MAII20021516 / Auto Insure Pte Ltd - HQ ENTRY DATE & TIME: 17/02/2020 16:57 SUBMITTED BY: Ngiaw Jie Ling

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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 <u>truthful and accurate</u> 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

	ACCIDENT STATEMENT		
Date Of Report	17/02/2020 16:57		
Date Of Accident	16/02/2020 22:30		
Exact Location Of Accident	JUNCTION OF CHOA CHU KANG WEST FYLOVER & CHOA CHU		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GZ9890T		
Insured/Policyholder			
Name Of Registered Owner	INGERSOLL-RAND SINGAPORE ENTERPRISE PTE LTD		
Co Reg No	201132450R		
Email Address	NOEMAIL		
Mobile Phone No			
Alternative Phone No	Office-68611555		
Vehicle Particulars			
Manufacturer	ТОУОТА		
Model	HIACE MANUAL		
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		
f No, Please state action to be taken	REPORTING ONLY		
Vehicle Category	GOODS VEHICLE		
Insurance Company			
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	YES		
Policy Number	999994152/100735717-00000		
Cover Note Number			
Driver			
Name of Driver	N SHANKARAN PALANI		
NRIC No	S9500480F		
Date Of Birth	11/01/1995		

INDOOR

02/02/2017

3 YEARS AND 0 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-81813519

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 318 WOODLANDS ST 31 #04-164

Postcode 730318

YES Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

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**

2

NO

NO

NO

1

NO

NO

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?

Was any injured conveyed to hospital by ambulance?

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON 16/2/2020 AROUND 2230HRS. I WAS TRAVELLING ALONG CHOA CHU KANG WEST FLYOVE TURNING INTO KJE (BKE), I AM ON THE MOST RIGHT LANE. IN FRONT OF ME IS A TAXI (SHD5002X). LIGHTS TURN GREEN, BUT WITH RED ARROW. TAXIS MOVES IN FRONT BY AROUND 1 METER AND BRAKES, BUT NOT IN TIME, COLLIDING WITH THE TAXI MINOR BUMP INTO THE REAR OF THE VEHICLE, NO VISIBLE FOUND ON BOTH VEHICLES, EXCEPT A FEW SCRATCHES.

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 SHD5002X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver SOH KHENG HUAT NRIC/Passport Number Contact Number

86937071

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.
- 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.
- 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.
- 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 :
 - 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, involces, reports or notices to me, which could involve discinsure 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:
 - 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:

ture Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

		Junction of cl	
			# chaa chu p
			Nau
			A-629890T
	6		B 3HD 5003K
	The state of the s		
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT		
on 1661 and anoun	d 2036hle. I was havelling	along tha	dru long west
1 1	120 (010)	и	L wald law
your, Turning this	kJE (BKE), I am	on the Mal	t right lane
- o + + -	· · Counc	1 18000	ialle has some
VALIDAL OF MIT	is a taxi CSHD S	200 Fr). F	19413 Turn green,
at larth and a	row. Taxi mones infront	he around	I write and
W 0411 180 CM	in the same property	23 414	110.00
wheel of MAYE	about I metre and b	rake , but not	" ble colline
TORKES - IN THE STREET	Christian Programme O		In Time, Contient
			O .
			O .
th the taxi. N	that bump who the	rear of the	vehicle, no
th the taxi. N		rear of the	vehicle, no
th the taxi. N	that bump who the	rear of the	vehicle, no
th the taxi. N	that bump who the	rear of the	vehicle, no
th the taxi. N	that bump who the	rear of the	vehicle, no
th the taxi. N	that bump who the	rear of the	vehicle, no
th the taxi. N	that bump who the	rear of the	vehicle, no
th the taxi. N	that bump who the	rear of the	vehicle, no
th the taxi. N	that bump who the	rear of the	vehicle, no
claration	both vehicles, except a	rear of the	vehicle, no
claration	both vehicles, except a	rear of the	vehicle, no
claration	both vehicles, except a	rear of the	vehicle, no

Driving License

GREAK SteichFührerin, VS.









HOTELING THE RESIDENCE

CERTIFICATE OF INSURANCE

NOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACTICHAPTER 195) NOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1968 ROAD TRANSPORT ACT, 1957 (MALAYSIA) NOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1969 (HALAYSIA)

RM RETRO AUTO COMP PRIVATE

1) VEHICLE REGISTRATION NO.

CERTIFICATE NO. 999994152/100735717-00000

OWN DAMAGE EXCESS WINDSCREEN EXCESS

S\$1,013.00 (I)

SUM INSURED S\$1.00 INSURING WITH COE/PARF YES

\$\$100,00

GZ9880T

2) NAME OF INSURED

INGERSOLL-RAND SOUTH EAST ASIA (PTE) LTD

3) EFFECTIVE DATE OF THE COMMENCEMENT

18 Apr 2019

OF INSURANCE FOR THE PURPOSES OF THE ACT
4) DATE OF EXPIRY OF INSURANCE

4) DATE OF EXPIRY OF INSURANCE 17 Apr 2020 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *

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

An additional Young and Inexperienced Driver (YIDR) Excess of SS3,000 (unless otherwise stated) applies to any drivers(named and unnamed) who is below ago 23 or has less than 2 years driving experience.

Provided that the cerson driving is potential in accordance with the licensing or other laws or regulations to drive the little 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 only for social, domestic and planture purposes and for the inaurad's business.

The Policy does not cover use for hire or reverds, tuition, driving test, racing, pace-making, reliability trial speed-testing the certisige of goods about their samples in connection with any trade or business or use for any purpose in connection with the Motor Trace.

LOSS OF USE NOT INCLUDED

* NAMED DRIVER NIA

HIRE FURCHASE COMPANY NA

* Limitations rendered inoperative by Section 8 of the Motor Venicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 85 of the Road Transport Act, 1987 (Misleysie), are not to be included under these headings.

1 / We handly Cartify that the policy to which this Cartificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Companision) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 17 Apr 2019

AIG ASIA PACIFIC INSURANCE PTE. LTD.

1177 AVENUE OF THE AMERICA

NEW YORK NY 10036

SOPLAT

Accident Photo







Accident Photo













Accident Photo







