SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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

	ACCIDENT STATEMENT
Date Of Report	21/10/2019 14:33
Date Of Accident	21/10/2019 11:15
Exact Location Of Accident	HILL VIEW
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU7636S
Insured/Policyholder	
Name Of Registered Owner	KINETIC HOLDINGS PTE. LTD.
Co Reg No	201618392N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-88233366
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA
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	THIRD PARTY
Fleet Policy	NO
Policy Number	999994104
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD FAHMIN BIN ABDUL KADIR
NRIC No	S9322313F
Date Of Birth	29/06/1993
Occupation	INDOOR

25/05/2016

3 YEARS AND 4 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-90214279

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 312 WOODLANDS STREET 31 Address

#04-50

Postcode 730312 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 **CHAIN COLLISION**

Weather Conditions RAINING Road Surface WET

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? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

3

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 Name: : UNKNOWN

> Gender: : Male

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

VEHICLE B HAD COLLIDED ONTO VEHICLE C FIRST. WHEN I SAW VEHICLE B, I COULDN'T STOP IN TIME AND HIT ONTO VEHICLE B. TOTAL 3 VEHICLES WAS INVOLVES.

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 SKJ4568U

Vehicle Make/Model/Colour

Details Of Properties

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SDN807T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

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

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- 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.
- The 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.
- 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

The state of the s	THE STATE OF THE S	
		(B)-SKJ 4568U (B)-SKJ 4568U (C)-SDN 807T
DESCRIBE CIRCUMSTANCES OF THE A	CCIDENT	
	First	
VEHICLE B HAD COUNTED	anto verticat C	WHEN I SAN VEHICLE B,
TOTAL 3 VEHICLES	MAD (NUOLE) "	

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.:

GIARME State (Planterm -V.)







CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THES-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THPS: PARTY RISKS AND COMPENSATION) RULES. 1946

ROAD TRANSPORT ACT. 1867 (MALAYBIA)

		(The below excess is subject to GST)		
THIRD PARTY	COMMERCIAL MOTOR	POLICY EXCESS	5\$1500.00 (Sect II)	
CERTIFICATE NO.	SLU7636S	WINDSCREEN EXCESS	NA.	
POLICY NO.	999994104			
		SUM INSURED	NA.	
1) VEHICLE REGISTRATIO	N NO.	INSURING WITH COEPARF SLU7636S	NO	
2) NAME OF INSURED		Kinetic Holdings Pte Ltd		
3) EFFECTIVE DATE OF TH	E COMMENCEMENT OF INSURANCE FOR THE			
PURPOSES OF THE ACT		51 June 2019		-
4) DATE OF EXPIRY OF IN	SURANCE	07 June 2020		1
5) PERSON OR CLASSES (OF PERSONS ENTITLED TO DRIVE			100
	Insured's order or with their permission, opticable for driver who is between 25 years to 65 years out.			

53,500 00 Section II Exists is applicable for driver who is between 23 years to 65 years old with minimum 2 years driving my in additional section if excess of \$1,000,00 per accident is applicable in the event of an accident occurring eutside Singapore. Accident repair has to be carried out at AGS appointed his of sociation or Manufacturer workshop within 3 years warranty.

rided that the person driving is permitted in accordance with the licerung or other tees or requisitors to drive the Motor Vehicle or has been so permitted and is not disquisit test ofer of a Court of Law or by reason of any enactrices or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE

- Use for eacist, domestic, pleasure purposed and susiness purposes of this used
 Use for social, domestic, pleasure purposes and suprimes purposes of any person whom the vehicle is fined.
 Use for the carriage of passengers for hire or reward by any person so whom the vehicle is fined.

The Policy does not cover: 1) Use for tubon, diving lest, racing, pace-making, relability trail or speed lesting. 2) Use whict chaking a trailer except the towing (other than fits reward) of any one-disasted mechanically proposed vehicle. 3) Use for any purpose in connection with the Mariy Trade.

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

installation randered inoperative by Section 6 of the Motor Vehicles (Third Plany Risks and Compensation) Art (Chapter 1887) and Section 96 of the Road Transport Act, 1987, fatayol a), are not to be included under these headings.

1: We havely Centry that the policy to which this Centificate relates is stoked in accordance with the provisions of the Mater Vehicles (Third: Petry Risks and Compensation) Act (Chapter 165) and Petrit of the Road Testing

Issued in Singapore 10 Jun 2019

501630-000 SC Alliance Pte Ltd 78 Sea Breeze Avenue Segapore 487582 AIG Asia Pacific Insurance Pte. Ltd.

SSPORT

ORIGINAL















