

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	04/03/2019 17:37
Date Of Accident	28/02/2019 15:45
Exact Location Of Accident	EXIT FROM BUKIT BATOK ROAD TO PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV6653E
Insured/Policyholder	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	200710651D
Email Address	AMYMBHOWARD@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-88694194
Alternative Phone No	OFFICE-88694194
Vehicle Particulars	
Manufacturer	BMW
Model	X5 XDRIVE35I 7SEATER LED NAV
Exact Purpose for which vehicle was being used at time of accident	DRIVING CHILD HOME FROM SCHOOL
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994316
Cover Note Number	

Driver

Name of Driver	HOWARDS AMY MAXINE
NRIC No	G3160181P
Date Of Birth	06/10/1963
Occupation	INDOOR
Date Of Driving Pass	29/07/2016
Driving Experience	2 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88694194
Fax Number	
Contact Number	OTHERS-88694194
EMail Address	AMYMBHOWARD@HOTMAIL.COM

Address	329 RIVER VALLEY ROAD #25-02 YONG AN PARK
Postcode	238361
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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)	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

PLEASE 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	GBF1696E
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZHANG DONGDONG
NRIC/Passport Number	G6249750K
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

6. 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' law yers/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;



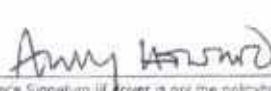

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages), and/or

(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.



 *  1/3/19  04/03/2019
 Policyholder's Signature Date & Time Driver's Signature (if driver is not the policyholder) Date & Time Unchecked by Reporting Centre Date

Sketch Plan *




A) SKV 6653 E
 B) GBF 1696 E

Describe Circumstance of the Accident *

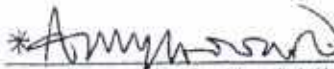
I WAS QUEUING AT THE JUNCTION TO JOIN THE SLIP ROAD TO THE PIE. AS THE TOYOTA IN FRONT OF ME CROSSED THE ROAD JUNCTION ONTO THE SLIP ROAD, I LOOKED RIGHT TO CHECK THE ONCOMING TRAFFIC FLOW. I STARTED TO ACCELERATE TO JOIN THE TRAFFIC FLOW BUT THE TOYOTA APPEARED TO HAVE STOPPED, OR WAS MOVING VERY SLOWLY ON THE SLIP ROAD AND I WAS UNABLE TO AVOID A COLLISION.

Declaration

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


Policyholder's Signature



* 11/3/19
Driver's Signature (if driver is not the policyholder) / Date
& Time

3:48pm.


Witnessed by Reporting Centre Personnel



Law 04/03/2018



Can/04/03/2019

3/4/2019

IMG_9013.jpg



gal 08/03/2019



ca/ 04/03/2018



aw 04/03/2019

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Authorised Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
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ACCIDENT STATEMENT

Date and Time of Accident * Date: 28 Feb 2015 Time: 3:45 pm
 Exact Location of Accident * EXIT TO PIE FROM BUKIT BATOK RD (SOUTH)

DETAILS OF OWN VEHICLE

Vehicle Registration Number * SKV 6653E

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)
 Personal Identification - NRIC (Singaporean/PR)
 - FIN/Passport Number
 - Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model _____ Manufacturer _____ Model _____
 Type of Vehicle* ☐ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry
☐ Bus ☐ M/cycle ☐ Others _____
 Exact Purpose for which vehicle was being used at time of accident * MOTHER DRIVING CHILD HOME FROM SCHOOL
 Are you claiming under your own insurance policy for repair to your vehicle? ☒ Yes ☐ No (If No, P/s select: ☐ Third Party ☐ Reporting)
 Vehicle Category* ☐ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company * _____
 Type of Policy ☐ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only
 Fleet Policy ☐ Yes ☐ No
 Policy Number _____
 Motor CI _____

