

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	18/11/2019 10:18
Date Of Accident	15/11/2019 20:30
Exact Location Of Accident	HAVELOCK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMM2924Z

Insured/Policyholder	
Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	201735055D
Email Address	DENNIS.DENG@MUNICHAUTCARE.COM.SG
Mobile Phone No	
Alternative Phone No	Office-96826300

Vehicle Particulars	
Manufacturer	RENAULT
Model	INSIGNIA GRANDSPORT B16DTH
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	999994322
Cover Note Number	

Driver	
Name of Driver	NEO AH KAY
NRIC No	S6925233H
Date Of Birth	08/08/1969
Occupation	OUTDOOR
Date Of Driving Pass	07/04/2006
Driving Experience	13 YEARS AND 7 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96318111
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 233 JURONG EAST STREET 21 #07-420
Postcode	600233
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 - CHANGE/CROSS LANE
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	THOMSON NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN / POLICE REPORT NO: T/20191116/2070

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG7543A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number98498341

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	NEO AH KAY
Approximate Age	50
Injuries Sustain	
Injured person in which vehicle?	SMM2924Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 233 JURONG EAST STREET 21 #07-420
Postcode	600233

Sketch Plan

SKETCH PLAN

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. 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.
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 NOV 2019


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

Jenny Lim

$K = SL(7543A)$

Havelock Road

Vehicle NO: 8MM2924Z
Accident Date: 15.11.2019 Time: 205H
Place of Accident:
3rd Party: SLA7543A.

Please refer to police report.
T/2019/1116/2070

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

Reporting Centre Personnell's Signature
Name: **Jenny Lim**
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20191116/2070

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

1 of 3

Report No. T/20191116/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/11/2019 13:32		Vide Report No.:		Station Diary No.: 18	
Informant's Particulars					
Name of Informant: NEO AH KAY			Address: APT BLK 233 JURONG EAST STREET 21 #07-420 SINGAPORE 600233		
ID Type / ID No.: NRIC NO / S6925233H			Contact No.: Home/Office: Mobile: 96318111		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 08/08/1969	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GOJEK DRIVER			Driving Licence information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/11/2019 20:30	Type of Location: Straight Road
Location: Along Road 1 HAVELOCK ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SLG7543A	Car					1
SMM2924Z	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191116/2070

2 of 3

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20191116/2070

CONTINUATION OF REPORT

Name	Unknown	ID No.	NIL
Related Vehicle	SLG7543A (Car)	Contact No.	98498341
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	NEO AH KAY	ID No.	S6925233H
Related Vehicle	SMM2924Z (Car)	Contact No.	96318111
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	16/11/2019	Date Discharge	16/11/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above mentioned date and time, I was driving my vehicle (SMM2924Z) along Havelock Road.

While I was driving my vehicle on the second lane from the left, another vehicle (SLG7543A) which was driving two lanes away on my right decide to filter into the lane I was driving at. When he was filtering into the lane I was driving, I collided to the side of his vehicle. I wish to note he was abruptly changing his lane. I exited my vehicle to make a check and discover the front bumper of my vehicle cracked a little and there were scratches. The other party then informed me to move our vehicle to the side. When I wanted to exchange particulars, he only gave me his car registration number and contact number. He did not give me his name or NRIC number. I wish to note that I have an in-car camera that captured the accident.

I went to Mount Alvernia Hospital on the 16/11/2019 as I felt pain on my left arm. I received 3 days MC from 17/11/2019 until 19/11/2019.



**SINGAPORE
POLICE FORCE**



T/20191116/2070

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

3 of 3


Report No. T/20191116/2070

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sgt 2 MUHAMMAD TAUFIQ BIN ISHAK <i>Taufiq</i>	Signature Of Informant: <i>sketch</i>
Signature Of Interpreter: Not applicable	Date/Time: 16/11/2019 13:32
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD  SINGAPORE POLICE FORCE Contact No.: 65476219	Classification Of Case: SN 070
Authentication Stamp NP168	<i>Taufiq</i> SIGNATURE

Certificate of Insurance



KOTING TEL: 65-6419 3000

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969

ROAD TRANSPORT ACT, 1967 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1969 (MALAYSIA)

M 2 430

		(The below excess is subject to GST)	
COMPREHENSIVE	COMMERCIAL MOTOR	POLICY EXCESS	S\$1000.00 (Sect I & Sect II)
CERTIFICATE NO.	SMM2924Z	WINDSCREEN EXCESS	S\$100.00
POLICY NO.	99994322	SUM INSURED	Market Value
		INSURING WITH COE/PART	YES
		SMM2924Z	
		BIS MOTORING PTE LTD	
1) VEHICLE REGISTRATION NO.		25 June 2019	
2) NAME OF INSURED		25 December 2019	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT			
4) DATE OF EXPIRY OF INSURANCE			
5) PERSON OR CLAUSES OF PERSONS ENTITLED TO DRIVE*			
Any person who is driving on the Insured's order or with their permission.			
Authorized driver must be between age 23 to 70 with at least 2 years driving experience.			
Accident repair can be carried out at Munich Auto Care in the condition that all repairs have to be supervised, appointed by AIG surveyors before proceeding with repair.			
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.			
This Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability test 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 Included	
HIRE PURCHASE COMPANY		HONG LEONG FINANCE	
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) and Section 95 of the Road Transport Act, 1967 (Malaysia), are not to be included under these headings.			

1) We hereby Certify that the policy to which this Certificate relates is a valid one in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) and Part IV of the Road Transport Act, 1967 (Malaysia).

Issued in Singapore 25 Jun 2019

AIG As a Pacific Insurance Pte Ltd

500656-000
Cowell Insurance (Agency) Pte. Ltd.
8 Burn Road
#05-09 Triven
Singapore 369977

AUTHORISED REPRESENTATIVE

SSP000

ORIGINAL

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Chassis Number

