### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

Date Of Birth

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

aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	09/10/2018 11:35
Date Of Accident	08/10/2018 06:55
Exact Location Of Accident	CLEMENTI ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS8184G
Insured/Policyholder	
Name Of Registered Owner	MOHAMED SAFIEE BIN MOKRI
NRIC No	S1299975E
Email Address	APEKTONGKANG8184@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96668750
Alternative Phone No	Home-67672003
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	OUTLANDER-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO WORK
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 CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800028769
Cover Note Number	
Driver	
Name of Driver	MOHAMED SAFIEE BIN MOKRI
NRIC No	S1299975E

27/09/1958

**OUTDOOR** 

28/09/1983

35 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96668750

Fax Number

Contact Number HOME-67672003

EMail Address APEKTONGKANG8184@GMAIL.COM
Address APT BLK 167 PETIR ROAD #02-136

Postcode 670167

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

enicie

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 2
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.

Number of Passengers (Including Driver)

1

#### **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 ATTACHMENT.

#### Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: PLEASE REQUEST FROM OWNER

Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SKK4742C

Vehicle Make/Model/Colour MERCEDES-BENZ / DARK BLUE OR BLACK

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver VERGHESE SHAUN RICHARD

NRIC/Passport Number S7930555C

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

DENTED AND SCRATCHES

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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.
- 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:
  - (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:.

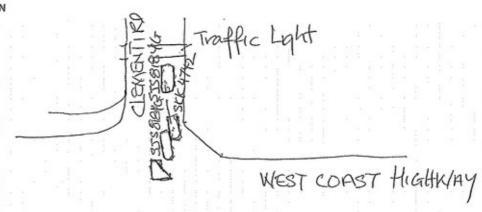
Driver's Signature

(If driver is not the policyholder)

Date & Time: 18/1040

Reporting Centre Personnel's Signature

Name BRIAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
On Monday at 0657 I was at lane 2 after the clements of After the I was at lane 2 after the traffic light I fifter my signal to left side as I integraled to go into west coast highway I looked at my left side there's no vehicle when I thered go into lane Suddenly I saw this dark blue or black mercedes - benz or my side. I turned my steening wheel to right and this mercedes - benz just drived passed me.	
DECLARATION  /We declare the foregoing particulars are true in every respect.  Policyholder's Silnature Driver's Signature Date & Time:	]



# CERTIFICATE OF INSURANCE

#### CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : MOHAMED SAFIEE BIN MOKRI : SJS8184G Vehicle No. : 1800028769 Period of Insurance : 28 Mar 2018 To 27 Mar 2020 Policy No.

: 4J11XP1934 Engine No.

Endorsement No. : GF7W0401271 : 06 Apr 2018 Issued Date Chassis No.

#### ABOUT THE COVER

Make/Model : MITSUBISHI Outlander 2.0 Elegance/Sports

First Year of Registration : 2018 Engine Capacity/Tonnage: 1,998.00 CC Sum Insured : Market Value Driver Restriction Off Peak Car : No Insuring with COE/PARF : Yes : NA

### Person or Classes of Persons Entitled to Drive\*:

a) The Policyholder b) Any other person who is driving on the Policyholder's order or with his/her permission. 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 or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

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 button, 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.

Loss of Use 1500cc - 1600cc

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

#### EXCESS

Section 1 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

MOHAMED SAFIEE BIN MOKRI - \$600 (Own Damage)

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

Cycle & Carriage Customer Service Centres (For windscreen claim only). Add: 20 Leng Kee Rd Singapore 159094 64708688
 Cycle & Carriage Customer Service Centre (For windscreen claim only). Add: 330 Ubi Rd 3 Singapore 408690 67481000.
 Cycle & Carriage Body & Paint Centre. Add: 209 Pandan Gardens Singapore 609339 65684501.

For ether Approved Reporting ContrastAIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www aig coming or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Standard Chartered Bank (Singapore) Limited

tWe 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. 169), Part IV of \$400 the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504620204

C&CMICP2 - BRYANT 239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

RECKRA





# **Accident Photo**





# **Accident Photo**











# **Accident Photo**



# **Driving License**





## **Identification Card**

