

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	11/10/2019 17:40
Date Of Accident	11/10/2019 12:25
Exact Location Of Accident	ALONG RACE COURSE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM8971H
Insured/Policyholder	
Name Of Registered Owner	AUTO TRUST LEASING PTE LTD
Co Reg No	201533654Z
Email Address	CHITRANBALAKRISHNAN@GMAIL.COM
Mobile Phone No	
Alternative Phone No	Office-64661009

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
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 HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994248
Cover Note Number	

Driver

Name of Driver	CHITRAN S/O BALAKRISHNAN
NRIC No	S8610960C
Date Of Birth	23/04/1986
Occupation	OUTDOOR
Date Of Driving Pass	14/05/2007
Driving Experience	12 YEARS AND 4 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-91175455
Fax Number	
Contact Number	
E-Mail Address	CHITRANBALAKRISHNAN@GMAIL.COM
Address	BLK 166 WOODLANDS ST 13 #02-559
Postcode	730166
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 - OPENING DOOR OF 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?	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)	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

KINDLY REFER TO SKETCH PLAN. (NOTE: VEHICLE NOT IN FOR PHOTO TAKING, HAVE SENT TO WORKSHOP FOR REPAIR).

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	SKT7892K
Vehicle Make/Model/Colour	VOLVO XC 90
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KANNAN SUDHAKRAN
NRIC/Passport Number	S8061474H
Contact Number	90272308

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.:

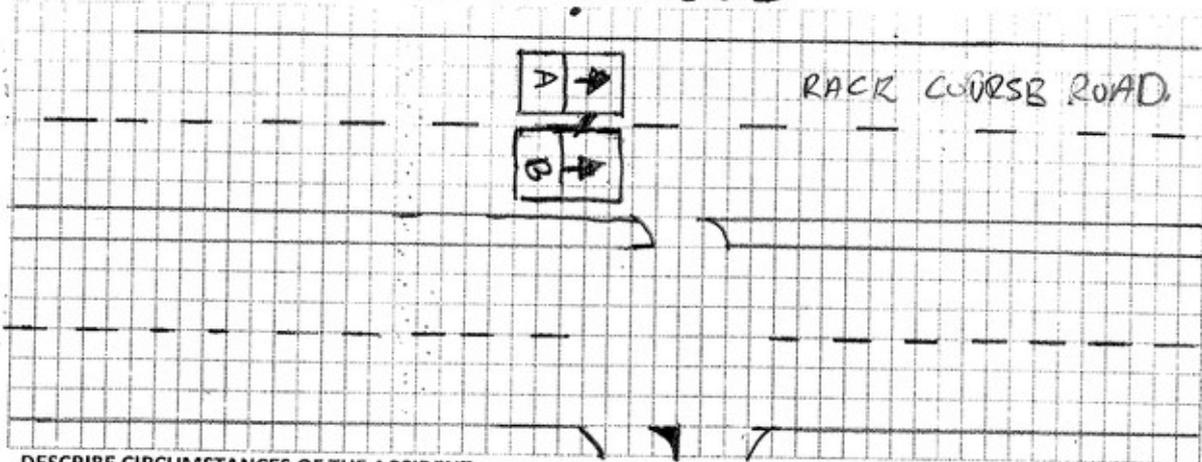
GIA RMC SERVICES



CAR A: SJM8971H
 CAR B: SKT7892K

SKETCH PLAN

THE BANANA LEAF APOLLO



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING CAR A TO THE BANANA LEAF APOLLO TO PICK UP PASSENGERS. I STOPPED OUTSIDE THE RESTAURANT ON THE LEFT MOST LANE, AND I TOLD MY PASSENGER WAIT FOR ME TO OPEN THE DOOR AS I HAVE TO OPEN LAST ROW OF SEAT AS WELL. I PROCEEDED TO OPEN MY DOOR TO EXIT THE VEHICLE, CAR B CRASHED INTO MY DOOR. I WAS IN MY OWN LANE WHEN THE ACCIDENT HAPPENED.

02 11/10/19

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

<input checked="" type="checkbox"/>	- Reporting Only
<input type="checkbox"/>	- Claim OD
<input type="checkbox"/>	- Claim TP
<input type="checkbox"/>	- Claim OD/ TP at other workshop

DECLARATION

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

[Signature]

Policyholder's signature
 Date & Time



[Signature] 11/10/19

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

[Signature]

Reporting Centre Personnel's Signature
 Name:
 Nric/Fin No.

