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#### 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 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.

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Date Of Report 10/12/2018 12:19
Date Of Accident 08/12/2018 15:25

Exact Location Of Accident CTE TWDS PIE CHANGI AT THE FLYOVER

Country/State of Loss SINGAPORE

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLA2121Z

Insured/Policyholder

Name Of Registered Owner POON CHEE MUN MIKE

NRIC No S7437175B

 Email Address
 MIKEPOONCM@GMAIL.COM

 Mobile Phone No
 (LOCAL) +65-98500866

 Alternative Phone No
 OTHERS-98500866

Vehicle Particulars

Manufacturer BMW Model 630I

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken

The Vehicle Category

Property Prop

THIRD PARTY PRIVATE CAR

Insurance Company

Name of Insurance Company

GREAT AMERICAN INSURANCE COMPANY

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number MOMVP000003845-00-000

Cover Note Number

Driver

Name of Driver POON CHEE MUN MIKE

 NRIC No
 \$7437175B

 Date Of Birth
 13/08/1974

 Occupation
 OUTDOOR

 Date Of Driving Pass
 01/10/1995

Driving Experience 23 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98500866

Fax Number

Contact Number OTHERS-98500866

EMail Address MIKEPOONCM@GMAIL.COM

Address

BLK 165 STIRLING RD

#03-1261

Postcode

140165

Was driver an employee of the Insured's Company

If No. Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

NO

Insurance Company of Driver's Own Vehicle

## General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

DRIZZLING

Road Surface

WET

#### 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?

YES

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)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

4

#### **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

I WAS TRAVELLING FROM CTE TWDS PIE CHANGI AT THE FLYOVER ON THE RIGHT LANE OF A2-LANES RD.SUDDENLY VEH(B)BEARING REG NO GBH88G CAME FROM BEHIND TO AVOID DIRECT IMPACT, HE SWERVED HIS VEH TO THE RIGHT AND HIS LEFT SIDE OF HIS VEH HIT ONTO MY REAR PORTION OF MY VEH.

#### 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

GBH88G

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

JEGANA THAN MUTHUVEL

NRIC/Passport Number

0 35786260

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

POON CHEE MUN MIKE

BACK & NECK

SLA2121Z

YES

NO

## 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
  - 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 .:

NRIC/FIN No.:

Date & Time:

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7437175B





POON CHEE MUN MIKE





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CHINESE 13-08-1974

SINGAPORE



5344869

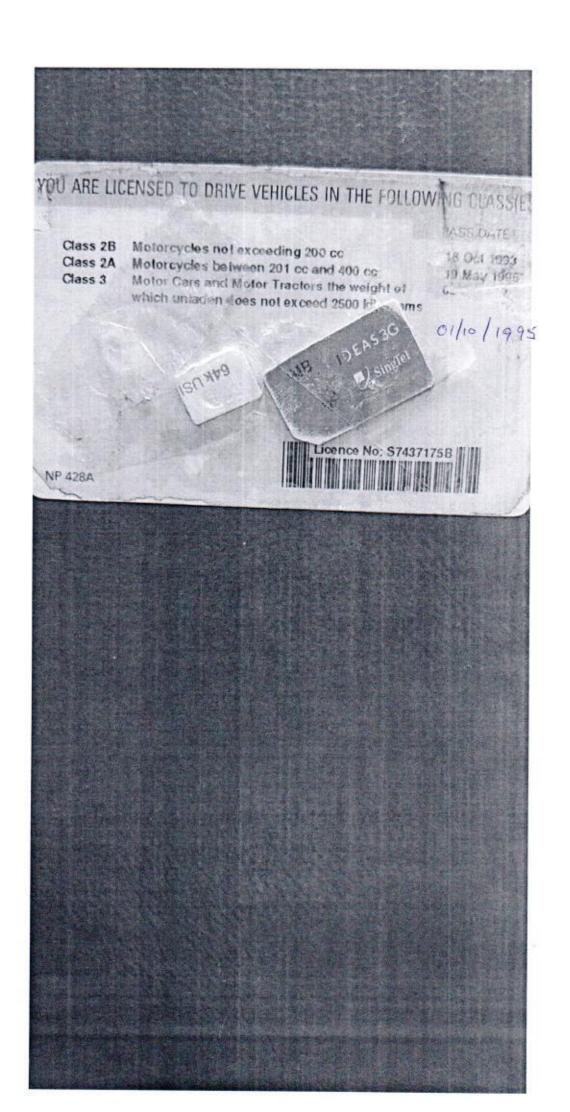


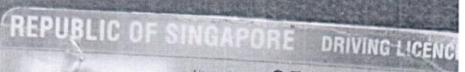
27-08-2014

APT BLK 165 STIRLING ROAD #03-1261 SINGAPORE 140165

NRIC No: \$7437175B SINGAPORE USUSSO

Date: 24/12/2015

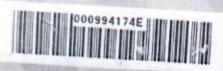




Licence Number S7437175B

POON CHEE MUN (PAN ZHIWEN)

Birth Date 13 Aug 1974 Issue Date 13 Nov 2003





### 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

# ERTIFICATE OF INSURANCE

Policy Details

Certificate Number

MOMVP000003845-00-000

: Private Car (Comprehensive)

Policyholder Name

Poon Chee Mun Mike

Chassis Number

WBAEA12040C098094

NCD Entitlement

30% No Claim Discount

Engine Number

04996997N52B30AF

Hire Purchase

TOKYO CENTURY LEASING

Registration Number

: SLA2121Z

(SINGAPORE) PTE. L

Period of Insurance

From 10/07/2018 (00:00) To 09/07/2019 (23:59) (Both Dates Inclusive)

# Persons or Classes of Persons entitled to Drive

- The Policyholder
- Any person who is driving on the Policyholder's order or with their permission

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

## Limitations as to Use

Use only for social, domestic and pleasure purposes and for Policyholder's business This Policy does not cover:

- Use for Hire and Reward
- Use for racing, pace making, reliability trial or speed testing b)
- Use for carriage of goods (other than samples) in connection with any trade of business c)
- Use for any purpose in connection with Motor Trade
- \* 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

Excess (Section 1)

SGD 1,500.00

Workshop

Authorised Workshop

Excess (Section 2)

N/A

Off Peak Car

No

Windscreen Excess

SGD 100.00

NCD Protection

No

ADDITIONAL EXCESS

Please refer overleaf

## **Driver Details**

Main Driver

Poon Chee Mun Mike

Named Driver 1

N/A

Named Driver 2

N/A

Named Driver 3

N/A

Name of Intermediary

Capstone Insurance Agency Pte Ltd

Date of Issue

28/06/2018

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

Signed for and on behalf of

Great American Insurance Company

Authorised Signatory

gaw