

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 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.

ACCIDENT STATEMENT

Date Of Report	12/11/2018 13:31
Date Of Accident	30/07/2018 11:55
Exact Location Of Accident	SYED ABDUL AZIZ (MALAYSIA)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM5253S
Insured/Policyholder	
Name Of Registered Owner	SEAH JIAQING
NRIC No	S8938408G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90039781
Alternative Phone No	OFFICE-90039781

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT2018AVAES0179
Cover Note Number	

Driver

Name of Driver	SEAH JIAQING
NRIC No	S8938408G
Date Of Birth	26/10/1989
Occupation	INDOOR
Date Of Driving Pass	16/03/2017
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90039781
Fax Number	
Contact Number	OFFICE-90039781
Email Address	NOEMAIL

Address	31 ROSEWOOD DRIVE #05-27
Postcode	737922
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	-
	-
	-

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?	YES
Foreign Vehicle Registration Number	WB6111H (PRIVATE CAR)
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: UNKNOWN
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFIK MELAKA TENGAH
Police Station Address	ROAD: MELAKA , POSTCODE: 011127 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT.

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	WB6111H
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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 Pg. 1

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 interested parties.
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.

Policyholder's Signature
Date & Time:

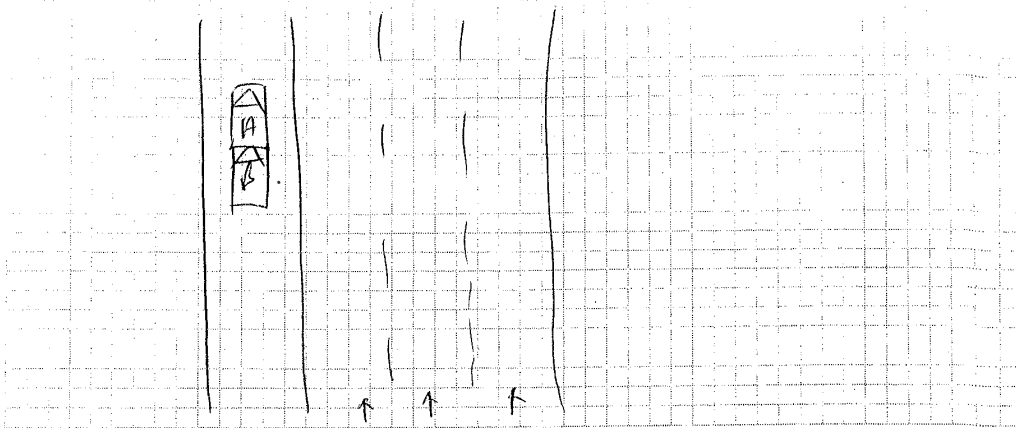
12/11/18

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

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

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.:

4/1/2018 10:00 AM



POLIS DIRAJA MALAYSIA

REPOt POLIS

Balai : TRAFIK MELAKA TENGAH
 Daerah : MELAKA TENGAH
 Kontinjen : MELAKA
 No Repot : TRAFIK MELAKA TENGAH/014021/18
 Tarikh : 30/07/2018
 Waktu : 1534 PM
 Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R113247
 No Repot Bersangkut : TRAFIK MELAKA
 TENGAH/014018/18

Butir-butir Penerimaan Repot

Nama : MUHAMMAD ROSDY ANUAR B MOHD NAWI No Personel : R147881 Pangkat : KPL

Butir-butir Jurubahasa (Jika Ada)

Nama : --- No K/P (Baru) : --- No Polis/Tentera : ---

No Pasport : --- Bahasa Asal : ---

Alamat : ---

Butir-butir Pengadu

Nama : SEAH JIAQING

No K/P (Baru) : --- No Polis/Tentera : --- No Pasport : S8938408G

No Sijil Beranak : ---

Jantina : Lelaki Tarikh Lahir : 26/10/1989 Umur : 28 tahun 9 bulan

Keturunan : Cina Warganegara : Malaysia

Pekerjaan : SWASTA

Alamat Tempat Tinggal : 31 ROSEWOOD DRIVE#05-07 SINGAPORE, SINGAPORE, 737922

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : 90039781 No Tel (Pejabat) : 90039781 No Tel (HP) : ---

Emel : ---

Pengadu Menyatakan:-

DATE 30/07/2018 AT 1:15:3 HRS

AT ABOUT 11:30HRS, MY VEHICLE NISSAN LATI0 WHITE (SJM5253S) WAS TRAVELLING ALONG THE BRIDGE AT SYED ABDUL AZIZ TOWARDS MAHKOTA(MELAKA RAYA) AT THE ACCIDENT VENUE. MY-PASSENGER DROPPED HER WALLET ALONG THE BRIDGE WHILE THE VEHICLE WAS TRAVELLING. I HAD TO STOP AT THE EMERGENCY LANE AT THE SIDE OF THE ROAD TO PICK UP THE DROPPED WALLET ALONG THE ROAD. BOTH OF US STEPPED OUT TO LOCATE AND RETRIEVE THE ITEM. WHEN WE WERE WALKING BACK TO THE VEHICLE, WE SAW A MOTORCYCLE(WB6111H) FROM QUITE A DISTANCE TRAVELLING AT FAST SPEED TOWARDS MY VEHICLE FROM THE BACK. THE MOTORCYCLE COLLIDED INTO THE REAR OF MY VEHICLE. I IMMEDIATELY WENT UP TO THE MOTORCYCLIST TO ASK IF HE NEEDED ASSISTANCE OR IF HE IS ALRIGHT. MY VEHICLE WAS DAMAGED AT THE BACK, THE BUMPER WAS DAMAGED AND MY CAR BOOT WAS UNABLE TO CLOSE AFTER THE COLLISION.

