BIN OMAR

NRIC/Passport Number SXXXX925G Contact Number 96866080 Address Postcode BLK 719 TAMPINES ST 72 #02-37

S520719

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHA2587K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver KOH CHYE SENG

NRIC/Passport Number SXXXX109B

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.
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- 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.
- 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 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.
- 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' law yers/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;
- (w) 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time いえる Sketch Plan	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	SHAZSBAK SKB40619 SKG1:	799E
/////	Ratter 1	

DAGIA JELLIZERT SOWI ZARHOLBO CHUWSH IN 31/2/81 MO
BARTIST FAST HIGHWAY TOWARDS TRADELL DIRECTION, WARRED
DEIGH 3.73W 22 WHILL 29 (GIDIFA) 2PW STIPST 24T
TAME 2 + LANCE 3 TO EXIT AT AIRPORT BO. TO LANT)
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THERE , SUBJECTIONS THE DAY MADE TESS A TON 2 PW
ZHÍ SARTARYÓ GT GRITHRU RN SÃ THAS SHÍ OT SPROWE
CAR THIEBRI OF AIM WHICH WAS MARINE A THEN FROM
THE 2MD LAAE.
THE YEAR GESTA 2587K P. THIS JUDGILIPE IN LAMEL
FORMARD BEARE SUBSENEY AT THE VEHICLE IN FAMILY OF
m & Stop HOGIL AUD MY-SENT- PLES FOLLDWED SINT BUT
CANDOF ZAW CRIFF 24T . FARCISSA FIND EN SENCES
· JUMI FRATT FA HAJA OF-00

Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time 1/30 HZS .

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

Witnessed by Reporting Centre Personnel



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: Mohine Dass Sto A Rengaring.			
VEHICLE NUMBER	: SEG 1799E			
DATE/TIME OF ACCIDENT	: 13/5/2016 @ 0830 hr.			
PLACE OF ACCIDENT	: Bartly East Highwy (Bt Fisport Rent Ex			
THIRD PARTY VEHICLE (IF ANY)	:SCB 40616.			
***********************	安全企会企会企会企会企会企会企会企业企业企业企业企业企业企业企业企业企业企业企业企			
where did you start your journey and where was the intended destination before the accident? Home Serangeen Central (with mother).				
	C DRINKS BEFORE YOU DRIVE ON THE DAY OF HE TRAFFIC POLICE CONDUCT ANY BREATHE- S, WHAT IS THE RESULT?			
WHAT IS THE TYPE OF COLLISION TO ALL VEHICLES INVOLVED?	ON AND THE EXTENSIVENESS OF THE DAMAGES			
WERE YOU OR YOUR PASSENGE WERE YOU TAKEN TO THE TRAF	ER/S INJURED? IF INJURED, WHICH HOSPITAL? FIC POLICE FOR INVESTIGATION?			

I Affirmed The Above Information Is Given To My Best Knowledge.

AIG Asia Pacific Insurance Pte. Ltd. AIG Building 78 Shenton Way #07-16 Singapore 079120 Tel: 6419 3000



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT(CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

M.X.1

TOYOTA AUTO PROTECTOR -

CERTIFICATE NO. 2100310310-03000

OWN DAMAGE EXCESS S\$1200.00 (1) WINDSCREEN EXCESS \$\$100.00

SUM INSURED Market Value

INSURING WITH COE/PARF Ves SKG1799E

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

Mohana Dass S/O A Rengasamy

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

3 Aug 2015

4) DATE OF EXPIRY OF INSURANCE

2 Aug 2016

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE * SUBJECT TO AGE CONDITION :All Age Condition

b) Into Insured.
b) Any other person who is driving on the Insured's order or with his permission.
This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions.
An "Elderly, Young and/or inexperienced Driver Excess" ("EYIDR") of an additional sum of \$\$3,000.00 in additional to the Policy Excess applies to You and an Authorised Driver (named or unamed) if You are or the said
Authorised Driver is above the age of 65, below the age of 23 and/or has less than 2 year's driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so 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

6) LIMITATION AS TO USE *

LIMITATION AS TO USE "
Use only for social, demostic and pleasure purposes and for the Insured's business.
The Policy does not cover use for him or rewards, tuition, driving test, racing, pacemaking, reliability trial speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

APPROVED REPORTING CENTRES / TOYOTA AUTHORISED REPAIRERS

1. Borneo Motors (5) Pto Ltd - 2 Pandan Crescent (Tel: 6631 1188)
APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)
APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)
APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)
A. ComfortDelgro Bogre - 205 Braddell Rd (Tel: 63837118) 3. DPS Body & Pairt Workshop - 209 Pandan Gardens (Tel: 65684501)
A. Elhoz - 30 Bukit Batok Cres (Tel: 66547777) 5. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - Por windscreen only
6. Kan Pook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 7. Lat Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)
8. Mova Automotive - 1008 Bukit Morah Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)
10. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)

LOSS OF USE Loss of Use 15 Days (1500 - 1600cc) - Refer to policy wordings for details

NAMED DRIVER NA

HIRE PURCHASE COMPANY MayBank

* 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.

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

Issued At Singapore 8 Jul 2015

030210-027 INCHCAPE AUTO TOYOTA-LK2KKM 33 LENG KEE ROAD

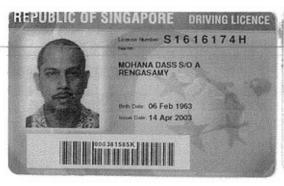
SINGAPORE 159102

AIG Asia Pacific Insurance Pte. Ltd.

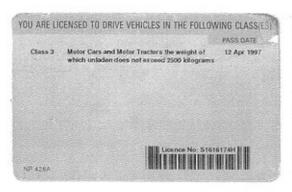
AUTHORISED REPRESENTATIVE

ORIGINAL

SSPOCC.









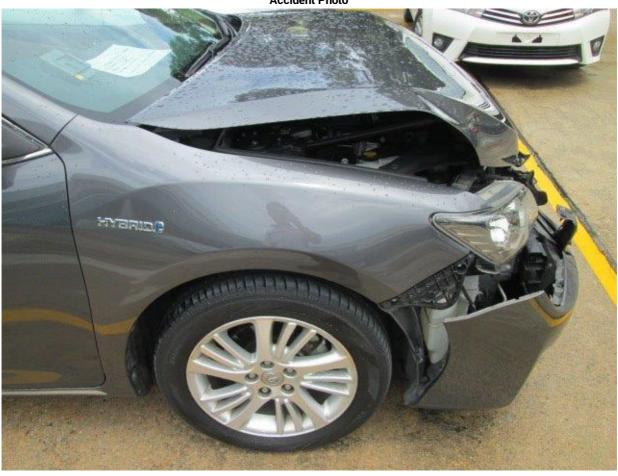












Accident Photo

