MLHM19138245 / Lai Huat (Meng Kee) Motor Pte Ltd - Sin Ming
ENTRY DATE & TIME: 18/10/2019 14:02
SUBMITTED BY: Poh Kwee Choo

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 18/10/2019 17:55

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 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.

ACCIDENT STATEMENT	
Date Of Report	18/10/2019 14:02
Date Of Accident	16/10/2019 21:30
Exact Location Of Accident	TRAFFIC LIGHT OF JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLV3592E
Insured/Policyholder	
Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	200735055d
Email Address	DENNIS.DENG@MUNICHAUTOCARE.COM.SG
Mobile Phone No	
Alternative Phone No	Office-96826300
Vehicle Particulars	
Manufacturer	KIA
Model	CARENS 1.7 DCT DIESEL 5DR FWD
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	
Cover Note Number	
Driver	
Name of Driver	AHMAD BIN SUBDI
NRIC No	S7441723Z
Date Of Birth	29/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	20/07/2001
Driving Experience	18 YEARS AND 2 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-84310174
Fax Number	
Contact Number	
EMail Address	ECMSAHMAD@GMAIL.COM
Address	BLK 435 YISHUN AVENUE 6 #04-2108
Postcode	760435
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 - HEAD TO REAR
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?	YES
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

PLEASE REFER TO SKETCH PLAN.

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	SLQ6869P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	KOH EE KIANG DERRICK (GAO YIQIANG DERRICK)
NRIC/Passport Number	S8037019I

Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KOH EE KIANG DERRICK (GAO YIQIANG DERRICK)
Approximate Age	
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SLQ6869P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN

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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 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 :

   (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.

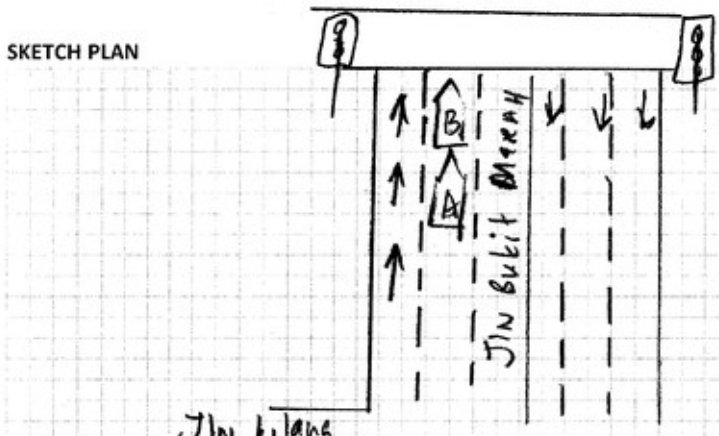
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 18 OCT 2019	Reporting Centre Personnel's Signature Name: Poh Kwee Choo NRIC/FIN No.:

SKETCH PLAN



B - SLQ6869P
A - SLV3592E

Date of Accident: 16/10.2019
Time: 9.30pm.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At About 9.30pm on 16 Oct 19 I was traveling along Jln Bukit ~~timah~~ Merah toward Queen way. I was travelling behind the vehical of SLQ 6869 P. Upon reaching the traffic light I dont have enough time to break that cause the collision.

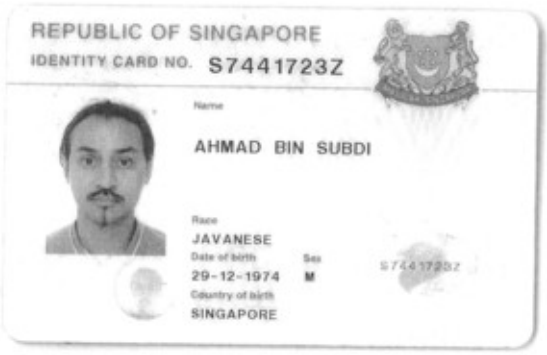
DECLARATION

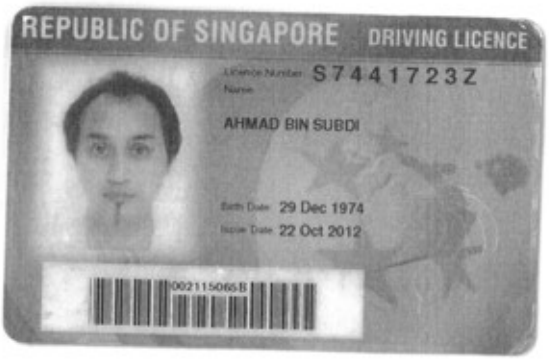
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 18 OCT 2019	Reporting Centre Personnel's Signature Name: Poh Kwee Choo NRIC/FIN No.:

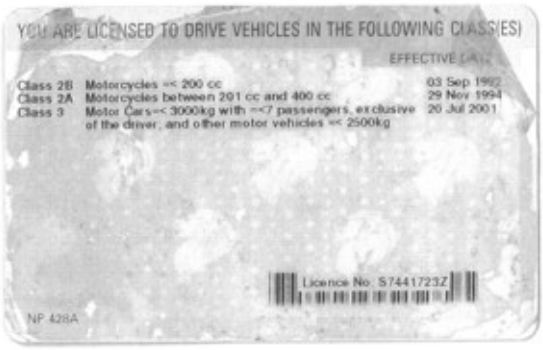
CIARMC SketchPlanForm_V3

Driver's Identification Card and Driving Licence


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7441723Z
Name
AHMAD BIN SUBDI
Race
JAVANESE
Date of birth
29-12-1974
Sex
M
Country of birth
SINGAPORE
S7441723Z


REPUBLIC OF SINGAPORE
DRIVING LICENCE
Licence Number S7441723Z
Name
AHMAD BIN SUBDI
Birth Date 29 Dec 1974
Issue Date 22 Oct 2012
0021150658


3704120
NRIC No. S7441723Z
Date of issue
20-04-2005
APT BLK 435 YISHUN AVENUE 6 #04-2108
SINGAPORE 760435
S7441723Z
27/06/2013


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
EFFECTIVE DATE
Class 2B Motorcycles << 200 cc 03 Sep 1992
Class 2A Motorcycles between 201 cc and 400 cc 29 Nov 1994
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles << 2500kg 20 Jul 2001
Licence No S7441723Z
NP 428A

Scene photo

Accident Photo

Accident Photo

Accident Photo

CHASSIS NUMBER