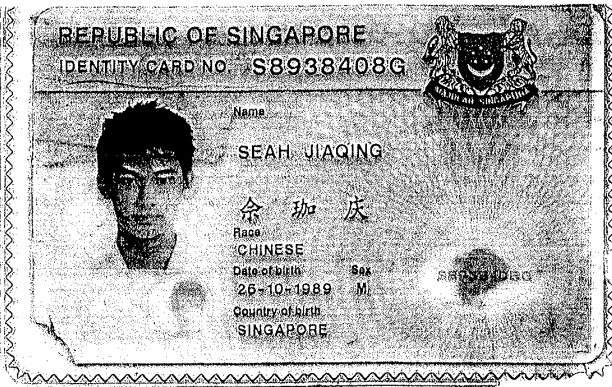
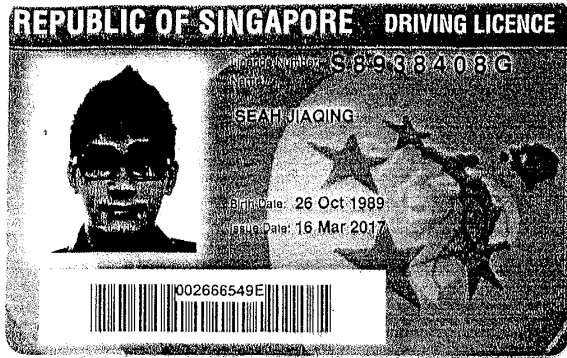
Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

1.0 Pendetak | Tarikh @ Masa Cetak

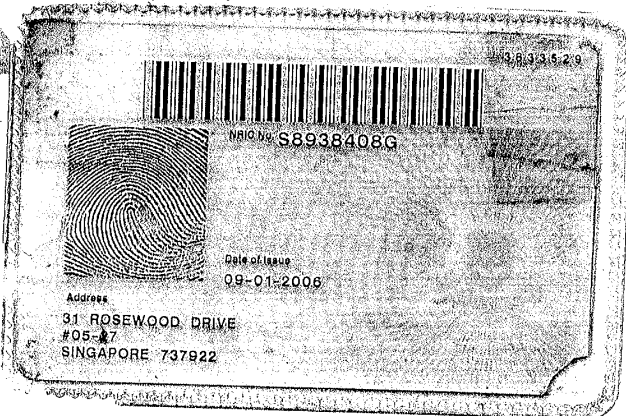
: R147881 | 30/07/2018 03:52:49 PM



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg

EFFECTIVE DATE: 16 Mar 2017



NP 428A



GREAT AMERICAN INSURANCE COMPANY

UEN: T15FC0029B GST REG. NO.: M90370081T
 3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER
 SINGAPORE 039190
 TEL: +65 6804 6000
 FAX: +65 6235 2616

MOTOR COVER NOTE: MT2018AVAES0179

The Insured mentioned in this Cover Note, having proposed for insurance in respect of the Motor Vehicle described, is hereby HELD COVERED under the terms of the Insurer's usual form of Motor Policy applicable thereto for the period mentioned unless the cover is terminated by the Insurer by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

The Insurer	: GREAT AMERICAN INSURANCE COMPANY
The Insured	: SEAH JIAQING
Insured NRIC/Passport No/ ROC	: S8938408G
Policy Coverage	: Comprehensive
Make And Description of Vehicle	: NISSAN LATIO 1.5L AT ABS AIRBAG 2WD 4DR
Vehicle Registration No.	: SJM5253S
Year of Manufacture:	: 2008
Engine No.	: HR15064423B
Chassis No.	: JN1BAAC11Z0020804
Engine Capacity/ Tonnage/ Seater	: 1498 CC
Hire Purchase	: OCBC BANK LTD
Value (\$\$)	: Market Value (\$\$)
Period of Insurance	: 21/07/2018 to 20/07/2019
Excess (\$\$)	: 400
Great American Authorized Workshop	: Yes

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

For and on behalf of Great American Insurance Company

A handwritten signature in black ink, appearing to be a stylized name or set of initials.

Great American Insurance Company
 Authorized Signatory

Date of Issue : 07/04/2018

Intermediary : AVA Insurance Brokers Pte Ltd

Cover Note Validity : 30 days from the Date of Issuance

MTR/COVERNOTE/V02/18

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

