

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	04/04/2019 15:40
Date Of Accident	10/03/2019 23:50
Exact Location Of Accident	JURONG EAST AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK3956Y
Insured/Policyholder	
Name Of Registered Owner	123 LEASING PTE LTD
Co Reg No	201801338W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-82286225

Vehicle Particulars

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

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994697
Cover Note Number	

Driver

Name of Driver	QUAH JIAN XIONG
NRIC No	S9533790B
Date Of Birth	20/08/1995
Occupation	OUTDOOR
Date Of Driving Pass	16/12/2015
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82286225

Fax Number	
Contact Number	
EMail Address	DAEYEON1995@GAMIL.COM
Address	APT BLK 693B WOODLANDS AVENUE 6 #02-743
Postcode	732693
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	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	FBN3796U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

8/1/2019

E-FILE

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:



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

[Handwritten Signature]

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

[Handwritten Signature]



Sketch Plan #2

B- FBN 3796 U

LICENSE PLATE: SLK956Y ACCIDENT DATE & TIME: 10 MARCH 2019 2356h

CONTACT NUMBER: 82780225 E-MAIL ADDRESS: dneyeon1995@gmail.com

LOCATION: Jurong east AVE 1

I was driving along Jurong east AVE 1, MOTOR B WAS initially behind my car (A), he then overtake me on the right side ^{next to the curb} when we were on the same lane. After that, MOTOR B ~~Swing to the left and hit my car as~~ ^{became} he wanted to cut into my lane suddenly and hit the ~~rear~~ side of my car. ~~After that~~ He said that he was ~~was~~ going to turn right into the petrol station, ESSO, thus he cut into my lane to make the right turn resulting in the ~~coll~~ collision. ~~The lane was~~ Right turn is not allowed in the lane as there was no right turn arrow stated by the traffic police when they came. After the accident, I stopped my car and helped the driver of motor B up. Shortly after the police arrived.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

Please state:

() Claim Own Policy (☒) Claim Third Party () Claim OD/TP at other workshop () Reporting Only

I/We declare the foregoing to be true in every respect.



Driver's Signature



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, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1910 (MALAYSIA)

MZ 400

COMPREHENSIVE		COMMERCIAL MOTOR		(The below excess is subject to GST)	
CERTIFICATE NO.	SLK3956Y	POLICY EXCESS	S\$1500.00 (Sect 1)		
POLICY NO.	900994697	WINDSCREEN EXCESS	S\$100.00		
		SUM INSURED	Market Value		
		INSURING WITH COE/PAF	Yes		
		SLK3956Y			
		123 Leasing Pte Ltd			
1) VEHICLE REGISTRATION NO.		12 April 2016			
2) NAME OF INSURED		14 March 2019			
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT					
4) DATE OF EXPIRY OF INSURANCE					
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*					
Any person who is driving on the insured's order or with their permission.					
S\$2,000.00 Section I Excess and S\$1,500.00 Section II Excess is applicable for driver who is above 22 years old and/or with minimum 2 years driving experience.					
S\$4,000.00 Section I Excess and S\$3,000.00 Section II Excess is applicable for drivers who is below 22 years old or with minimum 1 year driving experience.					
The policy does not cover drivers who are below 22 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.					
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.					
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.					
LOSS OF USE		Not Included			
HIRE PURCHASE COMPANY		TECK WEI CREDIT PTE LTD			
*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.					

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 12 Apr 2018

AIG Asia Pacific Insurance Pte. Ltd.

500655-000
Cowell Insurance (Agency) Pte. Ltd.
8 Burn Road
#09-09 Trivex
Singapore 369977

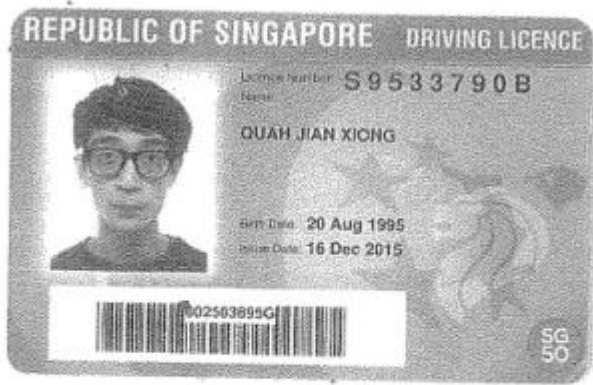
Marib

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPOEC

DL& IC



Accident Photo





Accident Photo



ACCIDENT PHOTO



ACCIDENT PHOTO



ACCIDENT PHOTO



ACCIDENT PHOTO



Accident Photo



Accident Photo



Accident Photo

