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Particulars: Veh No:	SJ097978 .	INC( , )/Non-INC(	1,	
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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 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.
- Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.
- 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 ladgement 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.

THE STREET STREET	ACCIDENT STATEMENT
Date Of Report	25/04/2019 16:13
Date Of Accident	11/01/2019 15:30
Exact Location Of Accident	CTE TOWARDS KKH HOSPITAL LAMPOST 443F
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS9069A
Insured/Policyholder	
Name Of Registered Owner	MARIC MARKETING PTE LTD
Co Reg No	201620700D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87767428
Alternative Phone No	OFFICE-87767428
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER EX
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	999994660
Cover Note Number	
Driver	
Name of Driver	SANUSI FARID BIN ISA @ JAKE JUNIOR FRANCISCO
NRIC No	S7243805A
Date Of Birth	02/11/1972
Occupation	OUTDOOR
Date Of Driving Pass	15/04/1997
Driving Experience	21 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87767428
Fax Number	
Contact Number	OTHERS-87767428

NOEMAIL

Address

BLK 149 LORONG 1 TOA PAYOH

#08-943

Postcode

310149

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

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

3

involved in the accident

NO

Was any body injured in the Accident?

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:

: PASSENGER

GENDER:

: FEMALE

**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

SJD9797S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

UNKNOWN

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

## 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- 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:
  - 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.

Maric Marketing Pte Ltd Co Reg No 201620700D 9 Tagore Lane #03-04

Policyholder Signatur 472
Date & Time:

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

NRIC/FIN No -

Reporting Centre Personnel's Signaru

SKETCH PLAN B

CTE towards KKH Hospital Vehicle A: SJS 9069A

Vehicle B: SJD 97975

Vehicle C: Red Taxi

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A was travelling straight.			
Suddenly Vehicle & jammed brake and I couldn't stop in time.			
I hit anto Vehicle B. I alighted and realise Im in a chain			
collision.			

## DECLARATION

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

Maric Marketing Pte Ltd Co Reg. No. 201620700D

9 Tagore Lane #03-04 Policybolograp die #87472 Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

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

Email: sm@idac.com.sg Tel no: 6555 6888 Fax no: 6454 3279

Personal Particular	s of Owner & Driver (Vehicle A)
Date of Accident: [[/[ 19 (dd/mm/yy)	Time of Accident: 15 ; 30 (24-HR-FORMAT)
Vehicle No. : SJS 9069 A Vehicle Make	& Model: Mitsubishi Lancer Ex
Exact location of Accident: CTE +6W4vd	
Policyholder's Name / IC No. : MARIC MARK	KETING PTE. LTD. 201620700D
Driver's Name / IC No. : Sanusi Farid Bi	in Isa@Jake Junior Francisco 572438-05A
Driver's Contact No.: 8 + 76 + 428	_ Company Contact No:
Driver's Address: 9 TAGORE LANE #03-04	9 @ TAGORE 787472
Insurance Company: NF4C AG E	mail address (if any):
Relationship between Owner & Driver:	or Others specify:
What do you wish to claim? (Please TICK one of	
	want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose	No. of Passengers (Including Driver):
Passenger Name: Grab Prisenger Passenger Name:	Gender: Female Gender:
Weather condition & Road conditions? (On the day	of accident)
Clear & Dry / Raining & Wet / After-F	Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car Camera's	
Any Injuries: Yes / No (If YES) Injured	Person' Name:
	Injured Person in Which Vehicle:
Police Report filed: Yes / No (If YES)	Which Police Station:
The Otl	her Party(s) Details:
	Vehicle No: SJD 9 797 S
Driver's Contact No:	
	vehicle No: Red taxi (c
	_Insurance Company (If any):
	Contact No:
	Contact No:

\*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7243805A



Name

SANUSI FARID BIN ISA @JAKE JUNIOR FRANCISCO

Hace EURASIAN Date of hinth 02-11-1972 Country of birth SINGAPORE

Sex

1 27245806A









 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

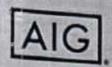
Issue Date

12

TAXI VL

30/06/2009





## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISES AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THRID PARTY RISKS AND COMPENSATION RULES, 1966

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) HILES, 1969 (MALAYSIA)

M Z 400

COMPREHENSIVE CERTIFICATE NO.

COMMERCIAL MOTOR

SJS9069A

POLICY NO. 999994660 (The below excess is subject to OST)

POLICY EXCESS

S\$1000.00 (Sect 1)

WINDSCREEN EXCESS

5\$100.00

SUM INSURED

Market Value

INSURING WITH COE/PARF Yes

SJS9069A

MARIC MARKETING PTE LTD

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

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

4 ) DATE OF EXPIRY OF INSURANCE

25 April 2018

24 April 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE"

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

551,000.00 Section I Excess and 551,000.00 Section II Excess is applicable for driver who is above 22 years old and/or with minimum 2 years driving experience.

\$52,000.00 Section I Excess and \$52,000.00 Section II Excess is applicable for drivers who is 21 years old with minimum 1 year driving experience

he policy does not cover drivers who are below 21 years old or 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 disquisified by order of a Court of Law or by reason of any ensciment 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 fullion, driving test racing, pace making, reliability trial or speed-testing; 2) Use whilst drawing is trainer except the sowing (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

TAI THONG LEE TRADING

\*Limitations rendered inoperative by Section 8 of the Molor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1967 (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 (Marayara)

Issued in Singapore 06 Apr 2018

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

AIG Asia Pacific Insurance Pte Ltd

**AUTHORISED REPRESENTATIVE**