**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.403

Third Party Commercial Insurance		(The below excess is subject to GST)	
CERTIFICATE NO.	SJM8971H	POLICY EXCESS	S\$1,500.00 (II)
POLICY NO.	999994248	WINDSCREEN EXCESS	N.A
1) VEHICLE REGISTRATION NO.	SJM8971H	SUM INSURED	N.A
2) NAME OF POLICYHOLDER	AutoTrust Leasing Pte Ltd	INSURING WITH COE/PARF	No
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	22 February 2019		
4) DATE OF EXPIRY OF INSURANCE	21 February 2020		
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*			
Any person who is driving on the Insured's order or with their permission. The Authorised driver must be age within 22 to 65 years old with at least 2 years driving experience unless specified otherwise This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition. Additional Excess \$ 1,000 is applicable Outside Singapore			
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 Applicable		
HIRE PURCHASE COMPANY	N.A		
*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 21 Feb 2019

AIG Asia Pacific Insurance Pte. Ltd.

0500656-000
 Cowell Insurance Agency Pte Ltd
 8 Burn Road
 #09-09 Trivex
 Singapore 369977

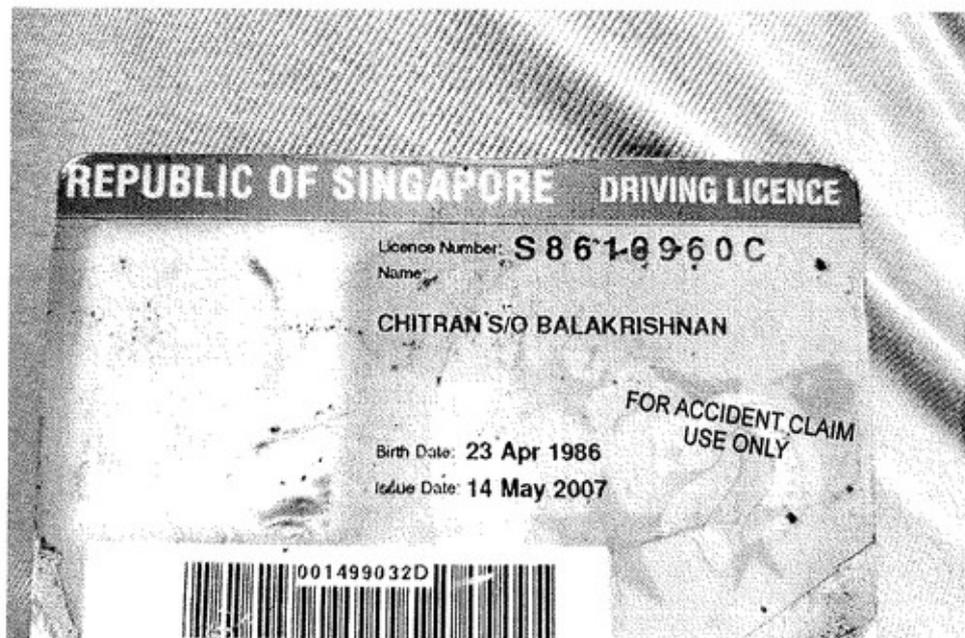
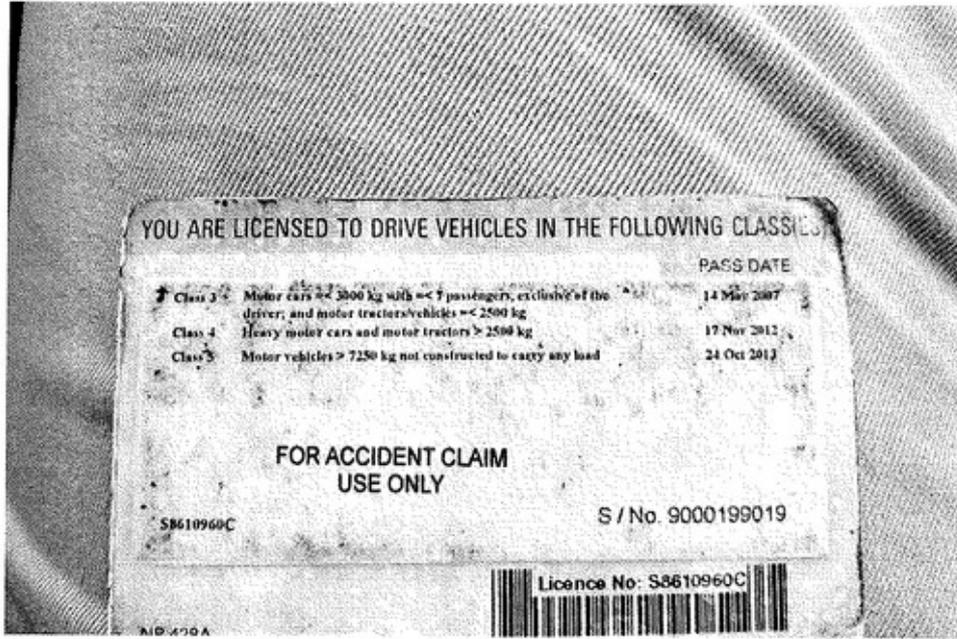
M. Anile

