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 <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	05/08/2019 14:55						
Date Of Accident	27/07/2019 22:00						
Exact Location Of Accident	BLK 2 EUNOS CRESCENT OPEN CAR PARK						
Country/State of Loss	SINGAPORE						
1	DETAILS OF OWN VEHICLE						
Vehicle Registration Number	YN743U						
Insured/Policyholder							
Name Of Registered Owner	AURENTAL PTE LTD						
Co Reg No	201840763R						
Email Address	NOEMAIL						
Mobile Phone No							
Alternative Phone No	OFFICE-31572626						
Vehicle Particulars							
Manufacturer	MITSUBISHI						
Model	FE83BEOSRDEA						
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	REPORTING ONLY						
Vehicle Category	COMMERCIAL VEHICLE						
Insurance Company							
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.						
Type Of Coverage	THIRD PARTY						
Fleet Policy	YES						
Policy Number	999994111/1008764274						
Cover Note Number							
Driver							

Driver

Name of Driver MOHAMMAD FARID BIN ABU BAKAR

 NRIC No
 \$9224019C

 Date Of Birth
 05/07/1992

 Occupation
 OUTDOOR

 Date Of Driving Pass
 13/11/2014

Driving Experience 4 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84363627

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 234 HOUGANG AVE 1 #06-248

Postcode 530234

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 COLLIDED INTO PARKED VEHICLE

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?

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

ON 27/7/2019 AROUND 2200HRS. I WAS TRAVELLING BLK 2 EUNOS CRESCENT OPEN CAR PARK. WHILE REVERSING INTO THE PARKING LOT, I ACCIDENTALLY HIT ONTO VEHICLE B. AFTER THE ACCIDENT I WANTED TO WRITE A NOTE TO LET THE OWNER OF THE VEHICLE KNOW AND I WENT TO GET A PEN AND PAPER. WHEN I COME BACK TO THE VEHICLE, I REALISED VEHICLE B WAS GONE. I WISH TO STATE IT WAS NOT A HIT & RUN CASE.

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 SGY8660C

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

SKETCH PLAN

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 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 invoive 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.

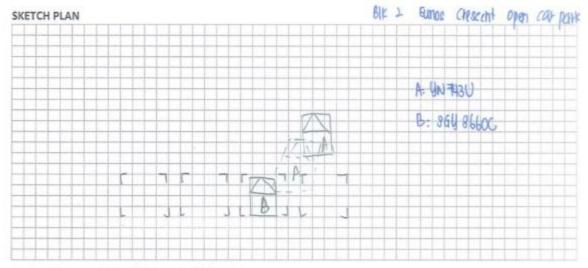
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DN 97/7/2010	a around	44-00/13·	1 was	Havelling	BIK	1 1	Gunos	Crestient	open
at park. While	reversing	into thu	parkin	g 10t ,	1 acc	idma	lly hi	orto	
ehidl B. Atter	the accident	1 wanter	d to	with a	note	to 1	et the	owner	
f thu vehicu	know and	1 went	to ge	a pen	and	paper	- wher	1 0	me
act to the	ushidu, 1	realised	vehidu	B was	gon .	1 6	ulsh t	o date	that
t was not a	hit & run	case.			5-20				

DECLARATION

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

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.:

GIARMC SketchPlanForm_VS







HOYLINE TEL: (05) 6419-3000

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT(CHAPTER 189) MOTOR VEHICLES (THERD-PARTY RISKS AND COMPENSATION) RULES, 1950 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1958 (MALAYSIA)

M.Z.301

THIRD PARTY COMMERCIAL MOTOR

CERTIFICATE NO. 999994111/100876424

S\$2,000.00 (II) OWN DAMAGE EXCESS WINDSCREEN EXCESS

(for policies with effect from 1st November 2002)

SUM INSURED S\$0.00

INSURING WITH COE/PARF No

1) VEHICLE REGISTRATION NO.

YN743U Aurental Pte Ltd

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT

10 May 2019

OF INSURANCE FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE 9 May 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:

Use for racing, pace-making, reliability trial or speed-testing.
 Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY NA

* 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.

17 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 12 Jun 2019

AIG ASIA PACIFIC INSURANCE PTE. LTD

AUTO INSURE INSURANCE AGENCY

48 TOH GUAN ROAD EAST #91-101 ENTERPRISE HUB SINGAPORE 608566

Authorised Representative

ORIGINAL

SSCANA















