

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	20/11/2019 11:52
Date Of Accident	09/11/2019 17:00
Exact Location Of Accident	MILLENNIA TOWER CARPARK BASEMENT 1 (LOT 291)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT7168G
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82272921
Alternative Phone No	OFFICE-82272921

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994316
Cover Note Number	

Driver

Name of Driver	HOO KHEE HWA
NRIC No	S7207227H
Date Of Birth	29/02/1972
Occupation	OUTDOOR
Date Of Driving Pass	11/12/1997
Driving Experience	21 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82272921
Fax Number	
Contact Number	OTHERS-82272921
EMail Address	NOEMAIL

Address	9 JALAN JINTAN #09-15
Postcode	229006
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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	SLT9699C
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RINO A D/O RAGUPALAN
NRIC/Passport Number	S9206436J
Contact Number	96717242
Address	BLK 93A TELOK BLANGAH STREET 31 #16-159
Postcode	101093
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

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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' law yers/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;



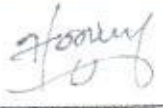
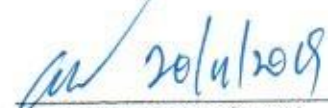
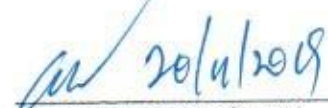
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

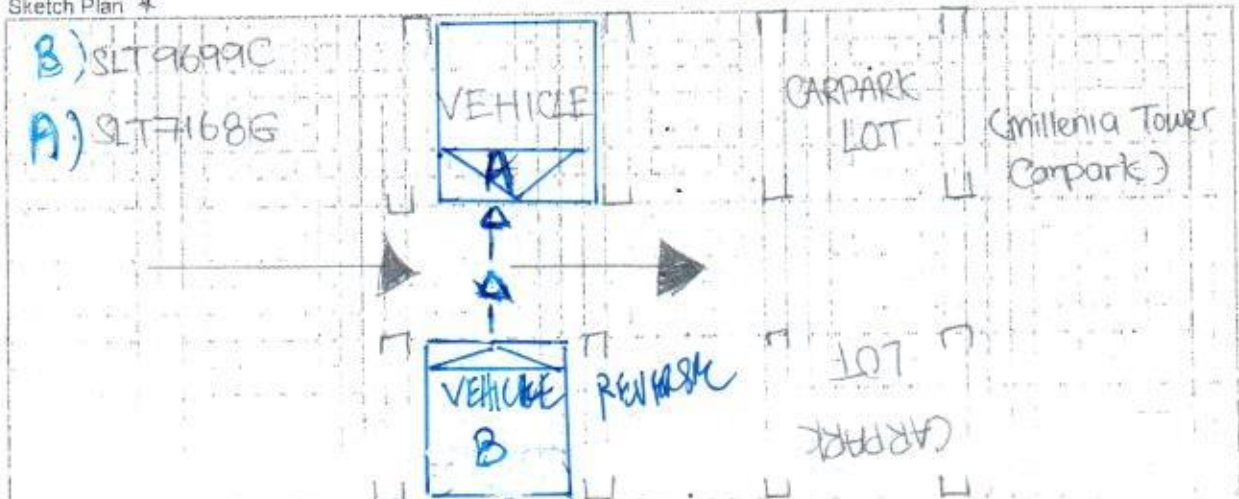
(collectively the "Purposes")

(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

Policyholder's Signature  Date  Time  Date  Time 

Sketch Plan *



Describe Circumstance of the Accident *


On Saturday, 9 Nov 2019 at 1700hrs, my assigned vehicle SLT 71686, parked at Millenia Tower, Carpark B1, Lot 291 was hit by SLT 9699C. I was notified by one of the driver who happens to work during the weekend. I've gotten 2 third party particulars from the notifier. I've requested for CCTV footage to be retrieved from building management. Third Party have also left A Note (Attached) on my windscreen.

