

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	21/10/2019 17:37
Date Of Accident	17/10/2019 08:15
Exact Location Of Accident	SENGKANG WEST ROAD ENTRY TO CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU4024P
Insured/Policyholder	
Name Of Registered Owner	DOWNTOWN TRAVEL SERVICES PTE LTD
Co Reg No	198403671H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-NOPHONE

Vehicle Particulars

Manufacturer	SUBARU
Model	XV-1.6 I-S AWD CVT (A)
Exact Purpose for which vehicle was being used at time of accident	BUSINESS
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	YES
Policy Number	100856580
Cover Note Number	

Driver

Name of Driver	QUEK YUEN KIAT
NRIC No	S8438082B
Date Of Birth	21/11/1984
Occupation	INDOOR
Date Of Driving Pass	27/02/2008
Driving Experience	11 YEARS AND 7 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-81573087
Fax Number	
Contact Number	
E-Mail Address	CLIVEQUEK@GMAIL.COM
Address	452A SENGKANG WEST WAY #05-387
Postcode	791452
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - MOTOR IMAGE STAFF
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.	YES
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 ATTACHED

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ3515E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEN SIEW FEN
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 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:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identification No. S8436082B

NAME: CHEEK YUEN KIAT

Date of Birth: 21 Nov 1964

Issue Date: 27 Feb 2008

001675474K



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3A Motor cars without clutch pedals (Auto) \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals \leq 2500kg

Issue Date: 27 Feb 2008

NP 425A

Licence No. S8436082B



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO **S8438082B**



Name

QUEK YUEN KIAT



郭远杰

Race

CHINESE

Date of birth

21-11-1984

Sex

M

S8438082B

Country/Place of birth

SINGAPORE

5515000



NRIC No: **S8438082B**

Date of issue

20-08-2015

APT BLK 452A SENGKANG WEST WAY #05-387

SINGAPORE 791452

NRIC No: **S8438082B**

Date: **18/11/2016**

INSURANCE CERT

**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 400

COMPREHENSIVE COMMERCIAL MOTOR	OWN DAMAGE EXCESS	S\$800.00	(1)
CERTIFICATE NO. 909994256/100856580-00000	WINDSCREEN EXCESS	S\$100.00	
	<small>(for policies with effect from 1st November 2002)</small>		
	SUM INSURED	S\$1.00	
	INSURING WITH COE/PARF	YES	
1) VEHICLE REGISTRATION NO.	SKU4024P		
2) NAME OF INSURED	Downtown Travel Services Pte Ltd		
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	1 Jan 2019		
4) DATE OF EXPIRY OF INSURANCE	31 Dec 2019		
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			
1) Use for 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 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		
<small>* 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.</small>			

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 At Singapore 18 Feb 2019

AIG ASIA PACIFIC INSURANCE PTE. LTD.

000064-000
 DIRECT CLIENTS 21.4.95
 AIG BUILDING
 78 SHENTON WAY #07-16
 SINGAPORE 079120

Authorized Representative

ORIGINAL

55C05K