

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	15/04/2019 10:59
Date Of Accident	12/04/2019 14:35
Exact Location Of Accident	PIE TOWARDS CHANGI BESIDE TOA PAYOH SAFRA
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMJ246B
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98227952
Alternative Phone No	OFFICE-98227952
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING TO CUSTOMER SITE
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	999994188
Cover Note Number	
Driver	
Name of Driver	SHAZALI BIN KECHOT
NRIC No	S7040353F
Date Of Birth	30/11/1970
Occupation	INDOOR
Date Of Driving Pass	13/02/1998
Driving Experience	21 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98227952
Fax Number	
Contact Number	OFFICE-98227952
Email Address	NOEMAIL

Address	BLK 318 TAMPINES STREET 33 #02-98
Postcode	520319
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	SJQ2740U
Vehicle Make/Model/Colour	TOYOTA ALLION
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE SIN MIN
NRIC/Passport Number	S0241561E
Contact Number	97976727
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

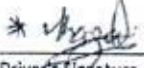
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

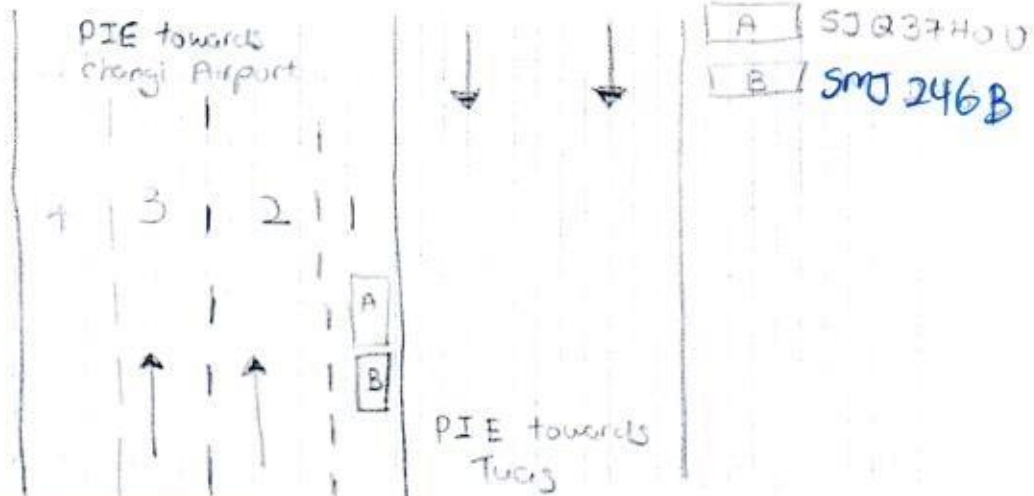
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

*  12 April 19
Driver's Signature 17:55 hrs
(If driver is not the policyholder)
Date & Time:

 16/04/2019
Reporting Centre Personnel's Signature
Name: Rosli
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was 14:33pm in the Afternoon. The road condition was Dry. I was driving company car SMS 246B, I was on my way to customer site (Chye Chuan Forks Pte Ltd) and travelling along PIE towards Changi Airport near the Toa Payoh Sdn. I was driving at Lane 1 in a slow traffic at a speed of 40 km/h. I have keep a 2 car length distance. A Black vehicle (SJQ 3740 U) signal and cut into my lane.

I did evasion action by keeping 1 car distance length. The car sudden jam brake and I am unable to react. In the end my car knock against the black colour car.

Nobody was injured in this accident.

DECLARATION

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

Policyholder's Signature
Date & Time

* 12 April 11
Driver's Signature
(If driver is not the policyholder)
Date & Time: 17.00hrs

16/04/2011
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



FRONT SMJ 246 B HOOD DENTED AND LICENSE PLATE.

aw 16/04/2019



SJQ 3740 U LEFT REAR BUMPER DENTED



gar 16/04/2019

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IMPORTANT NOTICE

1. Complete and submit this form to the Authorised Reporting Centre ("ARC") for filing.
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4. 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.
5. The insurance and acceptance of this Form by insurance companies is not an admission of the policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident: Date: 12 April 2019 Time: 14:33hrs
Exact Location of Accident: PIE Towards Changi Beside Toa Payoh SATRA

