# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 24/09/2018 15:01

#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 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.		
	ACCIDENT STATEMENT	
Date Of Report	22/09/2018 17:11	
Date Of Accident	02/09/2018 12:50	
Exact Location Of Accident	CROSS JUNCTION BETWEEN DEFU AVE 1, TAMPINES ROAD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFY4386H	
Insured/Policyholder		
Name Of Registered Owner	BOLSEN MARINE SYSTEMS PTE LTD	
Co Reg No	200205022N	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-81815554	
Alternative Phone No	Office-66356010	
Vehicle Particulars		
Manufacturer	ТОУОТА	
Model	VIOS-1.5 E (A)	
Exact Purpose for which vehicle was being used at ime of accident		
Are you claiming under your own insurance policy for repair to your vehicle?	NO	
f No, Please state action to be taken	REPORTING ONLY	
Vehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.	
Гуре Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	2100503107-01	
Cover Note Number		
Driver		
Name of Driver	SINDY TOH LAI YEN	
NRIC No	S8608634D	
Date Of Birth	29/03/1986	

**INDOOR** 

24/10/2011

6 YEARS AND 10 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-81815554

Fax Number

**Contact Number** 

EMail Address SINDY@BOLSENMARINE.COM

Address BLK 334 HOUGANG AVENUE 5 #03-262

**SINGAPORE** 

NO 2

NO

NO

2

NO

NO

Postcode 530334
Was driver an employee of the Insured's Company YES

viao anver an employee of the moured o company

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 COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles 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)

Passenger 1 Name: : ERIN

Gender: : 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 THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

#### 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 SGQ2771Y

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver LEE SOO KIM

NRIC/Passport Number Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

S7637328J

#### Sketch Plan

#### 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)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the dalms;
  - (ii) investigating the accident and/or my claims;
  - (lii) 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
- (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:

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

	<u>Vehicle</u> A - B -
	3
B	<u>Legend</u>
STANCES OF THE ACCIDENT	Vehicle Motorcycle
HEDRS, I was driving along De weethen of Hougard Ave 7. I was driving along De weethen of Hougard Ave 7. I nothed the light furning re eded to stow my vehicle. It brake, but the vehicle so age to brake completely. The interpretable of the 3rd party vehicle, 50 cle had no stamage and no so sand party vehicle sustain sear beimper. Pictures we were recovaled.	rearns the read range the and Tamphes of in my direct on a transport of the strange of the strange of the strange of scratches are tout on and
going particulars are true in every respect.  r insurer may have a fourteen (14) days clause whereby the claim against own policy mus	st be made within the stipulated timeframe
e. Kindly There your policy for more details.	st be made within the



# CERTIFICATE OF INSURANCE

#### PRIVATE AUTO THIRD PARTY FIRE AND THEFT PRIVATE VEHICLE

Name of Policyholder : Bolsen Marine Systems Pte Ltd Vehicle No. : SFY4386H : 14 Mar 2018 To 13 Mar 2019 Period of Insurance Policy No. : 2100503107-01

Engine No. : 1NZX313801 Endorsement No.

Chassis No. : MR053HY4204149892 Issued Date : 12 Feb 2018

TOYOTA VIOS Make/Model

Engine Capacity/Tonnage: 1,497.00 CC Sum Insured : Market Value First Year of Registration 2005 Insuring with COE/PARF Driver Restriction Off Peak Car : No : NA Yes

Person or Classes of Persons Entitled to Drive\*:

Any person who is driving on the Policyholder's order or with their permission. This Policy will indemnify the Policyholder or any authorised driver only if helishe meets the specified age condition.

Age Condition : All Age Condition

Limitation as to use\*

Use only for social domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving taken, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

\* Literatabons rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Read Transport Act. 1967 (Malaysia), are not to be included under these headings.

Section 1 Fire - SO Theft - SO

Section 2 Properly Damage - 50

Named Driver and Excess (where applicable)

#### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centrest AIG Authorised Repairers (For claims related repairs)
Any accident repairs to the Vehicle can be carried out at the repairer of Your choice unless specifically excluded by Us)
For Approved Reporting CentrestARS Authorisede Repairers places contract our 24-hour accident emergency holline at +65 6338 6200. Attenditively, you may refer to AIG website www.aig.com.sg.cr. AIG
SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Pitay.

Hire Purchase Company/Employer's Loan: WILLIAM'S AUTO PTE LTD

InWe hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189). Part IV of the Read Transport Act. 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules. 1959 (Malaysia)

0691405000

TAN THIAM SOON ALEX MY MAILBOX 884384

SINGAPORE 919191 SP-MARGARETLEE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Marile

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8608634D





SINDY TOH LAI YEN

涂泉燕 Raco CHINESE Date of blots 29-03-1986

Country/Place of birth SINGAPORE

\$88086340

5606061

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 24 Cct 2011 of the driver; and other motor vehicles =< 2500kg

NP 428A

няс нь \$8608634D

31-05-2016

APT BLK 334 HOUGANG AVENUE 5 #03-262 SINGAPORE 530334



























