

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	22/07/2019 16:10
Date Of Accident	22/07/2019 12:55
Exact Location Of Accident	CTE AFTER BRADDLE EXIT TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV2359U
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Insured/Policyholder

Name Of Registered Owner	MOVA AUTOMOTIVE PTE LTD
Co Reg No	198904033G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-64763333

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	CADDY 1.4 TSI AT SABHK5
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

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

Driver

Name of Driver	CHIA TING CHI
NRIC No	G7674015T
Date Of Birth	11/07/1988
Occupation	INDOOR
Date Of Driving Pass	20/10/2016
Driving Experience	2 YEARS AND 9 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-87680701
Fax Number	
Contact Number	
E-Mail Address	TIMCTC88@GMAIL.COM
Address	BLK 559 AMK AVE 9 #10-1836
Postcode	560559
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 - CHANGE/CROSS LANE
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)	2
Passenger 1	Name: : DR.MADELEINE CHEW 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

-

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	SLZ3780H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	MR DINESH
NRIC/Passport Number	
Contact Number	92265606
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.:

Lane 3 | Lane 2 | Lane 1

 A - SLV 2359 U
 B - SL 2 3780 H

LICENSE PLATE:	SLV 2359 U	ACCIDENT DATE & TIME:	22 July 19 1258 pm
CONTACT NUMBER:	8768 0701	E-MAIL ADDRESS:	tunctc88@gmail.com
LOCATION:	CTE , After Braddel exit towards City.		
After exiting Braddel exit , Signaling and change lane from third lane to second lane . Vehicle SLZ 3780 H Come from behind and scratches vehicle SLV 2359U at Right Side Slide door . My vehicle SLV 2359U already change into Second lane , then feel the			
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION			
Please state:			
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only			

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

NRIC/FIN No.:



HOTLINE TEL. (65) 6419-3000

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

OWN DAMAGE EXCESS S\$800.00 (1)

WINDSCREEN EXCES S\$100.00

(for policies with effect from 1st November 2002)

CERTIFICATE NO. 999994139/100874709-00004

SUM INSURED S\$1.00

INSURING WITH COE/PAF YES

1) VEHICLE REGISTRATION NO.

SLV2359U

2) NAME OF INSURED

MOVA AUTOMOTIVE PTE LTD

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 2 Apr 2019

4) DATE OF EXPIRY OF INSURANCE 9 Mar 2020

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 carriage of passengers for hire or reward by any person to whom the vehicle is hired. **SOLE AGENT'S WORKSHOP:** For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop, AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)
1. Lai Huat Meng Kee Mtr - 21, Sin Ming Ind [Tel: 64538110] 2. Sin Yew Hup Welding - 4 Woodlands Rd [Tel: 67600819]
3. Delpro Engrg P L - 205 Braddell Rd [Tel: 63837118] 4. Kan Fook Sing Mtr - 1069 Eunos Ave 5 [Tel: 67479560]
5. Ban Choon Mtr - 5 Pioneer Rd [Tel: 62641191] 6. Shu Fatt Auto Works - Bt Merah Lane [Tel: 62730119]
7. Star Auto Ctr - 5 Portsdown Rd [6562000/97189999] 9. Progressive Automotive - 3022A Ubi Rd 1 [Tel: 67415336]
10. Ready Autocare - 10 AMK AutoPoint [Tel: 96606551/64810304]

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY MayBank

* 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 24 May 2019

AIG ASIA PACIFIC INSURANCE PTE. LTD

500257-000

NG EE PIN KENNETH

AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120 ANSP-NONLIFE

Authorised Representative

ORIGINAL

SSCDSK

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

