

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	27/11/2019 13:07
Date Of Accident	20/11/2019 17:30
Exact Location Of Accident	ALONG BKE TWDS SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW2939P
Insured/Policyholder	
Name Of Registered Owner	AMA RENTAL PTE LTD
Co Reg No	201708966M
Email Address	AMA.CARRENTAL@GMAIL.COM
Mobile Phone No	
Alternative Phone No	Office-87783636

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-2.0 (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	999994052/100877568-00001
Cover Note Number	

Driver

Name of Driver	LIM CHIN CHYE
NRIC No	S8721537G
Date Of Birth	23/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	29/03/2010
Driving Experience	9 YEARS AND 7 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-86685292
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 435 BUKIT PANJANG RING ROAD #09-665
Postcode	670435
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 - HEAD TO REAR
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	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)	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

ON 20/11/2019 AT ABOUT 1730 HRS, I WAS TRAVELLING ALONG BKE TOWARDS SLE. IT WAS RAINING AND THE ROAD SURFACE WAS WET. VEHICLE B (SLE1444C) BRAKE IN FRONT OF MY VEHICLE A (SJW2939P). I MANAGED TO BRAKE ON TIME BUT MY VEHICLE SKIDDED FORWARD DUE TO THE WET SURFACE OF THE ROAD. THEREFORE, MY VEHICLE A (SJW2939P) SLIGHTLY COLLIDED ONTO THE REAR PORTION OF VEHICLE B (SLE1444C). NO INJURIES INVOLVED AND WE EXCHANGED PARTICULARS.

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	SLE1444C
Vehicle Make/Model/Colour	BMW 730
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR TEH

NRIC/Passport Number	
Contact Number	97911162
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident 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.

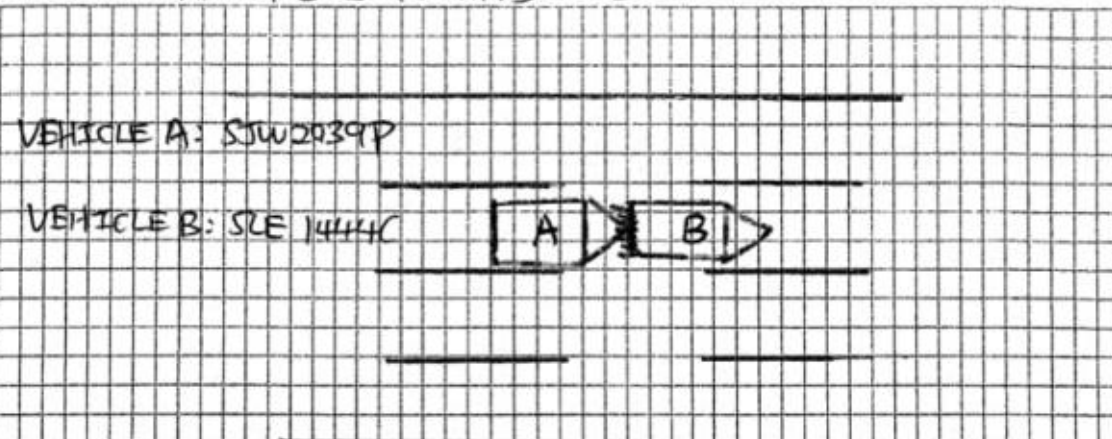


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN **ALONG BKE TOWARDS SLE**



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 20/11/2019 at about 1730HRS, I was travelling along BKE towards SLE. It was raining and the road surface was wet. VEHICLE B (SLE 1444C) brake in front of my vehicle A (SJW2939P). I managed to brake on time but my vehicle skidded forward due to the wet surface of the road. Therefore, my vehicle A (SJW2939P) slightly collided onto the rear portion of vehicle B (SLE 1444C). No injuries involved and we then exchanged particulars.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.



- Reporting Only
- Claim OD
- Claim TP
- Claim OD/ TP at other workshop

DECLARATION

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



Policyholder's signature
Date & Time

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

Reporting Centre Personnel's Signature
Name:
Nric/Fin No.

AIG

HOTLINE TEL. (65) 6419-3000

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.300

THIRD PARTY COMMERCIAL MOTOR	OWN DAMAGE EXCESS S\$1,500.00 (II)
CERTIFICATE NO. 999994052/100877568-00001	WINDSCREEN EXCES N/A (for policies with effect from 1st November 2002)
	SUM INSURED S\$0.00
	INSURING WITH COE/PARF NO
1) VEHICLE REGISTRATION NO.	SJW2939P
2) NAME OF INSURED	AMA RENTAL PTE LTD
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	22 Jul 2019
4) DATE OF EXPIRY OF INSURANCE	21 Jul 2020
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *	

Any person who is driving on the Insured's order or with their permission. TO

This Policy will indemnify the Policyholder or any authorised driver only if he/she is 23 to 65 years old with at least 2 years relevant driving experience.

When the Vehicle is used for the carriage of passenger for hire or reward, such authorised driver must be registered with an intermediary which facilitates the carriage of passengers for hire or reward.

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.

The Policy does not cover:

- 1) Use for tuition, driving test, 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 any purpose in connection with the Motor Trade.

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 in Singapore 15 Aug 2019

AIG ASIA PACIFIC INSURANCE PTE. LTD

504668-000

AUTO INSURE INSURANCE AGENCY

48 TOH GUAN ROAD EAST #01-101 ENTERPRISE HUB SINGAPORE 608586

Authorised Representative

ORIGINAL

SSCANA

Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

S8721537G



LIM CHIN CHYE
(LIN JINCAI)

Birth Date: 23 Jun 1987
Valid Date: 11 Jun 2008

001613114A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8721537G



Name
LIM CHIN CHYE
(LIN JINCAI)
林 进 财

Race
CHINESE

Date of birth
23-06-1987

Sex
M

Country of birth
SINGAPORE

S8721537G

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

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 CC	11 Jun 2008
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	29 Mar 2010

S8721537G

S / No. 9000123854

Licence No: S8721537G

NP 428A

3851830



NRIC No. **S8721537G**



Date of issue
02-03-2005

Address
APT BLK 435 BUKIT PANJANG RING ROAD
#09-665
SINGAPORE 670435

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

