

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	01/04/2019 17:44
Date Of Accident	30/03/2019 11:45
Exact Location Of Accident	HOUGANG AVE 9 BLK 961 LOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN3397R
Insured/Policyholder	
Name Of Registered Owner	LLMS LOGISTICS PTE LTD
Co Reg No	200818781K
Email Address	KOEY@LLMS.COM.SG
Mobile Phone No	
Alternative Phone No	Office-66595316

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FE83BE6SRDEA
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994402/100832962-00000
Cover Note Number	

Driver

Name of Driver	MOHAMAD RIZAL BIN ISMON
NRIC No	S7423996Z
Date Of Birth	30/07/1974
Occupation	OUTDOOR
Date Of Driving Pass	14/07/2011
Driving Experience	7 YEARS AND 8 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-83099624
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 621B EDGEFIELD WALK #12-47
Postcode	822621
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 PARKED VEHICLE
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

ON 30/03/2019 AT ABOUT 11.45AM, MY VEHICLE WAS STATIONARY AT HOUGANG AVE 9. WHEN I PARKED THERE WAS NO VEHICLE BEHIND ME. BEFORE REVERSING, I HAVE CHECKED MY SIDE MIRROR FOR SURE NO VEHICLE OR PEDESTRIAN. WHEN I REVERSED, I FELT AN IMPACT AND REALISED THAT VEHICLE B PARKED BEHIND. NO INJURY INVOLVED.

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	SKR4615A
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	PEK FANG CHIEH
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:

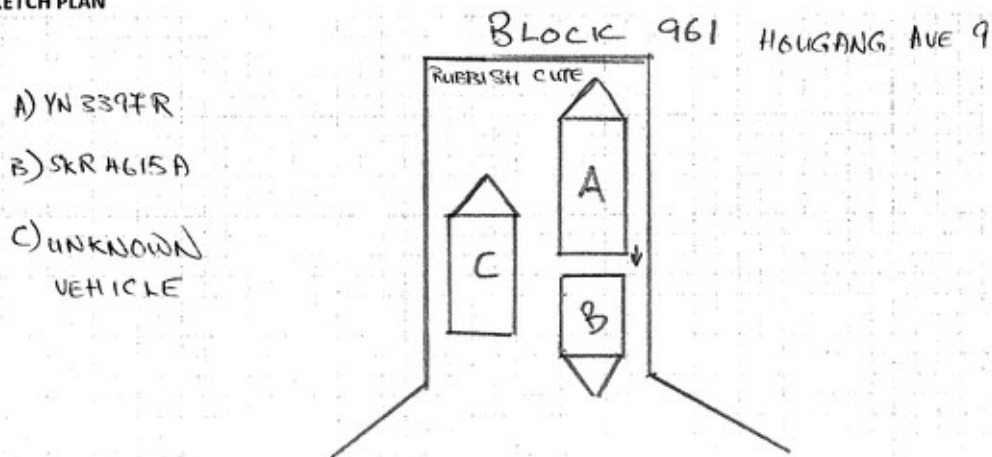
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 30/03/19 at about 11:45 am, my vehicle was stationary at Hougang Ave 9. When I parked there was no vehicle behind me, before reversed I have check my side mirror for sure no vehicle or pedestrian. When I reversed I felt an impact and realised that vehicle B parked behind.

No injury involved.

DECLARATION

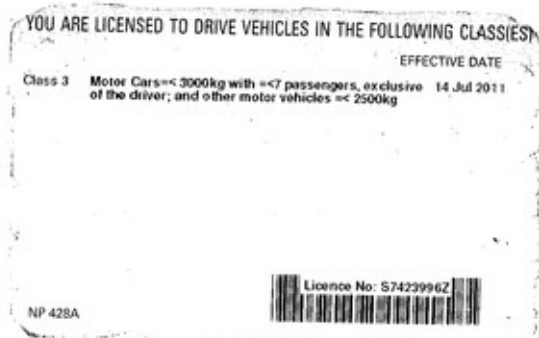
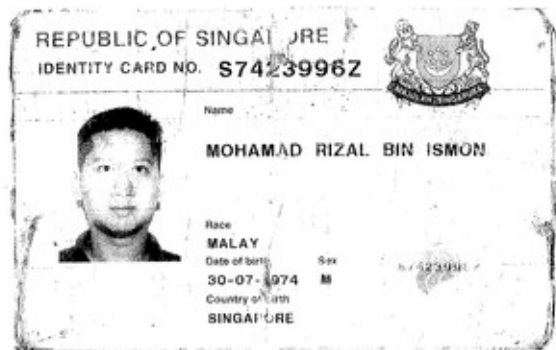
I/We declare the foregoing particulars are true in every respect.


 Policyholder's Signature
 Date & Time:


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

11/4/19 3.55pm
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

NRIC/FIN No. of the person who signed the declaration: 97





HOTLINE TEL: (65) 6419-9000
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, 1959 (MALAYSIA)

M.Z.900

COMPREHENSIVE COMMERCIAL MOTOR	OWN DAMAGE EXCESS	SS\$1,000.00 (1)
CERTIFICATE NO. 999994402/100832962-00000	WINDSCREEN EXCESS	SS\$100.00
	(for policies with effect from 1st November 2002)	
	SUM INSURED	SS\$1.00
	INSURING WITH COE/PARF	YES
1) VEHICLE REGISTRATION NO.	YN3397R	
2) NAME OF INSURED	LLMS LOGISTICS PTE LTD	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	1 Oct 2018	
4) DATE OF EXPIRY OF INSURANCE	30 Sep 2019	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *		
<p>Any person who is driving on the Insured's order or with their permission. An additional Young and Inexperienced Driver (YIDR) Excess of SS\$3,000 (unless otherwise stated) applies to any drivers (named and unnamed) who is below age 23 or has less than 2 years 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 in connection with the Insured's business. 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business. 3) Use for social, domestic or pleasure purposes. The Policy does not cover: a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing. b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p>		
LOSS OF USE NOT INCLUDED		
* NAMED DRIVER N/A		
HIRE PURCHASE COMPANY NA		
<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 At Singapore 8 Oct 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD.

500540-000
ALLINK INSURANCE AGENCY
BLK 153 BUKIT BATOK ST 11
#02-230
SINGAPORE 650153

Authorised Representative

ORIGINAL

ESPTKY

Co Reg No. 20100945441

NSM100/13

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

