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# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Gender

Mobile Number Fax Number

Contact Number

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.
- 3. Information provided must be as truthful and accurate 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.

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.

	ACCIDENT STATEMENT
Date Of Report	07/05/2019 17:05
Date Of Accident	06/05/2019 15:25
Exact Location Of Accident	PIE TOWARDS CHANGI NEAR POLICE ACADEMY
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLK2128C
Insured/Policyholder	
Name Of Registered Owner	DANDELION ED PTE LTD
Co Reg No	201314301M
Email Address	SYEZPRADA10@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87768486
Alternative Phone No	OFFICE-67023360
Vehicle Particulars	
Manufacturer	AUDI
Model	A6-2.0 TFSI MU (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994436/100834589-00000
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD FARHAN BIN MOH MUSTAFA
NRIC No	S8115335C
Date Of Birth	01/06/1981
Occupation	OUTDOOR
Date Of Driving Pass	03/05/2010
Driving Experience	9 YEARS AND 0 MONTHS
	OVER CALL MADE

MALE

(LOCAL) +65-87768486

SYEZPRADA10@GMAIL.COM

OFFICE-67023360

Address

BLK 760 YISHUN STREET 72

#01-332

Postcode

760760

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) involved in the accident

4

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:

: BALACHANDRAN S/O BERNARD

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

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

SJX6572G

Vehicle Make/Model/Colour

SUBARU FORESTER

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SLJ5885K

Vehicle Make/Model/Colour

MERCEDES BENZ

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

SMJ7901Y

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

No. Of Passenger (Including Driver)

### SKETCH PLAN

Veh A: 9LK 2128 C Veh B: SJX 6572G Veh C: SL7 5885 K

Veh D: SMJ 79014

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.

" I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL CHECK MY POLICY FOR MORE DETAILS

DANDELION ED PTE LTD ROC: 201314301M

Policyholder's Signature Date & Time: Driver's Spriature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Si

Name:

NRIC/FIN No

Veh A: SLK 2128C Veh B: SJX 6572G			EXIT
Wh C: SLJ 5885K			Ton Bayoh
Veh D: SMJ 7901 Y		4	
	<del>)</del>	, W	
	<del>)</del>	. D PIE	
	>		(JACKE)
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT		
While i travelling along	Pte, Vehicle C	in front	of me make e-brake to
	followed. However	vehicle C	behind me could not stop in
time hit onto my r	rear and my Vehi	de move	d forward to consided to
Vehicle c in honf	of me.		
	- The same of the		
		HE KEI WOOD HE C	
	and the second second second	21-1 - 1 KIE	
DECLARATION			
/We declare the foregoing particu	lars are true in every respect.		
I/We declare the foregoing particu  DANDELION ED PTE LTD  ROC: 201314301M  Policyholder's Signature	1	105/05/001	02/05/2019

SKETCH PLAN

### Accord Auto Services Pte Ltd. Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com Particular Of Insured/Driver & Details Of The Accident Motor Accident Report \*Time of Accident: +4: 15:25 \*Date of Accident: 06/65 2619 POLICE HLAREMY \*Accident Location: PIE CHANGI Vehicle Details SLK 2128C \* Make & Model: AMOL Ab 2.0 TESI MU \*Vehicle Number: Insured / Policyholder \*Owner Name: Dandelion ED P/L \*NRIC: 201314301 M \*Address: \*+++ 08 1 6400 3360 \*Email: (Indoor / Outdoor) \* Tel /H /Other: \*Occupation: Driver ( ) same as above \*Driver Name: MoHamman FARHAN INN mult mustafo \*NRIC: 38/15335C \*Address: BLK 760 YISHUN ST 72 #01-332 \*Date of Birth: 01/06/191 \*Driving Pass Date: 03/05/20/0 \* HP: \$7768486 \*Email: 34er prada 10 Carri 1. com \*Gender: Male / Female \*Occupation: \_\_\_\_\_ (Indoor / Outdoor) \* Tel /H /Other: \_\_\_\_ \*Driver an employee: Yes / No (\*If no, what is relationship with the policyholder: Passengers Details \* P/Name: Balachar Iran sto Bernar & Male/Female) \* P/Name: (Male/Female) \* P/Name: (Male/Female) \* P/Name: (Male/Female) Insurance Company AI G \*Insurer: \*Coverage: C / TPFT / TPO \*Policy No: Detail of other vehicle / Property 1 Veh c Detail of other vehicle / Property 2 Vehicle No.: SLJ 5885 K Vehicle No .: SJX 65+ Make & Model: MELLEDES FROSTER Make & Model: SysAly Vehicle Category: \_ Vehicle Category: Name of Driver: \_\_\_\_ SW179014 Name of Driver: NRIC : NRIC HP No. of Passengers (Including Driver): No. of Passengers (Including Driver): For Official Use Only \*Claiming against Own Ins.: Yes No (If No, Reporting Only / Tickims)

General Information of the accident  *Type of accident: Head-Rear / Side swipe / others: _		Noigile		
*Weather conditions: @ar / Raining / others:			*Any video cam: Yes / No	
*Road Surface: Wet / others:			500 A CONTRACTOR AND	
*Witness: Yes / (Name:		NRIC:	HP:	
*Accident reported to police: Yes No *Summor	against w	hom:		
*Injured party: Yes 190	100	engers (inclu	de driver):	
			lo *Conveyed by Ambulance V	

-I/Name: \_\_\_\_\_\_\*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No \*I/Name: \_\_\_\_\_\*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No \*I/Name: Yes / No \*I/Na

THIS PASSPORT IS VALID FOR ALL COUNTRIES EXCEPT THE FOLLOWING:



# PASSPORT REPUBLIC OF SINGAPORE

Type Country Code Passport No PA SGP E6253441K Name

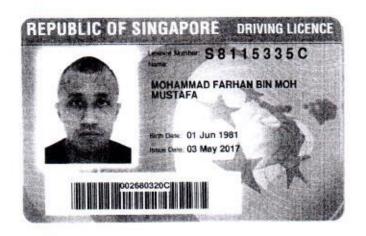
# MOHAMMAD FARHAN BIN MOH MUSTAFA



Sex Nationality
M SINGAPORE CITIZEN
Place of birth
Place of birth Date of birth 01 JUN 1981 Date of issue 08 SEP 2016 Modifications SEE PAGE 2 National ID No S8115335C

Place of birth SINGAPORE Date of expiry 08 SEP 2021 Authority MINISTRY OF HOME AFFAIRS

PASGPMOHAMMAD<FARHAN<BIN<MOH<MUSTAFA<<<<<< E6253441K7SGP8106012M2109088S8115335C<<<<440



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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

Licence No:S8115335C

NP 428A





# 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)

(1811)

COMPREHENSIVE COMMERCIAL MOTOR

CERTIFICATE NO. 999994436/100834589-00000

**OWN DAMAGE EXCESS** 

\$\$1,500.00

WINDSCREEN EXCESS

\$\$100.00

(for policies with effect from 1st November 2002)

SUM INSURED

INSURING WITH COE/PARF YES

\$\$1.00

1) VEHICLE REGISTRATION NO.

SLK2128C

2) NAME OF INSURED

Dandelion ED Pte Ltd

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

14 Sep 2018

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.

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 \*

Use for the carriage of passengers or goods in connection with the insured's business.

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 corriege of passengers for hire or reward by any person to whom the vehic

LOSS OF USE NOT INCLUDED

NA \* NAMED DRIVER

HIRE PURCHASE COMPANY SWEE SENG 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 At Singapore 27 Sep 2018

AIG ASIA PACIFIC INSURANCE PTE. LTD.

000064-000 DIRECT CLIENTS 01.4.95 AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120

Authorised Representative

**ORIGINAL** 

SSPYTP