

## 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	22/08/2019 12:23
Date Of Accident	21/08/2019 15:35
Exact Location Of Accident	21 GHIM MOH ROAD CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN6352C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GELHAUS GREGORY RICHARD
NRIC No	S7588879A
Email Address	GGELHAUS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98570253
Alternative Phone No	Others-98570253

### Vehicle Particulars

Manufacturer	LAND ROVER
Model	DISCOVERY 4-3.0 D TDV6 HSE (A)
Exact Purpose for which vehicle was being used at time of accident	Social
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	2100439574-03
Cover Note Number	

### Driver

Name of Driver	RAMLAN BIN RAHMAT
NRIC No	S0101589C
Date Of Birth	14/09/1954
Occupation	INDOOR
Date Of Driving Pass	02/07/1982
Driving Experience	37 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-91687877
Fax Number	
Contact Number	
E-Mail Address	RAMLANRAHMAT@YAHOO.COM
Address	BLK 114 WHAMPOA ROAD #10-125
Postcode	320114
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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: : Jenny Jacinto 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 attachments.

#### 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	SJV7392M
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	WONG KHEE WANG
NRIC/Passport Number	S7012059C
Contact Number	90917115
Address	
Postcode	
Insurance Company Name	AXA Insurance Pte Ltd
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Sketch Plan

SINGAPORE ACCIDENT STATEMENT	
<b>IMPORTANT NOTICE</b>	
1. Complete and submit this Form to Allied World's Authorized Reporting Centre ("ARC") for filing. 2. Please report correctly the details of the accident to speed up the claims process. 3. This Form must be completed by the Policyholder and/or the Authorized Driver. 4. 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. 5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies. 6. Any false reporting may be referred to the Traffic Police Department for investigation.	
<b>ACCIDENT STATEMENT</b>	
Date and Time of Accident	Date: 21/8/19 Time: 1535 PM
Exact Location of Accident	CAR PARK 21 GHIM MOH ROAD
<b>DETAILS OF OWN VEHICLE</b>	
Vehicle Registration Number	53N 6352 C
<b>INSURED / POLICYHOLDER (OWN VEHICLE)</b>	
Name of Registered Owner (See Insurance Cert.)	GREGORY RICHARD GELHAUS
Personal Identification - NRIC (Singaporean/PR)	S7588879A
- FIN/Passport Number	
- Not Applicable	
<b>VEHICLE PARTICULARS (OWN VEHICLE)</b>	
Vehicle Make / Model	Manufacturer LAND ROVER Model DISCOVERY
Type of Vehicle*	<input type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input checked="" type="radio"/> Others, SUV
Exact Purpose for which vehicle was being used at time of accident	Social
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If No, Pls select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
<b>INSURANCE COMPANY (OWN VEHICLE)</b>	
Name of Insurance Company*	AIG Asia Pacific Insurance Co
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	2100439574-03
Motor CI	
<b>DRIVER</b>	<input type="radio"/> Same as Insured above
Name of Driver	Razlan Bin Rahmat
Personal Identification - NRIC (Singaporean/PR)	S0101589C
- FIN/Passport Number	
Date of Birth	14 dd/ 09 mm/1954/yy
Driving Date Pass	02 dd/07 mm/1982/yy
Year of Driving Experience	37 Year(s) 1 Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	91687877

Address of Driver	B1K 114 #10-125	
Email Address	WHAMPON ROAD Postcode 330174 ramlanrahmat@yahoo.com.	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	Driver	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
<b>GENERAL INFORMATION OF THE ACCIDENT</b>		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Side to Front	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____	
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____	
<b>OTHER INFORMATION</b>		
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any other vehicle or property damaged?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was there any video captured by Car Camera?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Number of Passengers (Including Driver)	2	
<b>DETAILS OF POLICE ACTION</b>		
Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name		
Police Station Address		
Police Station Contact	Tel No.	Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)	
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>		
Vehicle Registration Number	SIV 7392M	
Vehicle Make/ Model/ Colour	MAZDA 3 RED.	
Details of Properties		
Name of Driver	WONG KHEE WANG.	
Personal Identification - NRIC (Singaporean/PR)	S7012059C	
- FIN/Passport Number		
Contact Number	90917115	
Address		
Name of Insurance Company	AXA Insurance	
Nature of Damage		
No. of Passenger (Including Driver)		

(Note: - Please use page 6 if you need to add more vehicles.)