DETAILS OF OWN VEHICLE

Vehicle Registration Number: SMJ 246B
INSURED / POLICYHOLDER (OWN VEHICLE)
Name of Registered Owner (See Insurance Cert.): Shazali Bin Kechot Gold Bull
Personal Identification - NRIC (Singaporean/PR): S7040353/F
- FIN/Passport Number:
- Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model: Manufacturer: Toyota Model: Corolla Altis 1.6
Type of Vehicle: ☒ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry
☐ Bus ☐ M/cycle ☐ Others
Exact Purpose for which vehicle was being used at time of accident: Travelling to customer site.
Are you claiming under own insurance policy for repair to your vehicle? ☒ Yes ☐ No (If No, Pls select ☐ Third Party ☒ Reporting)

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:

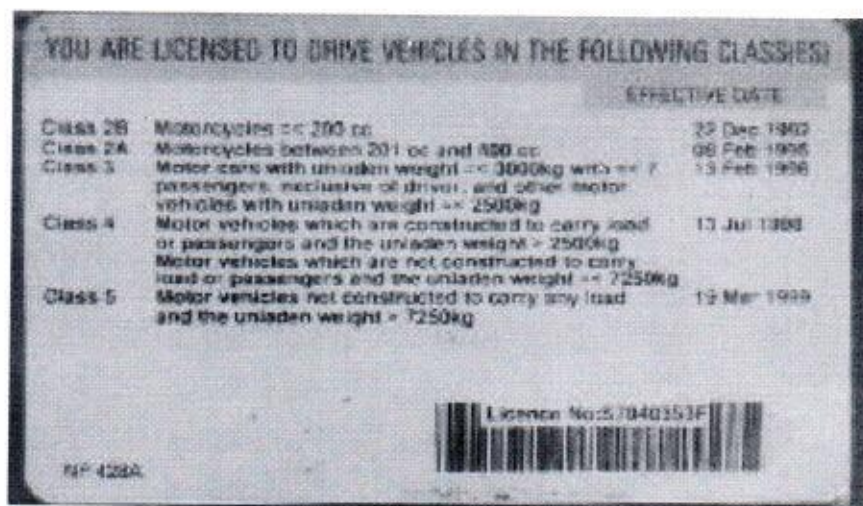
DRIVER

☒ Same as Insured above
Name of Driver: Shazali B Kechot
Personal Identification - NRIC (Singaporean/PR): S7040353/F
- FIN/Passport Number:
Date of Birth: 30 /dd 11 /mm 1970 /yy
Driving Date Pass: 13 /dd 02 /mm 1998 /yy
Year of Driving Experience: 16 Year(s) Month(s) Month(s)
Occupation: Application Engr ☐ Indoor ☒ Outdoor
Gender: ☒ Male ☐ Female
Contact Number / Mobile Phone / Fax No.: 98221952

Address of Driver	B1K 319 #02-98 Tampines St 33		
Email Address	Spore 500319		
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			
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			
Tyre 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	STQ 3140 U		
Vehicle Make/ Model/ Colour	Toyota Allion Black		
Details of Properties			
Name of Driver	Lee Sin Min		
Personal Identification - NRIC (Singaporean/PR)	50241561 E		
- FIN/Passport Number			
Contact Number	97976727		
Vehicle Make/ Model/ Colour	Toyota Allion Black		
Address of Driver			
Name of Insurance Company			
No. of Passenger (Including Driver)	NA		
(Note - Please use page 6 if you need to add more vehicles)			

An Ecolab Company





**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.400

Comprehensive Commercial Motor		(The below excess is subject to GST)	
CERTIFICATE NO.	999994188	POLICY EXCESS	S\$800.00 ** (I)
		WINDSCREEN EXCESS	S\$100.00
		SUM INSURED	Market Value
		INSURING WITH COE/PARF	Yes
1) VEHICLE REGISTRATION NO.			SMJ246B
2) NAME OF POLICYHOLDER			Goldbell Car Rental Pte Ltd
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT			20 February 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		DBS Bank 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 15 Apr 2019

AIG Asia Pacific Insurance Pte. Ltd.

030123-000

Acorn International Network Pte Ltd

48 Changi South St 1 Level 3

SINGAPORE 486130

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPKWJ