SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

- 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 <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.
- 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

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	ACCIDENT STATEMENT
Date Of Report	05/07/2019 10:21
Date Of Accident	04/07/2019 17:40
Exact Location Of Accident	PIE TOWARDS PASIR RIS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG4227X
Insured/Policyholder	
Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	201735055D
Email Address	DENNIS.DENG@MUNICHAUTO.COM.SG
Mobile Phone No	(LOCAL) +65-96826300
Alternative Phone No	Office-96826300
Vehicle Particulars	
Manufacturer	KIA
Model	CARENS 1.7 DCT DIESEL 5DR FWD
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994322
Cover Note Number	
Driver	
Name of Driver	SEOW KIAN SENG
NRIC No	S1195174J
Date Of Birth	18/11/1955
Occupation	OUTDOOR

08/01/1974

45 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86184940

Fax Number

Contact Number

EMail Address DENNIS.DENG@MUNICHAUTO.COM.SG

Address BLK 11 PINE CLOSE #12-115

Postcode 391011 Was driver an employee of the Insured's Company NO

ich blir li ci bi india

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?

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

YES

NO

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Passenger 1 Name: : UNKNOWN

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

The incident happened on Thursday 4/7/2019 at about 5.40pm. I was driving along the PIE towards Pasir Ris when vehicle no. SHA 7681M stopped suddenly. I could not stop in time and collided into the back of vehicle no. SHA 7681M.

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 SHA7681M

Vehicle Make/Model/Colour MERCEDES BENZ / WHITE

Details Of Properties

Vehicle Category TAXI

Name of Driver NRIC/Passport Number NGIAM CHONG TECK (YAN CHONGDE) \$7406904E

Contact Number

94393588

Address

BLK 210 CHOA CHU KANG CENTRAL #11-172

Postcode

680210

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name UNKNOWN PASSENGER

Approximate Age

Injuries Sustain CUT LIPS
Injured person in which vehicle? SMG4227X

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

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- 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.

	ley		Draí
Policyholder's Signature	Driver's Signature	Reporting Centre	Personnel's Signature
Date & Time:	(If driver is not the policyholder) Date & Time: - 5 JUL 2019	Name: NRIC/FIN No.:	Deborah Lai S7332811Z

SKETCH PLAN		
	PIE towards	s Pasív Ris
	SHA 768IM	G 4227X
The Inciden		4/7/2019 at about 5,40 pm
I was obivu no. SHA 768 and collided	ing along the PIE to Ward. BIM Stopped suddenly. I Into the back of vehicle	could not stop in time no. SHA 7681M
DECLARATION I/We declare the foregoing partic	culars are true in every respect.	
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: -5 JUL 2019	Reporting Centre Personnel's Signature Name: Deborah Lai NRIC/FIN No.: S7332811Z



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) POLICY EXCESS

S\$1500.00 (Sect I & Sect II)

CERTIFICATE NO.

SMG4227X

WINDSCREEN EXCESS

\$\$100.00

POLICY NO.

SUM INSURED

Market Value

999994322

INSURING WITH COE/PARF YES

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

SMG4227X BIS MOTORING PTE LTD

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE

FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE

26 December 2018

25 December 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the Insured's order or with their permission.

Authorised driver must be between age 23 to 65 with at least 2 years driving experience

ccident repair can be carried out at Munich Auto Care in the condition that all repairs have to be surveyed, appointed by AIG surveyors before proceeding with repair

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

HONG LEONG FINANCE

*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 28 Dec 2018

500656-000 Cowell Insurance (Agency) Pte. Ltd. 8 Burn Road #09-09 Trivex Singapore 369977

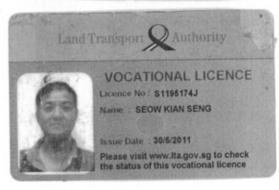
AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

ORIGINAL











This card is not transferable and is the property of the Land Transport
Authority (LTA). It must be surrendered to LTA on request. If found, please
return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description Issue Date

03 BUS VL 25/06/2003
02 TAXT VL 21/04/1997
04 BUS ATTENDANT 25/06/2003





Accident Photo



Accident Photo







