

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	08/01/2019 17:18
Date Of Accident	07/01/2019 01:45
Exact Location Of Accident	KJE TOWARD CHOA CHU KANG EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMA9362L
Insured/Policyholder	
Name Of Registered Owner	123 LEASING PTE LTD
Co Reg No	201801338W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-86279895
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA HYBRID 1.5X CVT
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 HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	ACT
Fleet Policy	NO
Policy Number	999994697
Cover Note Number	
Driver	
Name of Driver	MA KOK LEONG
NRIC No	S7511564D
Date Of Birth	02/05/1975
Occupation	OUTDOOR
Date Of Driving Pass	02/10/2000
Driving Experience	18 YEARS AND 3 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-86279895
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 180C MARSILING RD #19-2248
Postcode	733180
Was driver an employee of the Insured's Company	YES
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	COLLIDED INTO MOTORCYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JKA2503 (MOTORCYCLE)
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	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 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?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JKA2503
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	

NRIC/Passport Number
Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

Regend14-11-18:09:23

NOTIFIED 20/11/2018 20.00
Kok Leong

2/ 3

SKETCH PLAN

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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.

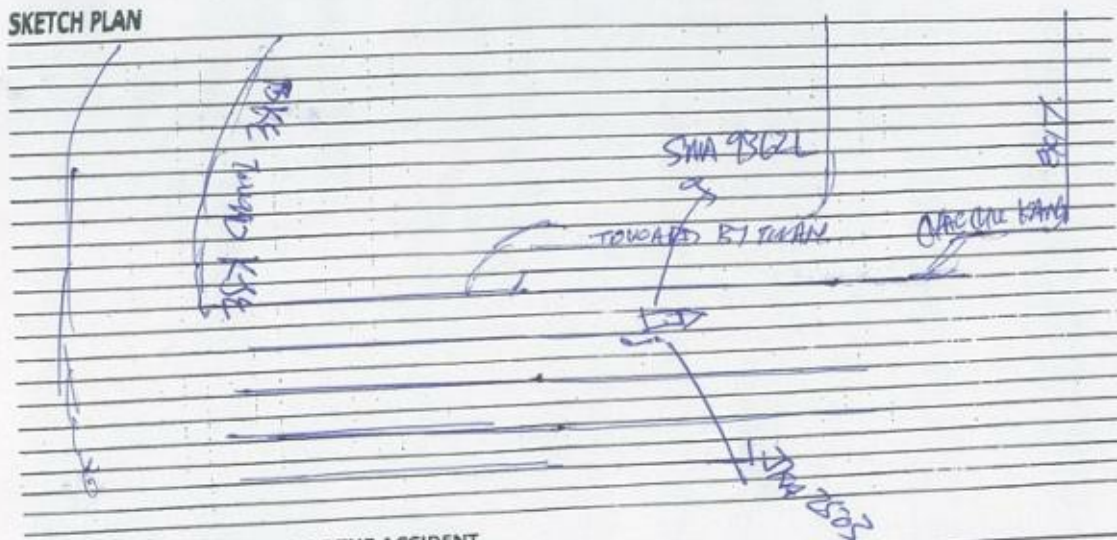


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7/1/2019 AT 1.45AM. BKE TOWARD KJE BEFORE CHAO CHU KANG EXPT. WHEN I WAS DRIVING ON THE LEFT LANE SUDDENLY A MOTORIST FROM MY RIGHT HAND SIDE BENG. MY CAR RIGHT REAR DOOR. THEN I STOP ON THE HIGHWAY AND I WENT DOWN TO TAKE A LOOK I SAW THE MOTOR RIDER WAS WAKING TO TOWARD HIS MOTOR BKE. AND I ASK HIM WANT TO CALL AMBALANCE HE FET OUT ME AND I TOLD HIM. FOLLOW ME TO THE 24 CLINIC HE AGREE AND WHEN I DROP MY PASSENGER IN THE TRUCKWHE AND I ASK HIM I SEND HIM TO 24 CLINIC AT BKE 259 CHAO CHU KANG BT BUKANTANG. WHEN WE REACH THE 24 CLINIC I SPEAK TO THE NURSE AND DOCTOR THEN THE DOCTOR SAY WE CALL AMBALANCE AND THE WAY THE TRAFFIC POLICE CALL AND ASK ME TO WAIT AT THE CLINIC AND THE AMBALANCE HAVE ARRIVE AND SEND THE MOTOR RIDER TO THE NEAR HOSPIITAL.

DECLARATION

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



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



Reporting Officer's Signature
Name:
NRIC/PIN No.:

INSURANCE CERT



HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M 2-430

COMPREHENSIVE		COMMERCIAL MOTOR		(The below excess is subject to GST)	
CERTIFICATE NO.	SMA9362L	POLICY EXCESS	S\$1500.00 (Sect I)		
POLICY NO.	999994607	WINDSCREEN EXCESS	S\$100.00		
1) VEHICLE REGISTRATION NO.		SUM INSURED	Market Value		
2) NAME OF INSURED		INSURING WITH COE/PARF	Yes		
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		SMA9362L			
4) DATE OF EXPIRY OF INSURANCE		123 Leasing Pte Ltd			
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*		22 June 2018			
		14 March 2019			
<p>Any person who is driving on the insured's order or with their permission.</p> <p>S\$1,500.00 Section I Excess and S\$2,000.00 Section II Excess is applicable for driver who is above 22 years old with minimum 2 years driving experience.</p> <p>S\$3,000.00 Section I Excess and S\$4,000.00 Section II Excess is applicable for drivers who is below 22 years old or with minimum 1 year driving experience.</p> <p>The policy does not cover drivers who are below 21 years old with less than 1 year driving experience.</p>					
<p>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.</p>					
6) LIMITATION AS TO USE*					
<p>1) Use for social, domestic, pleasure purposes and business purposes of insured.</p> <p>2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.</p> <p>3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</p> <p>The Policy does not cover: 1) Use for auction, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.</p>					
LOSS OF USE		Not Included			
HIRE PURCHASE COMPANY		TECK WEI CREDIT PTE LTD			
<p>*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.</p>					

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 in Singapore 25 Jun 2018

AIG Asia Pacific Insurance Pte. Ltd.

501295-000
Insure Link Pte Ltd
2 Kallang Ave
#08-16 CT Hub
Singapore 339407

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL

DL& IC







Accident Photo



ACCIDENT PHOTO



ACCIDENT PHOTO



ACCIDENT PHOTO



ACCIDENT PHOTO



Accident Photo



Accident Photo



Accident Photo



Accident Photo