DRIVER

Same as Insured above

Name of Driver AMY MAXINE HOWARD
 Personal Identification - NRIC (Singaporean/PR) * G3160181P
 - FIN/Passport Number * 6 dd/ 10 mm/ 63 /yy
 Date of Birth * 26 dd/ 01 mm/ 87 /yy
 Driving Date Pass * 32 Year(s) Month(s)
 Year of Driving Experience * HOUSEWIFE Indoor Outdoor
 Occupation * ☒ Male ☒ Female
 Gender * 8869 4194
 Contact Number / Mobile Phone / Fax No *

Address of Driver	* 329 RIVERVALEY RD, # 25-02, YONG AN PARK	Postcode (238361)
Email Address	* amymbhoward@hotmail.com	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input type="radio"/> No	
If No, Relationship of the Driver with the Insured	<input type="radio"/> Yes <input type="radio"/> No	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	* FRONT TO REAR
Weather Conditions	* <input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____
Road Surface	* <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____

OTHER INFORMATION

a. Was anybody injured in the accident?	* <input type="radio"/> Yes <input checked="" type="radio"/> No
b. Was any other vehicle or property damaged? (Including Witness)	* <input checked="" type="radio"/> Yes <input type="radio"/> No

DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	* <input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name	
Police Station Address	
Police Station Contact	Tel No. _____ Fax No. _____
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, against whom?)

DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	* GBF1696E
Vehicle Make/ Model/ Colour	TOYOTA VAN - SILVER-GREEN
Details of Properties	
Name of Driver	ZHANG DONGDONG
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	G6249750K
Contact Number	
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	
(Note - Please use page 6 if you need to add more vehicles)	

REPUBLIC OF SINGAPORE

FIN G3160181P



Name

HOWARD AMY MAXINE

Date of Birth

06-10-1963

Sex

F

Nationality

BRITISH



G3160181P

FA1846546

DEPENDANT'S PASS
Immigration Regulations

FIN G3160181P

Date of Issue
22-06-2017Date of Expiry
09-07-2019

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Motor Vehicle **G3160181P**

NAME
HOWARD AMY MAXINE

Birth Date: 06 Oct 1963
Issue Date: 29 Jul 2016
Valid Till: 28/07/2021

0025936540



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

EFFECTIVE DATE

29 Jul 2016

Class 3

Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$



Licence No: G3160181P

NP 428A

OTHER ARE NO OFFICIAL OBSERVATIONS



THE UNIVERSITY OF CHICAGO

UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND



520723957

AMY MAXINE

BRITISH CITIZEN

06 OCT / OCT 63

MARGATE

20 FEB / FEB 14 IPS

20 FEB 1964

Henry Howard

[illegible]

**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, 1989 (MALAYSIA)

M.T.400

Comprehensive Commercial Motor
CERTIFICATE NO. 999994315

(The below excess is subject to GST)

POLICY EXCESS S\$1,200.00 ** (I)

WINDSCREEN EXCESS S\$100.00

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

SKV6653E

2) NAME OF POLICYHOLDER

Goldbell Car Rental Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE
FOR THE PURPOSES OF THE ACT

01 January 2019

4) DATE OF EXPIRY OF INSURANCE

31 March 2020

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the insured's order or with their permission.

Additional Excess of \$1000 applies to all claims for Drivers below 23 years old and/or with Driving Experience less than 12 months

Additional excess of \$500 applies to all claims for accident outside Singapore

** Policy Excess vary according to Vehicle Usage. Refer to Policy for more details.

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.

6) LIMITATION AS TO USE*

- 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.

The Policy does not cover:

- 1) Use for 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 the carriage of passengers for hire or reward by any person to whom the Vehicle is hired.
- 4) Use for any purpose in connection with Motor Trade.

LOSS OF USE Not Included

HIRE PURCHASE COMPANY N.A.

*Limitations rendered inoperative by Section 6 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 Jan 2019

AIG Asia Pacific Insurance Pte. Ltd

030123-000

Acorn International Network Pte Ltd
48 Changi South St 1 Level 3
SINGAPORE 486130

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPKWJ