### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 1. Please report <u>correctly</u> 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.
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7. By the lodgement of this report to the insurers, you hereby conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	21/03/2020 09:58
Date Of Accident	21/03/2020 08:00
Exact Location Of Accident	PIE TO PAYA LEBAR ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLG7008D
Insured/Policyholder	
Name Of Registered Owner	UNIQUE TOURIST SERVICE PTE LTD
Co Reg No	197401067R
Email Address	UNIQTOUR@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	Office-96308163
Vehicle Particulars	
Manufacturer	NISSAN
Model	X-TRAIL-2.0 CVT (A)
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?	YES
If No, Please state action to be taken	
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	100786076-00000
Cover Note Number	
Driver	
Name of Driver	AN DONGHYEOK
NRIC No	G3855736Q
Date Of Birth	13/09/1992

**OUTDOOR** 

22/06/2018

1 YEAR AND 8 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-84284515

Fax Number

**Contact Number** 

**EMail Address NOEMAIL** 

Address C/O 20 SIN MING LANE #08-51 MIDVIEW CITY

2

NO

NO

NO

1

NO

NO

Postcode 573968

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 CLEAR** DRY Road Surface

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** 

REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment? YES YFS Was there any video captured by Car Camera?

Remarks/ Reasons: DID NOT CAPTURE THE IMPACT

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number **GBJ8136M** 

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver YANG FAN NRIC/Passport Number S8264150E Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

97796577

#### 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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, 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

i) for complying with requirements under any regulations, laws or court orders.

Policyholder's Senature Date & Vime:

2 3 MAR 2020

Driver's Signature

(If driver is not the policyholder)

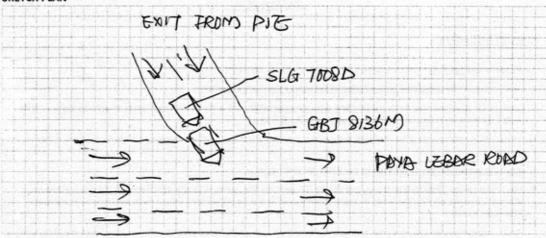
Date & Time: 2 3 MAR 2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Jenny Lim



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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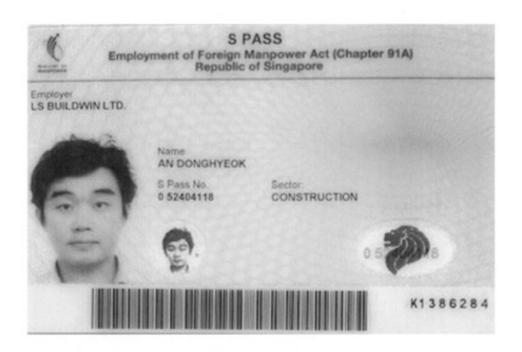
DECLARATION

We declare the forenoing particulars are true in every respect

Policyholder ssjenature Promi Date & Time 2 3 MAR 2020

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature
Name: Jenny Lim
NRIC/FIN No.:

2 3 MAR 2020



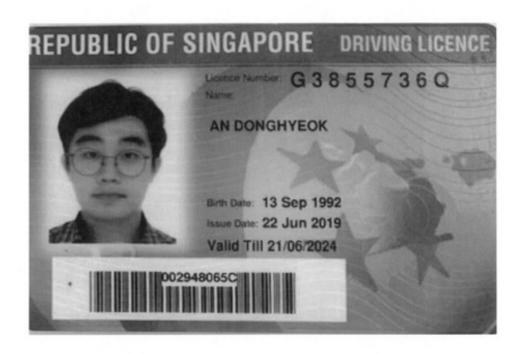


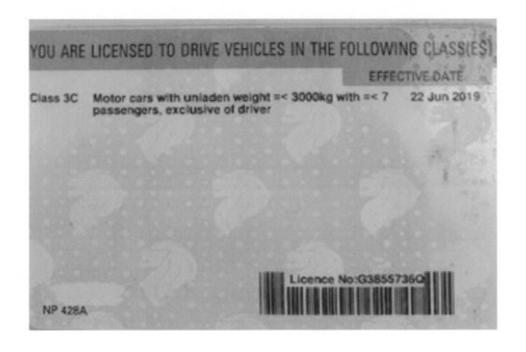


년	월 일	기재사항 변경	확인 인	
경기도 부원시 병안로 81, 111동 405호 (병박 동.부원병박환스테이토+단자)				
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- 1종 운전면허 소지자와 70세 이상인 2종 운전면허 소지자는 앞면의 운전면허중 갱신기간에 정기적성검사를 받지 아니하면 과태료(3만원)가 부과되고, 정기적성검사를 받지 않고 1년이 경과하면 운전면허가 취소됩니다.
- 2종 운전면허 소지자(정기적성검사 대상자 제외)의 경우 앞면의 면허증 갱신기간내에 운전면허증을 갱신하지 아니하면 과태료(2만원)가 부과됩니다.
- 면허증 갱신 및 정기 적성검사 신청은 가까운 경찰서 또는 운전 면허시험장에서 하실 수 있습니다.

Koroad 도로교통공단 http://www.koroad.or.kr 🏗 1577-1120







## 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.400

COMPREHENSIVE COMMERCIAL MOTOR

OWN DAMAGE EXCESS WINDSCREEN EXCESS

S\$1,200.00 (1)

CERTIFICATE NO. 999994098/100786076-00000

S\$100.00

SUM INSURED S\$1.00

INSURING WITH COE/PARE NO

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

SLG7008D

UNIQUE TOURIST SERVICE PTE LTD

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

1 Jun 2019

4) DATE OF EXPIRY OF INSURANCE

31 May 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 \*

Use for the carriage of passengers or goods in connection with the Insured's business.

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.

Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
 Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

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 At Singapore 12 Jun 2019

AIG ASIA PACIFIC INSURANCE PTE, LTD.

500533-010 NEW FRONTIERS ALLIANCE PTE LTD 371 ALEXANDRA ROAD #05-05 AIA ALEXANDRA SINGAPORE 159963 SP-LCADVISORY

**Authorised Representative** 

ORIGINAL

SSCOSK

# **Accident Photo**



# **Accident Photo**







**Chassis Number** 

