### 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 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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	10/12/2019 15:15	
Date Of Accident	09/12/2019 12:50	
Exact Location Of Accident	KEPPEL RD TWDS AYE	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLF1927X	
Insured/Policyholder		
Name Of Registered Owner	JIN & WEI ENTERPRISES	
Co Reg No	52998339K	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-83396986	
Vehicle Particulars		
Manufacturer	HONDA	
Model	VEZEL	
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	THIRD PARTY	
Vehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	999994251	
Cover Note Number		
Driver		

Name of Driver SULAIMAN BIN IBRAHIM

NRIC No S1367437Z Date Of Birth 20/01/1959 Occupation **OUTDOOR Date Of Driving Pass** 04/05/1979

**Driving Experience** 40 YEARS AND 7 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-97355191

Fax Number Contact Number

**EMail Address NOEMAIL** 

BLK 512 WEST COAST DRIVE #11-361 Address

Postcode 120512

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

4

2

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: : FEMALE

Passenger 2 NAME: : UNKNOWN

> GENDER: : FEMALE

Passenger 3 NAME: : UNKNOWN

> GENDER: : FEMALE

**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** 

I WAS TRAVELLING STRAIGHT. VEHICLE B FROM MY LEFT SUDDENLY CHANGE INTO MY LANE AND HIT ONTO MY FRONT LEFT PORTION.

Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SMM6L

Vehicle Make/Model/Colour

**Details Of Properties** VEHICLE B 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)

## Sketch Plan Pg. 1

#### SKETCH PLAN

### **IMPORTANT NOTICE**

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- 3. Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 #2 Pg. 1

ETCH PLAN —		
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DECLARATION	ticulars are true in every respect.	
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DECLARATION  I/We declare the foregoing par		
DECLARATION  I/We declare the foregoing par		
I/We declare the foregoing par		Reporting Centre Personnel's Signature
DECLARATION  I/We declare the foregoing par  Policyholder's Signature  Date & Time:		Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

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## Driving License Pg. 1

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1367437Z



SULAIMAN BIN IBRAHIM



INDIAN

20-01-1959 SINGAPORE









## **VOCATIONAL LICENCE**

Licence No: S1367437Z

SULAIMAN BIN IBRAHIM

Issue Date ; 7/9/2005

Exi Please visit www.lta.gov.sg to check the status of this vocational licence

2755343



NRICNO S1367437Z

14-12-1995

APT BLK 512 WEST COAST DRIVE #11-361 SINGAPORE 120512

NRIC No: \$1367437Z

Date: 26-09-2003

No: 4683978

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

Class 3

Class 4

Class 5

Motorcycles not exceeding 200 cc Motorcycles between 201 cc and 400 cc Motor Cars and Motor Tractors the weight of

which unladen does not exceed 2500 kilograms Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms

PASS DATE 14 Aug 1996 17 Feb 1998 04 May 1979

17 Sep 1980

15 Dec 1983

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type 02

Description TAXI VL

Issue Date

18/04/1995

HOTLINE TEL: (65) 6419-3000



CERTIFICATE NO.

POLICY NO.

## 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)

SLF1927X

999994251

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Comprehensive Commercial Motor (Autoplus)

M.Z.400

(The below excess is subject to GST)

\$\$2,000.00 (1)

\$\$2,000.00 \$\$100.00

Market Value

INSURING WITH COE/PARF Yes

SLF1927X

Jin & Wei Enterprises

**POLICY EXCESS** 

**POLICY EXCESS** 

SUM INSURED

WINDSCREEN EXCESS

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

1) VEHICLE REGISTRATION NO.

2) NAME OF POLICYHOLDER

22 February 2019

4) DATE OF EXPIRY OF INSURANCE

21 February 2020

5 ) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

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

The Authorised driver must be age within 22 to 65 years old with at least 2 years driving experience unless specified otherwise This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition. Additional Excess \$ 1,000 is applicable Outside Singapore

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

HIRE PURCHASE COMPANY

NA

ORIGINAL

\*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.

17 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 21 Feb 2019

0500656-000 Cowell Insurance Agency Pte Ltd 8 Burn Road #09-09 Trivex Singapore 369977

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPIUS

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