Declaration

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


Policyholder's Signature




Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

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1. Complete and submit this Form to the Authorised Reporting Centre ("ARC") for filling.
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ACCIDENT STATEMENT

Date and Time of Accident * Date: 9th Nov 2019 Time: 1700hr
 Exact Location of Accident * Millenia Tower Carpark B1 Lot 291

DETAILS OF OWN VEHICLE

Vehicle Registration Number * SLT7168G

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.) Goldbell Car Rental Pte Ltd
 Personal Identification - NRIC (Singaporean/PR) -
 - FIN/Passport Number -
 - Not Applicable 200710651D

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model Manufacturer: TOYOTA Model: ALPHARD 2.5C
 Type of Vehicle * ☐ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry
☐ Bus ☐ M/cycle ☐ Others
 Exact Purpose for which vehicle was being used at time of accident * Parked at the lot
 Are you claiming under your own insurance policy for repair to your vehicle? ☐ Yes ☐ No (If No, Pls select ☒ Third Party ☐ Reporting)
 Vehicle Category * ☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company * AIG
 Type of Policy ☒ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only
 Fleet Policy ☒ Yes ☐ No
 Policy Number 999994316
 Motor CI -

DRIVER

☐ Same as Insured above
 Name of Driver * HOO KHEE HINA
 Personal Identification - NRIC (Singaporean/PR) * 87207227H
 - FIN/Passport Number * N/A
 Date of Birth * 29 dd/ 02 mm/ 1972/yy
 Driving Date Pass * 11 dd/ 12 mm/ 1997/yy
 Year of Driving Experience * 21 Year(s) 11 Month(s)
 Occupation * Driver ☐ Indoor ☒ Outdoor
 Gender * ☒ Male ☐ Female
 Contact Number / Mobile Phone / Fax No * 8227 2921

Address of Driver	* 9, Jalan Jintan #09-15	Postcode (229006)
Email Address	* NA	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	Driver	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	* Head on Collision	
Weather Conditions	* <input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____	
Road Surface	* <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____	
OTHER INFORMATION		
a. Was anybody injured in the accident?	* <input type="radio"/> Yes <input checked="" type="radio"/> No	
b. Was any other vehicle or property damaged? (Including Witness)	* <input checked="" type="radio"/> Yes <input type="radio"/> No	
DETAILS OF POLICE ACTION		
Was the Accident reported to the Police?	* <input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name		
Police Station Address		
Police Station Contact	Tel No. _____ Fax No. _____	
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)	
DETAILS OF OTHER VEHICLE / PROPERTY 1		
Vehicle Registration Number	* 81T 9699C	
Vehicle Make/ Model/ Colour	Metallic Grey - Honda	
Details of Properties		
Name of Driver	Rima D/o Ragupalan	
Personal Identification - NRIC (Singaporean/PR)	89206436J	
- FIN/Passport Number		
Contact Number	9641 7242	
Address	Block 93A Telok Blangah Street 31 #16-159 CSJ 101093	
Name of Insurance Company		
No. of Passenger (Including Driver)	2	
(Note - Please use page 6 if you need to add more vehicles)		

Hi, we are so sorry
we rammed your
car on accident.

Please contact
96717242 for damage
claims

Can. 20/11/2019
Boh 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)

MZ 400

(The below excess is subject to GST)

Comprehensive Commercial Motor

CERTIFICATE NO. 999994316

WINDSCREEN EXCESS S\$100.00

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

SLT7168G

2) NAME OF POLICYHOLDER

Goldbell Car Rental Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE
FOR THE PURPOSES OF THE ACT

01 January 2019

4) DATE OF EXPIRY OF INSURANCE

31 March 2020

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*

- 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

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.
- 4) Use for any purpose in connection with Motor Trade.

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

Hong Leong Finance Ltd

*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 in Singapore 16 Jan 2019

AIG Asia Pacific Insurance Pte. Ltd.



ORIGINAL

AUTHORISED REPRESENTATIVE

SSPIKWI