

## 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	18/01/2019 11:23
Date Of Accident	17/01/2019 14:30
Exact Location Of Accident	LOWER DELTA RD TWD KEPPEL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLK3935M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	123 LEASING PTE LTD
Co Reg No	2XXXXX338W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-91005339
<b>Vehicle Particulars</b>	
Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994697
Cover Note Number	
<b>Driver</b>	
Name of Driver	NEO KAH WATT
NRIC No	SXXXX488G
Date Of Birth	23/12/1959
Occupation	OUTDOOR
Date Of Driving Pass	22/05/1980
Driving Experience	38 YEARS AND 7 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-91005339
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	APT BLK 22 BEDOK SOUTH AVE 1 #14-779
Postcode	460022
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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.	NO
Number of Passengers (Including Driver)	2
Passenger 1	Name: : UNKNOW Gender: : Male

#### 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 THE 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	SHB1132R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI

Name of Driver  
NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

### 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:

17-1-19

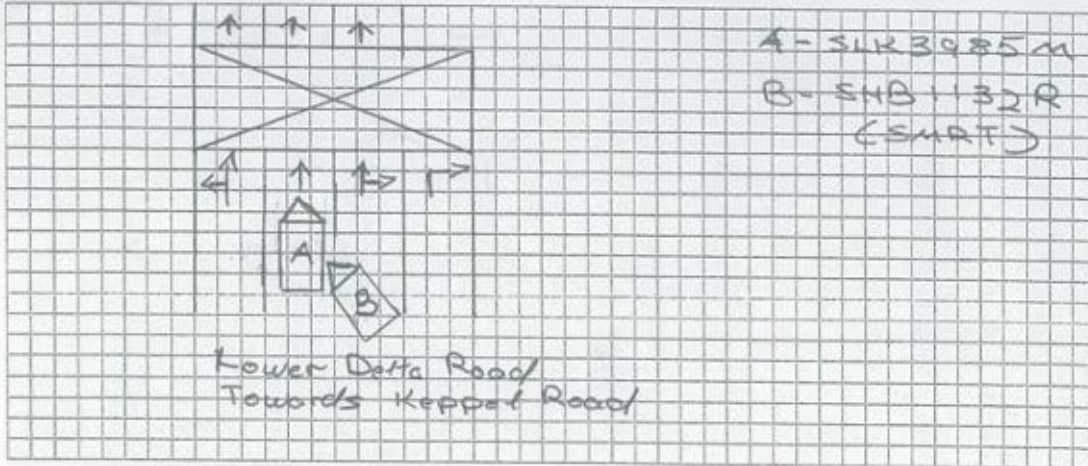
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

## Sketch Plan #2

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driver of vehicle A is travelling on Lower Delta Road with one passenger on 17-1-2014, at 1430 Hrs. Suddenly vehicle B (Taxi) collide head on to right side of vehicle A.

### DECLARATION

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

Policyholder's Signature  
Date & Time:

GIARM/C SketchPlanForm\_VB

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN 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)

MZ 400

<b>COMPREHENSIVE</b>		<b>COMMERCIAL MOTOR</b>		<b>POLICY EXCESS</b>		<b>S\$1500.00 (Sect I)</b>
<b>CERTIFICATE NO.</b>		<b>SLK3985M</b>		<b>WINDSCREEN EXCESS</b>		<b>S\$100.00</b>
<b>POLICY NO.</b>		<b>999994697</b>		<b>SUM INSURED</b>		<b>Market Value</b>
				<b>INSURING WITH COE/PARF</b>		<b>Yes</b>
				<b>SLK3985M</b>		
				<b>123 Leasing Pte Ltd</b>		
<b>1) VEHICLE REGISTRATION NO.</b>						
<b>2) NAME OF INSURED</b>						
<b>3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT</b>				<b>16 April 2018</b>		
<b>4) DATE OF EXPIRY OF INSURANCE</b>				<b>14 March 2019</b>		
<b>5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*</b>						
Any person who is driving on the Insured's order or with their permission.						
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.						
S\$3,000.00 Section I Excess and S\$4,000.00 Section II Excess is applicable for drivers who is below 21 years old or with minimum 1 year driving experience.						
The policy does not cover drivers who are below 21 years old with less than 1 year driving experience						
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.						
<b>6) LIMITATION AS TO USE*</b>						
1) Use for social, domestic, pleasure purposes and business purposes of Insured						
2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.						
3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.						
The Policy does not cover: 1) Use for tuition, 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.						
<b>LOSS OF USE</b>		<b>Not Included</b>				
<b>HIRE PURCHASE COMPANY</b>		<b>TECK WEI CREDIT PTE LTD</b>				

\*Limitations rendered inoperative by Section 9 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.

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 16 Apr 2018

AIG Asia Pacific Insurance Pte. Ltd.

500656-000  
Cowell Insurance (Agency) Pte. Ltd.  
8 Burn Road  
#09-09 Trivex  
Singapore 369977

*M. Javila*

AUTHORISED REPRESENTATIVE

SSPOEC

ORIGINAL

DL& IC

Land Transport Authority


**VOCATIONAL LICENCE**

Licence No: S1373488G

Name: NEO KAH WATT


Issue Date: 15/1/2013

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1373488G



Name: NEO KAH WATT

梁佳發


Race: CHINESE

Date of birth: 23-12-1959

Country/Place of birth: SINGAPORE

Sex: M

S1373488G



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1373488G

Name: NEO KAH WATT

Birth Date: 23 Dec 1959


Issue Date: 05 Aug 2003

6047167488



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
02	TAXI VL	08/02/2010



6051434



NRIC No. S1373488G



Date of issue: 24-10-2018


Address: APT BLK 22 BEDOK SOUTH AVENUE 1 #14-779 SINGAPORE 460022

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	22 May 1960

NP 433A

Licence No: S1373488G



Accident Photo





Accident Photo



ACCIDENT PHOTO



ACCIDENT PHOTO



ACCIDENT PHOTO



ACCIDENT PHOTO





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



**Addendum Sheet**



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**


Original Report No : MMDV19 008367 Vehicle Registration No: SLK 3985M  
Name (as shown in NRIC) : NEO KAH WATT NRIC/FIN/Passport No : S13734889  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : ADT BLK 22 BEDOK SOUTH AVE1 #14-77A Singapore (460022)  
Contact (Tel) : 91005339 Mobile No. : -  
Email Address : -  
Date of Accident : 17/01/2019 Time of Accident : 1430hrs  
Place of Accident : LOWER DELTA RD TWD KEPPEL RD  
Insurance Company: ALT ASIA PACIFIC INSURANCE PTE LTD


**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND: ON VEHICLE NUMBER SLK 3985M TO  
SLK 3985M.

X

  
Policyholder / Driver's Signature  
Date:

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