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPIUS

Driving License



Land Transport Authority

VOCATIONAL LICENCE
Licence No: S8610960C
Name: CHITRAN S/O BALAKRISHNAN



Please visit www.lta.gov.sg to check the status of this vocational licence

FOR ACCIDENT CLAIM USE ONLY

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8610960C



Name
CHITRAN S/O BALAKRISHNAN



சித்திரன்
Race
INDIAN
Date of birth
23-04-1986
Country/Place of birth
SINGAPORE

Sex
M

S8610960C

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
13	PRIVATE HIRE CAR VL	07/07/2018



FOR ACCIDENT CLAIM USE ONLY

5600108



NRIC No: S8610960C



Date of issue
17-05-2016

APT BLK 186 WOODLANDS STREET 13 #02-559
SINGAPORE 730188

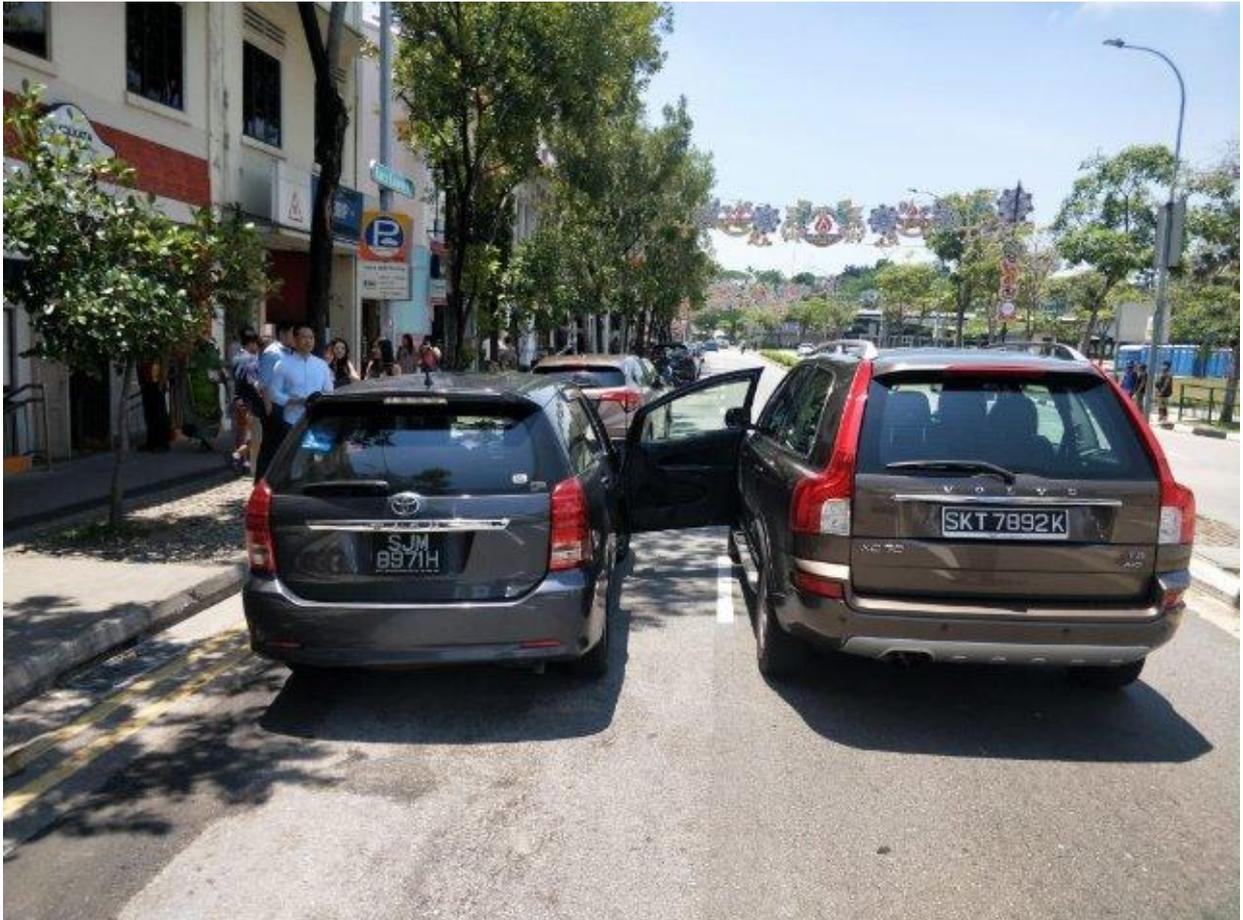
NRIC No: S8610960C Date: 05/07/2019

FOR ACCIDENT CLAIM USE ONLY

Accident Photo



Accident Photo



Accident Photo



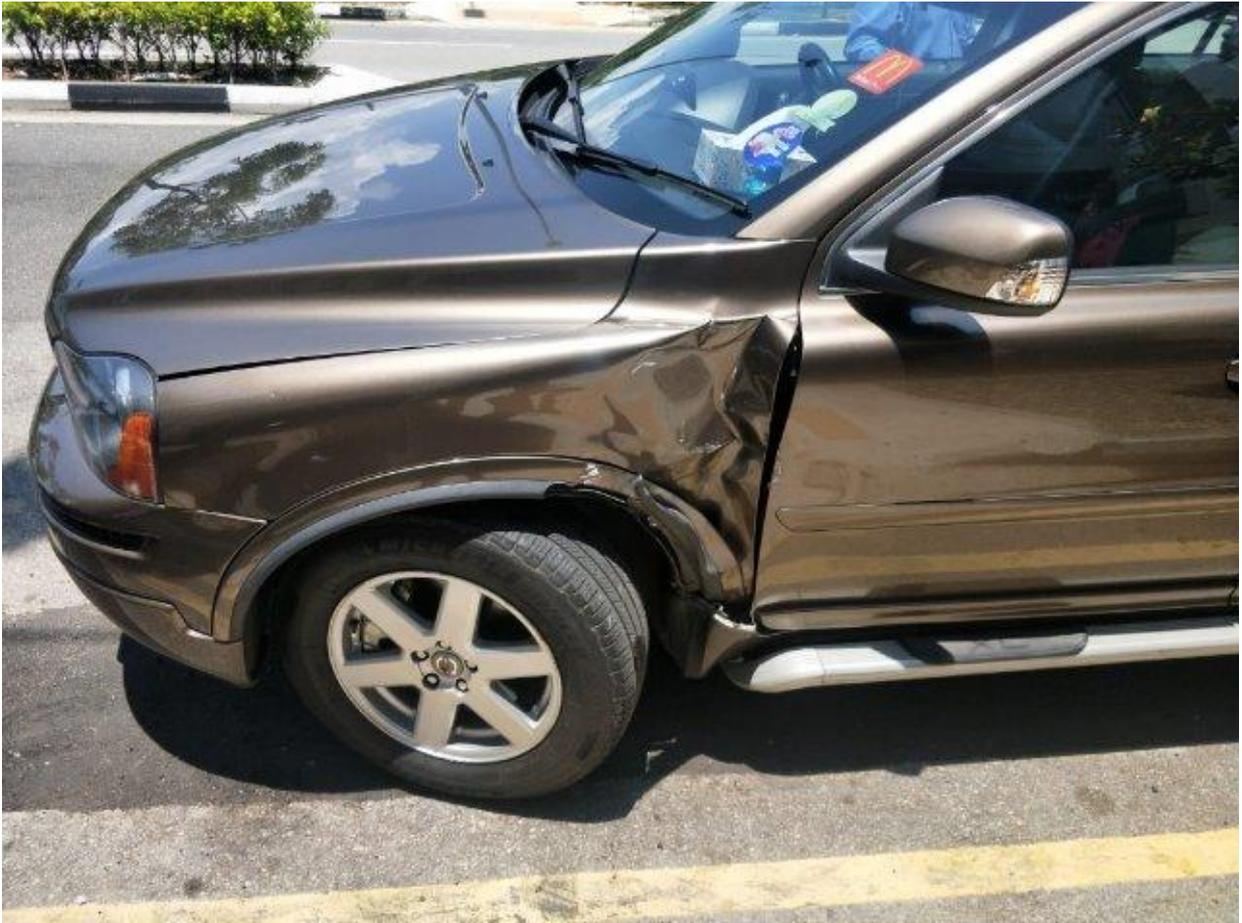
Accident Photo



Accident Photo



Accident Photo



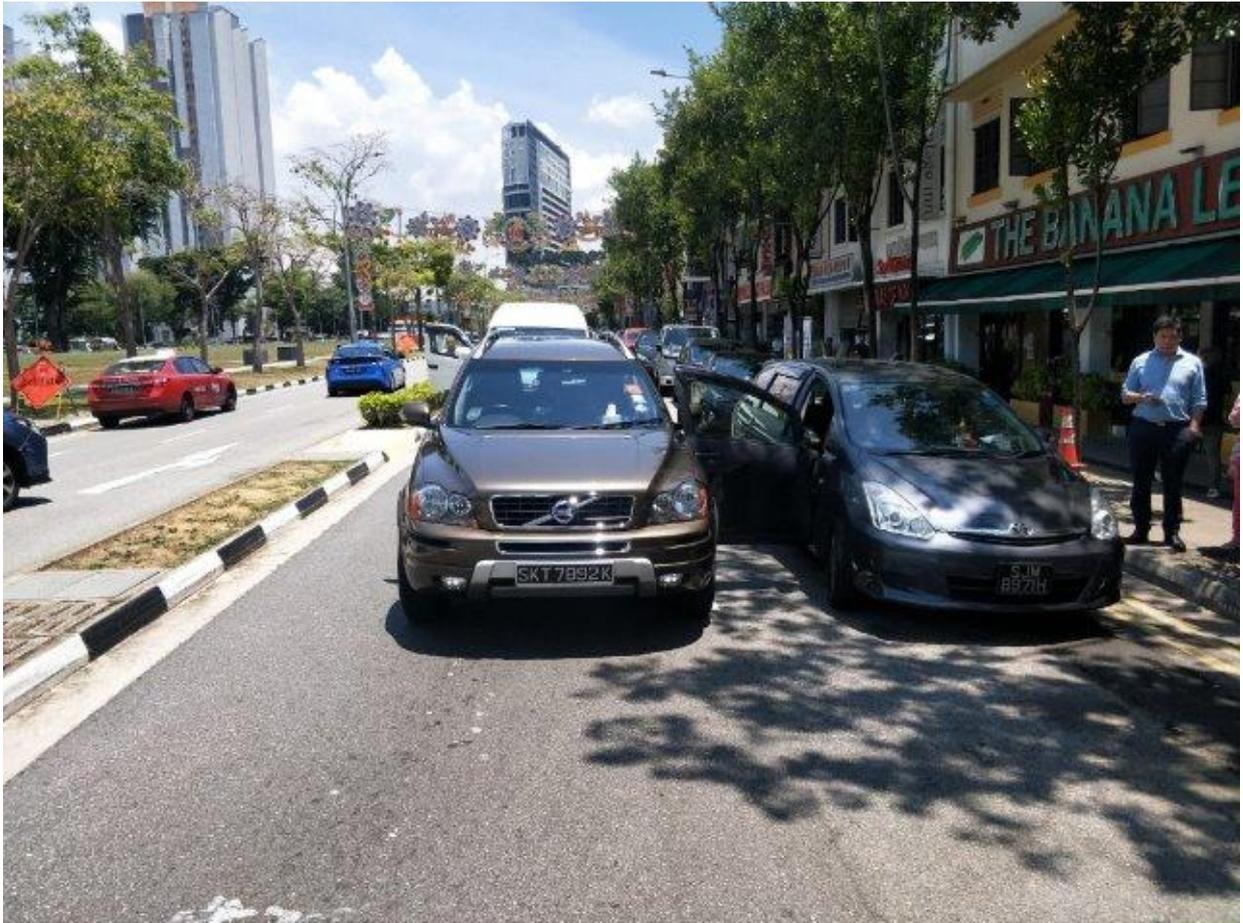
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