

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	13/04/2020 16:29
Date Of Accident	08/04/2020 10:10
Exact Location Of Accident	PASIR RIS DRIVE 1 BLK 641 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK1958Z
Insured/Policyholder	
Name Of Registered Owner	ALMARC ENGINEERING PTE LTD
Co Reg No	2XXXXX918R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97338882
Alternative Phone No	OFFICE-97338882
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200-1.6 DX (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	NO
Policy Number	2070013377
Cover Note Number	
Driver	
Name of Driver	LIM YEW KHEE (LIN YOUYI)
NRIC No	SXXXX008Z
Date Of Birth	16/08/1961
Occupation	OUTDOOR
Date Of Driving Pass	04/06/1979
Driving Experience	40 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97338882
Fax Number	
Contact Number	OTHERS-97338882
Email Address	NOEMAIL

Address	BLK 641 PASIR RIS DRIVE 1 #05-508
Postcode	510641
Was driver an employee of the Insured's Company	YES
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	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)	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

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	GBC5793Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.



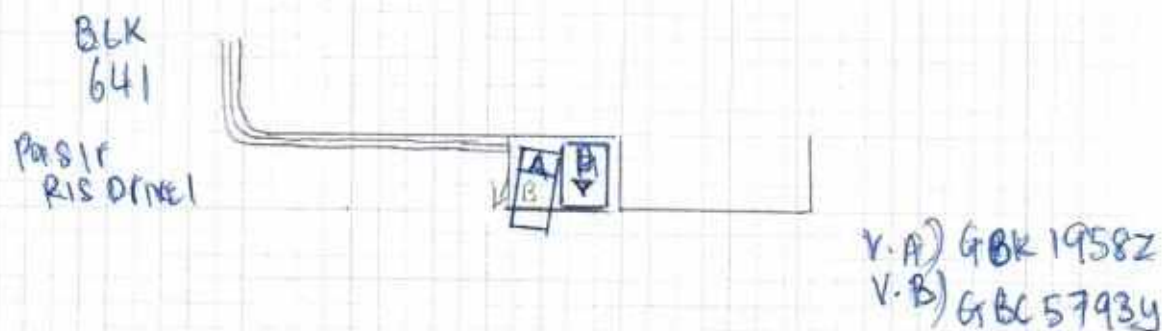
Policyholder's Signature
Date & Time:

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

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

13/06/2020
Reda Hassan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' was stationary in the loading/unloading bay lot. I've parked stationary in the most right lot, vehicle 'B' was reversing his vehicle, while doing so his right side mirror collided against my rear right portion. I wish to state that vehicle 'B' did not check it's turning radius before he made a reverse exit. I was stationary in my lot when the collision happened.

DECLARATION

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

X



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.:

13/04/2020

Rashid M. Hossain

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 08/04/2020 (dd/mm/yy) Time of Accident: 10:10 (24-HR-FORMAT)
Vehicle No.: GBK 1958 Z Vehicle Make & Model: NISSAN NV200 DX 1.6 AUTO
Exact location of Accident: PASIR RIS DRIVE 1 BLK 641 CARPARK
Policyholder's Name / IC No.: ALMARC ENGINEERING PTE LTD 201432918R
Driver's Name / IC No.: LIM YEW KHEE S1505008Z (As Above) ☐
Driver's Contact No.: 9733 8882 Company Contact No.: _____
Driver's Address: WOODLANDS SECTOR 1 WOODLANDS SPECTRUM #03-09 S738068
Insurance Company: AIG Email address (if any): _____

Relationship between Owner & Driver: EMPLOYEE or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

☐ Private use / ☒ Work purpose

Occupation (nature of job): ☐ Indoor / ☒ Outdoor

No. of Passengers (Including Driver): 01

Passenger Name : _____

Gender : _____

Passenger Name : _____

Gender : _____

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: GBC 5793 Y

Driver's Contact No.: _____ Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No: _____

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



Name of Policyholder : ALMARC ENGINEERING PTE. LTD.
Period of Insurance : 11 Feb 2020 To 10 Feb 2021
Engine No. : HR161474Q1D
Chassis No. : VM20135280

Vehicle No. : GBK1958Z
Policy No. : 2070013377
Endorsement No. :
Issued Date : 11 Feb 2020

Make/Model : NISSAN NV 200

Engine Capacity/Tonnage : 0.74 Tonnage

Sum Insured

Market Value

First Year of Registration : 2020

Driver Restriction	NA
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Off Peak Car	No
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Insuring with COE/PARE	Yes
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Person or Classes of Persons Entitled to Drive*

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

b) This Policy will indemnify the Policyholder or any authorized driver only if it meets the specified age restriction.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorized Driver (named in warranty) is under the age of 23 and/or has less than 2 years' driving experience.

For Renewal/Extension, Please Contact
COE AUTO TRADING
18 Sin Ming Lane
#02-03 Midview City
Singapore 573960
Tel: 64589833, 64571902
Fax: 64565729

Age Condition	All Age Condition
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Limitation as to use*

1) Use in connection with the Pelebyedov's business

2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business

3) use for social, domestic or pleasure purposes. This Policy does not cover its use for hire or reward, driving tuition, driving test, racing, pace-making, readability trial or speed-testing, and its use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle (i) use for any purpose in connection with Motor Trade

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169), Section 90 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

Section 1

Fire - \$0 Own Damage - \$500 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage = \$D

Windscreen : \$100

Named Driver and Excess (where applicable)

Any accident repairs to the vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore. You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIC Authorised Repomans, please contact our 24-hour accident emergency hotline at +65-6338 8200. Alternatively, you may refer to AIC website www.aic.sg or AIC SG Mobile App. Simply search and download "AIC SG" from iTunes or Google Play.

Hire Purchase Company/Employer's Loan: COE AUTO TRADING

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 159: Part IV) of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2018 and Motor Vehicles (Third Party Risks) Rules, 1954 (Malaysia).

0503982000

KINGSTON FILMS LTD.

350A BALESTIER ROAD

SINGAPORE 329798

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer-generated document does not require a signature.

The Reg Lim