### 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' law yers/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

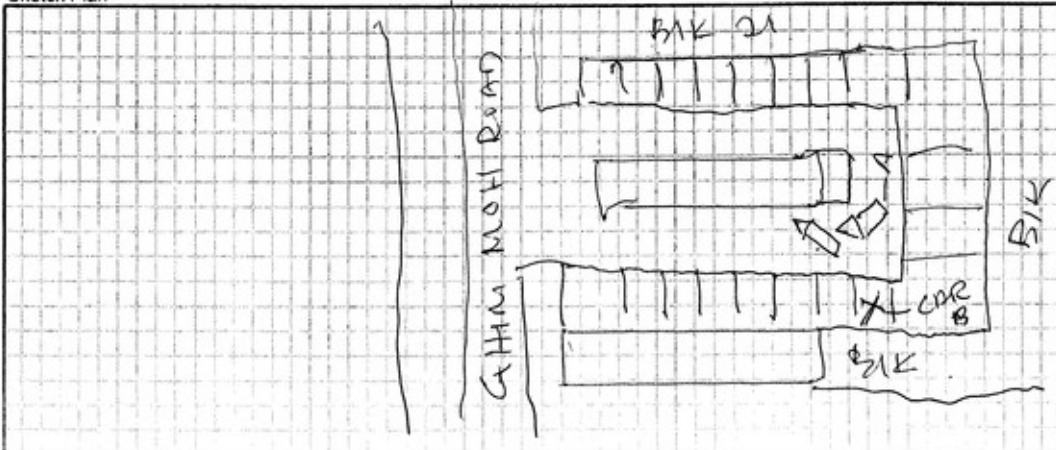
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*[Signature]* 21/8/19  
Policyholder's Signature / Date & Time

*[Signature]*  
Driver's Signature (if driver is not the policyholder) / Date  
& Time *21/8/19 1535pm*

*[Signature]*  
Witnessed by Reporting Centre Personnel

#### Sketch Plan



A-SJN6352C  
B-SJV7392M

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Describe Circumstance of the Accident

I RAMLAN BIN RAHMAT DRIVER for vehicle NO SJN 6352 C was driving out from Rik 21 ghim Corpak went I was turn right on my major way there is a ~~car~~ vehicle NO SJV 7392M was driving out very fast from parking lot then left with out looking and hit my left bumper till my number plate.

**IMPORTANT NOTE**

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

**Declaration**

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



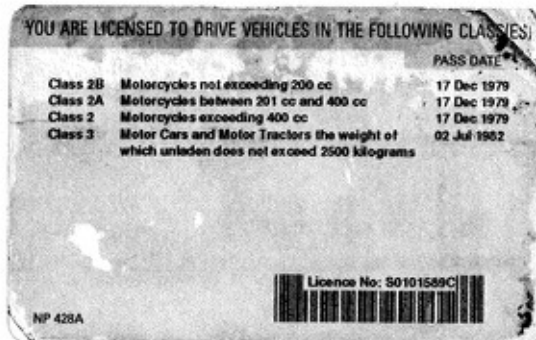
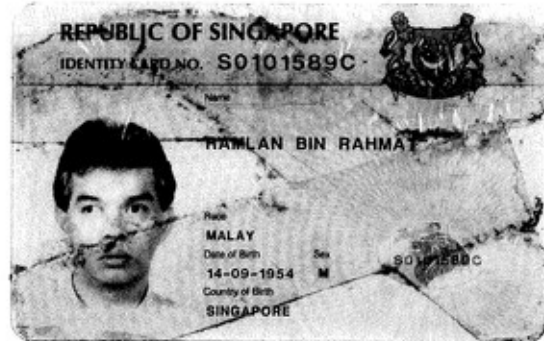
Policyholder's Signature / Date & Time



Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel







# CERTIFICATE OF INSURANCE

## WEARNES AUTO PROTECTOR (LAND ROVER) PRIVATE VEHICLE

Name of Policyholder : GELHAUS GREGORY RICHARD  
Period of Insurance : 20 Nov 2018 To 19 Nov 2019  
Engine No. : 0935731306DT  
Chassis No. : SALLAAAG5GA778856

Vehicle No. : SJN6352C  
Policy No. : 2100439574-03  
Endorsement No. :  
Issued Date : 22 Aug 2019

### ABOUT THE COVER

Make/Model : LANDROVER DISCOVERY 4  
Engine Capacity/Tonnage : 2,993.00 CC Sum Insured : Market Value First Year of Registration : 2015  
Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : Yes  
Person or Classes of Persons Entitled to Drive\* :

a) The Policyholder  
b) Any other person who is driving on the Policyholder's order or with his/her permission.  
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use\* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 2000cc

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

### EXCESS

#### Section 1

Fire - \$0 Own Damage - \$900 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

GELHAUS GREGORY RICHARD - \$900 (Own Damage), JALLAL BIN SARTNAM - \$900 (Own Damage)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Wearn's Automotive Pte Ltd Add: 45 Leng Kee Road Singapore 159103 63789333

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503486613

WEARNES AUTOMOTIVE - DJT (J)  
45 LENG KEE ROAD  
SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

  
AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



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