## SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

Occupation

**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 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.
- 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.
- port to the inont to the ort at the

7. By the lodgement of this report to the insurers, you hereby conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	31/08/2019 14:52
Date Of Accident	30/08/2019 15:00
Exact Location Of Accident	JALAN EUNOS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGB6665Z
Insured/Policyholder	
Name Of Registered Owner	HB INVESTMENTS PTE LTD
Co Reg No	200313001G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-62947733
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100413137-04
Cover Note Number	
Driver	
Name of Driver	ABDUL RASHEED
NRIC No	S2744930A
Date Of Birth	27/11/1952

**INDOOR** 

15/11/2005

13 YEARS AND 9 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-91390654

Fax Number

**Contact Number** 

**EMail Address** KAWWALI@HOTMAIL.COM

Address 7 SIGLAP ROAD #03-55

Postcode 448909

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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** DRY Road Surface

### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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)

## **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

## **Circumstances of Accident**

VEHICLE B WAS STATIONARY. MY VEHICLE ROLLED FORWARD AND TOUCHED VEHICLE B REAR BUMPER.

2

NO

NO

YES

NO

1

NO

NO

## Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera? NO Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

SLV9859Y Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties VEHICLE B** PRIVATE CAR Vehicle Category

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

# IMPORTANT NOTICE

- 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 willul misrepresentation or withholding of material
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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 (GtA) for archiving and that copies of this report will for a fee be made available upon application by
- 7. 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
- 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)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
  - (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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the
- (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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection,
- (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:

A DESCRIPTION OF A DESC

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name

NRIC/FIN No .:

par colonia

	\	B		
	g 12 , 15n <sup>2</sup>	A		
RIBE CIRCUMSTANCES	OF THE ACCIDENT			-
		m) VEHICLE	ROLL FORWAR) AND	1
ACVIII	UPP SAMIONARY	-[		
	B REAR BUMPER			
Touch Venice	B KAIK DU			
		and the second s		
Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is th		Name of Street, Street		
	and the second s			
		alternative and the second sec		
			The state of the s	
		- Control of the Cont		
		Secretary Secret		
			2	
- ATTOM	- casticulars are true in every	espect.		
DECLARATION	ng partitude	/	· ·	
DECLARATION  I/We declare the foregoi	X/		No. 1	Sienature
DECLARATION  I/We declare the foregoi	ofiseer's Senature		Reporting Centre Personnel's : Name:	Signature

## **Driving License**

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2744930A



Acres

ABDUL RASHEED

00

RICC PAKISTANI

Our of birth Sec. 27 - 11 - 1952 M. Country of Little PAKISTAN SZZZZBODA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence terriber. S 2 7 4 4 9 3 0 A

North

ABDUL RASHEED

See, 6/M- 27 Nov 1952

Exam Date: 10 Jan 2007



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSICS:

Motor Cars > 2000 kg with ->7 persongers, explicitive 16 Nov 2016 ...
of the driver; and other motor vehicles >> 2500 kg



# CERTIFICATE OF INSURANCE

### AUTOPLUS PRIVATE VEHICLE

Period of Insurance

Name of Policyholder : HB Investments Pte Ltd

: 16 May 2019 To 15 May 2020

Engine No. Chassis No. : HR16958165B : MNTBBAB17Z0022581 Vehicle No.

: SGB6665Z : 2100413137-04

Policy No. Endorsement No.

Issued Date

: 14 May 2019

### ABOUT THE COVER

Make/Model

: NISSAN SYLPHY 1.6 PREMIUM

Engine Capacity/Tonnage : 1,598,00 CC

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2015

Insuring with COE/PARF : Yes

Driver Restriction : NA

Person or Classes of Persons Entitled to Drive":

Any person with a diffrigrant for Folkyholder's country with their permission.

This Folky will insternify the Moleyholder or any authorized diversarily if hashin meets the specified ago condition.

You have impay an additional sum of \$8,000 as "Young and/or has enterior before Excess" (YIDR ) if You are a Your Anthonised Univerlineated in uncommediate under the age of 23 and/or has less than 2 years of vince agreements.

Age Condition

: All Age Condition

Limitation as to use\*

Use only for social, demands and pleasure purposes and for the Fickey obsets received. The Policy does not cover use for hird or reason, chicking leaves covery deep received the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Moor Trade.

Loss of Use 1500cc - 1600cc Optional

\* Limitalisms condition inspensive by Section 6 or the Motor Vohicles (Third-Facty Risks and Compensation) Act (Cap. 186) and Section 93 of the Road Transport Act, 1987 (Malaysia), are not to be included under these reactings.

### EXCESS

Section 1 Fire \$0 Own Damago - \$500 Theft - \$0 Flood Cover - \$0

Section 2 Property Ramage - \$0

Windscreen: \$100

Named Driver and Excess (ware applicates)

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

Approved Reporting Centrics AIG Authorised Departure (for claims released reports)

Any size that regists to the Mehicle must be control out by and of our Authorised Reparture. Within the first 3 years of the Bist repulsion of the Vehicle in Strippyone, You have the option of having the accident repairs control out at the Sixth Agent's contribute.

For other Approved Reporting Centrics AIG Authorised Repairs as positive control out 24 hour accident energointy follows in 146 SIXTH 2001. Alternatively. You may receive AIG existing or AIG SIX from Tunes or Gaugle Play.

## IMPORTANT NOTES

Hiro Purchase Company/Employer's Loan: HL Bank

IAWs his day early had the policy to which this Conflicts of Insular or relates is bound in excendence with the provisions of the Motor Vehicles (Third Party Risks and Compression) Act (Cap. 198). Part IV of the Read Transport Act, 1987 (Makesin) and Moha Vehicles (Third Party Risks Road Compression) Act (Cap. 198). Part IV of the Read Transport Act, 1987 (Makesin) and Moha Vehicles (Third Party Risks).

0348034000

CHEW HASSAN VICTOR GLARENCE AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120 SP-YEH-BRIANTAN Underwritten by AIG Asia Pacific Insurance Ptc. Ltd.,

AIG Asia Pacific Insurance Pte. Ltd. ASIA PACINO INDE.

AUTHORISED REPRESENTATIVE CAMPACE
GEV

ALC: AND POSTS

















