# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 29/04/2020 12:09

### 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.

7. By the lodgement of this report to the insurers, you hereby conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	29/04/2020 11:21
Date Of Accident	25/04/2020 09:25
Exact Location Of Accident	ALONG MCE BEFORE EXIT KALLANG PAYA LEBAR
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ8977Y
Insured/Policyholder	
Name Of Registered Owner	POPULAR RENT A CAR PTE LTD
Co Reg No	199608195Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-31572626
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS-1.5 (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	YES
Policy Number	999994047
Cover Note Number	
Driver	
Name of Driver	AFINDI BIN EUSOPE
NRIC No	S6901727D
Date Of Birth	19/01/1969

**OUTDOOR** 

16/09/1994

25 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97612875

Fax Number

**Contact Number** 

EMail Address NOEMAIL

Address BLK 107B EDGEFIELD PLAINS #13-116

Postcode 822107

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
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?

YES YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

### **Details of Police Action**

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name 10 UBI AVENUE 3

Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

### **Circumstances of Accident**

I WAS ON MY WAY BACK HOME FROM WORK. I WAS ON THE FOURTH LANE. I WAS DRIVING AT THE AVERAGE SPEED. THERE WAS A LORRY IN FRONT ON THE FOURTH LANE. I HAD GOTTEN CLOSE TO THE LORRY. THEN SUDDENLY THE LORRY DID A BRAKE WHICH WHEN I WAS TOO CLOSE TO THE LORRY . I COULDN'T STOP IN TIME NOR EVADE IN TIME AND THEN I COLLIDED WITH THE LORRY .AFTER COLLIDING WITH THE LORRY MY CAR WAS BUSTED AND CAN'T BE MOVED BUT THE LORRY HAD MOVE AHEAD BY A FEW METER AND THEN THE LORRY STOP AND THE DRIVER GOT OFF TO CHECK ON ME . I THEN GOT OUT OF MY CAR AND MOVE TO THE SIDE OF THE ROAD AN WAITED FOR THE AMBULANCE TO ARRIVE

#### 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 Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

WITSORISHI FUSO

COMMERCIAL VEHICLE

LI JIA

### **Sketch Plan**





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20200428/2016

		IC ACCIDENT		
Date/Time Report Made: 28/04/2020 12:23		Made:	Vide Report No.:	Station Diary No.
Informa	ant's Partic	ulars		
Name of Informant: AFINDI BIN EUSOPE  ID Type / ID No.: NRIC NO / S6901727D  Nationality: SINGAPORE CITIZEN			Address: APT BLK 107B EDGEFIELD 822107	PLAINS #13-116 SINGAPORE
		27D	Contact No.: Home/Office:	Mobile: 97612875
		EN	Email:	
Sex: Male	Age: 51	Date of Birth: 19/01/1969	Type of Informant:	
Race: Bengali Occupation: Private security officer			Language:	Institution / School Name:
		er	Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Conveyed By Ambula	Drink Drive: No	Date/Time of Accident: 25/04/2020 09		Type of Location Straight Road	
BEFORE KAL Weather:	STAL EXPRESSWAY	RESSWAY Road Surface:			74	
Clear			ourido.		Road Speed Limit:	
Two Way Not Co		Traffic Control: Not Controlled		Traffi	c Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				-	ne conveyed by	

Vehicle No.	Туре	Make	Model	Color		Para series and series are series and series and series and series and series are series and series and series and series are series and series and series and series are series and series are series and series and series are series and series are series and series are series
SLQ8977Y Car		The state of the s	Color	Condition	No of Passenger	
	1070	ТОУОТА	VIOS 1.5E CVT		Seriously Damaged	
YP4957H	Lorry	MITSUBISHI	FUSO FK62FMZ1R DEB		Slightly Damaged	0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20200428/2016

CONTINUATION OF REPORT

### Brief Details.

At the above mention date time and location,

I was on my way back home from work. I was on the fourth lane. I was driving at the average speed. There was a lorry in front on the fourth lane. I had gotten close to the lorry. Then suddenly the lorry did a brake which when I was too close to the lorry. I couldn't stop in time nor evade in time and then I collided with the lorry. After colliding with the lorry my car was busted and can't be moved but the lorry had move ahead by a few meter and then the lorry stop and the driver got off to check on me. I then got out of my car and move to the side of the road an waited for the ambulance to arrive.



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865



3 of 3

Report No. T/20200428/2016

CONTINUATION OF REPORT

# Sketch Plan

Tel No: 65470000

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the <a href="report number">report number</a> as reference.

Signature Of Officer Recording The Report: TP / SM NAYKIB SYAWAL BIN NAZMUL HASSAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/04/2020 12:23
Officer In Charge Of Case: TP / GIT / Staff Sgt YAN MINGSHENG DANIEL Contact No.: 65476252	Classification Of Case:
	OLICE FORCE



### 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, 1967 (MALAYSIA), Road Transport (Amendment) Act 2019

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

M.Z.400

(The below excess is subject to GST)

COMPREHENSIVE COMMERCIAL MOTOR POLICY EXCESS \$\$3000.00 (1 & II)

SUM INSURED Market Value

INSURING WITH COE/PARF Yes SLQ8977Y

Popular Rent A Car Pte Ltd

01 August 2019

31 July 2020

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

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

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

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

Any Person who is driving on the insured's Order or with their permission.

Authorised Drivers must be age within 23 to 65 years old with at least 2 years relevant driving experience.

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 fullon, 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 Applicable

HIRE PURCHASE COMPANY HONG LEONG FINANCE LTD

"Umitations 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), Road Transport (Amendment) Act 2019

Issued in Singapore 11 Sep 2019

ORIGINAL

AIG Asia Pacific Insurance Pte. Ltd.

000064-000 Direct Clients 78 Shenton Way #07-16 SINGAPORE 079120

AUTHORISED REPRESENTATIVE

SSPIUS





#### 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 invoive 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

Driyer's Signature

(#driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN		
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& Time:	Oriver's Signature (It oriver is not the policyholder)	Reporting Centre Personnel's Signature Name:
& Time:	Driver's Signature (It driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMC SketchPlanForm\_V3





































