

## 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	04/11/2019 11:46
Date Of Accident	02/11/2019 10:30
Exact Location Of Accident	LOEWEN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY8617T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	UNIQUE TOURIST SERVICE PTE LTD
Co Reg No	197401067R
Email Address	UNIQTUR@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	Office-62927656

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	SANTA FE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	100778992-00000
Cover Note Number	

### Driver

Name of Driver	MORRISON ORIEL ANNA
Passport No/FIN	g3018931r
Date Of Birth	26/06/1974
Occupation	INDOOR
Date Of Driving Pass	03/03/2015
Driving Experience	4 YEARS AND 7 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-98324556
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	20 NAMLY PLACE
Postcode	267167
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	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.	NO
Number of Passengers (Including Driver)	2
Passenger 1	Name: : KAIUS HIGGINS 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

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	SLN6420R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EDWIN TEO

NRIC/Passport Number	
Contact Number	96186929
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:



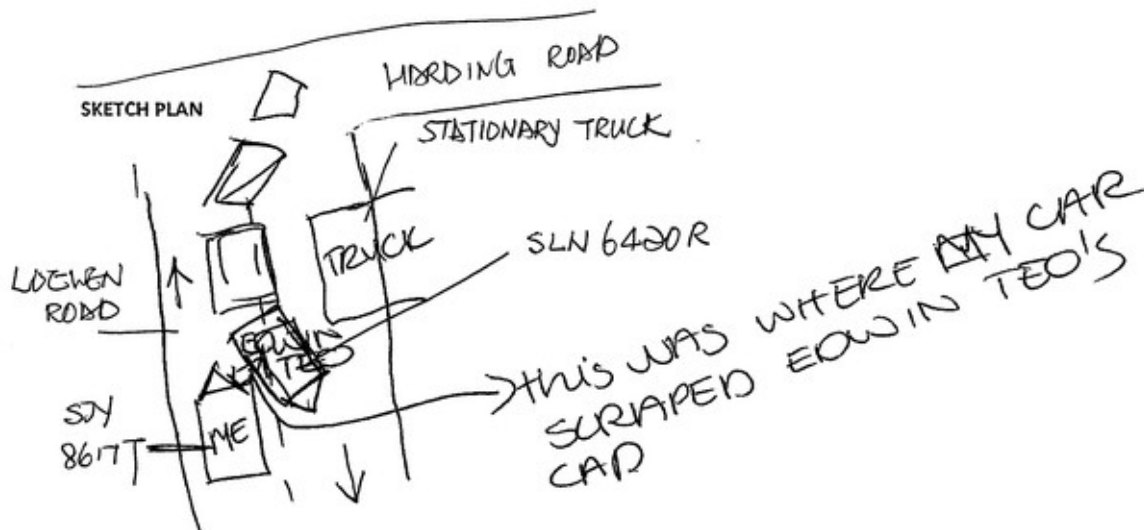
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Jenny Lim

- 4 NOV 2019

- 4 NOV 2019



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A TRUCK WAS BLOCKING THE LEFT HAND LANE, & I WAS SLOWLY MOVING FORWARD TO PASS TRUCK. OTHER CARS WERE DRIVING PAST TRUCK ON THE MY SIDE OF THE ROAD. THE CARS DRIVING TOWARDS ME ON MY SIDE OF THE ROAD DID NOT STOP, SO I PUSHED MY BRAKE, BUT HIT THE ACCELERATOR INSTEAD. I STOPPED & OPENED DOOR TO SEE HOW MUCH SPACE I HAD IN FRONT, BUT I HAD NOT PUT BRAKE ON PROPERLY SO CAR MOVED FORWARD AND SCRAPPED SIDE OF CAR NEXT TO ME. WE EXCHANGED DETAILS, AGREED THAT NO ONE WAS HURT. WE BOTH AGREED TO FILE REPORT. EDWIN TEO WAS DRIVER OF SILVER VEHICLE. IT WAS AROUND 10:30AM, SATURDAY 2ND NOVEMBER 2019.

#### DECLARATION

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

Policyholder's Signature

Date & Time:

- 4 NOV 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

- 4 NOV 2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Jenny Lim

**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	<b>OWN DAMAGE EXCESS</b>	S\$1,200.00	(1)
<b>CERTIFICATE NO.</b> 999994098/100778992-00000	<b>WINDSCREEN EXCESS</b>	S\$100.00	
	<small>(for policies with effect from 1st November 2002)</small>		
	<b>SUM INSURED</b>	S\$1.00	
	<b>INSURING WITH COE/PARF</b>	NO	
<b>1) VEHICLE REGISTRATION NO.</b>	SJY8617T		
<b>2) NAME OF INSURED</b>	UNIQUE TOURIST SERVICE PTE LTD		
<b>3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT</b>	1 Jun 2019		
<b>4) DATE OF EXPIRY OF INSURANCE</b>	31 May 2020		
<b>5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *</b>			

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

*\* 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 At Singapore 12 Jun 2019

**AIG ASIA PACIFIC INSURANCE PTE. LTD.**

500533-010  
 NEW FRONTIERS ALLIANCE PTE LTD  
 371 ALEXANDRA ROAD  
 #05-05 AIA ALEXANDRA  
 SINGAPORE 159963  
 SP-LC ADVISORY

  
 Authorised Representative

ORIGINAL

SSCDSK

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Chassis Number

