

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	12/05/2020 12:52
Date Of Accident	11/05/2020 18:50
Exact Location Of Accident	TPE EXIT 2 TO LOYANG AVE BEFORE ZEBRA CROSSING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4691Z
Insured/Policyholder	
Name Of Registered Owner	SHAW THEATRES PTE LTD
Co Reg No	A194700158G
Email Address	MELODY.WOO@SHAW.COM.SG
Mobile Phone No	
Alternative Phone No	Office-98587001

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200-1.5 (M)
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	REPORTING ONLY
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	2100489040-03
Cover Note Number	04/11/2019 - 03/11/2020

Driver

Name of Driver	MUHAMMAD FATHURRAZI BIN ADNAN
NRIC No	S9029651E
Date Of Birth	20/08/1990
Occupation	INDOOR
Date Of Driving Pass	19/09/2014
Driving Experience	5 YEARS AND 7 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-90230449
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 198 PASIR RIS ST 12 #05-122
Postcode	S510198
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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

Refer to attached sketch plan

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHF564M
Vehicle Make/Model/Colour	RENAULT LATITUDE RED
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TOH THIAM GUAN
NRIC/Passport Number	S7004484F
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

A full-page view of a blank sheet of graph paper. The grid consists of small squares formed by thin black lines. There are approximately 20 columns and 15 rows of squares. A thicker vertical line runs down the page about one-fifth of the way from the left edge, creating a narrow margin. A thicker horizontal line runs across the page about one-third of the way from the top edge, creating a header space. The intersection of these two lines forms a small rectangular box in the upper-left corner.

Incident occurred before pedestrian crossing.
Taxi happened to saw a cyclist reaching the pedestrian, causing him to brake to avoid.
I was behind him, road was wet.

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

- Reporting Only
- Claim OD
- Claim TP
- Claim OD/ TP at other workshop

I/WE declare the foregoing particulars are true in every respect.



[Signature]

Long



Reporting Centre Personnel's Signature
Name:
Nric/Fin No.

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:

SHAW THEATRES PTE LTD


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


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





CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : Shaw Theatres Pte Ltd
Period of Insurance : 04 Nov 2019 To 03 Nov 2020
Engine No. : K9KC430C055550
Chassis No. : VSKYBAM2020130873

Vehicle No. : G9F4681Z
Policy No. : 2100458040-03
Endorsement No. :
Issued Date : 28 Sep 2019

ABOUT THE COVER

Make/Model : NISSAN NV 200
Engine Capacity/Tonnage : 0.8 Tonnage
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2016
Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive* :
 (1) Any person who is driving in the Policyholder's order or with their permission.
 (2) This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.
 You have to pay an additional sum of \$5,000 as "Young and/or inexperienced Driver Excess" (YEDC) if you are or your authorized driver (named or unnamed) is under the age of 25 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use* :

(1) Use in connection with the Policyholder's business.
 (2) Use for the carriage of persons or goods (not for hire or reward) in connection with the Policyholder's business.
 (3) Use for technical, domestic or pleasure purposes. This policy does not cover a use for hire or reward, driving school, driving test, racing, pace-making, delivery by kind or speed (including use whilst driving a motor except the towing of trailers drawn using a mechanically propelled vehicle) use for any purpose in connection with motor trade.

* Limitations provided in addition by Schedule 1 of the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 185), Section 96 of the Road Transport Act 1987 (Malaysia) and Road Transport (Amendment) Act 2006, are set to be adjusted under future headings.

EXCESS

Section 1
Fire - \$0 (See Damage - \$1000 Total - \$0)

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident or loss to the Vehicle must be reported only to one of our Authorized Repairers within the first 3 years of the first registration of the Vehicle in Singapore. You have the option of having the accident repaired at any of our Authorized Repairers.
For other Approved Reporting Centres (ARC) authorized RPs, please contact our 24hrs in-constant emergency hotline at +65 6338 0200. Alternatively, You may refer to AIG website www.aig.com.sg or AIG GC Mobile App. Simply search and download "AIG 360" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 185), Part IV of the Road Transport Act 1987 (Malaysia), Road Transport (Amendment) Act 2016 and Motor Vehicle (Third Party Risks) Rules, 1986 (Malaysia).

300299000

DIRECT ADVISORY PTE LTD
 SINGAPORE POST CENTRE P.O BOX 6015
 SINGAPORE 914001

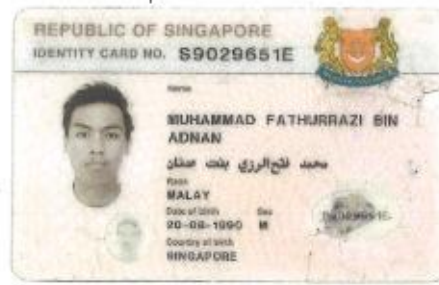
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE

V5 Shenton Way #27-15 AIG Building S271120 | T +65 64 19 3220 | www.aig.sg

AIG Asia Pacific Insurance Pte. Ltd.

Identification Card



Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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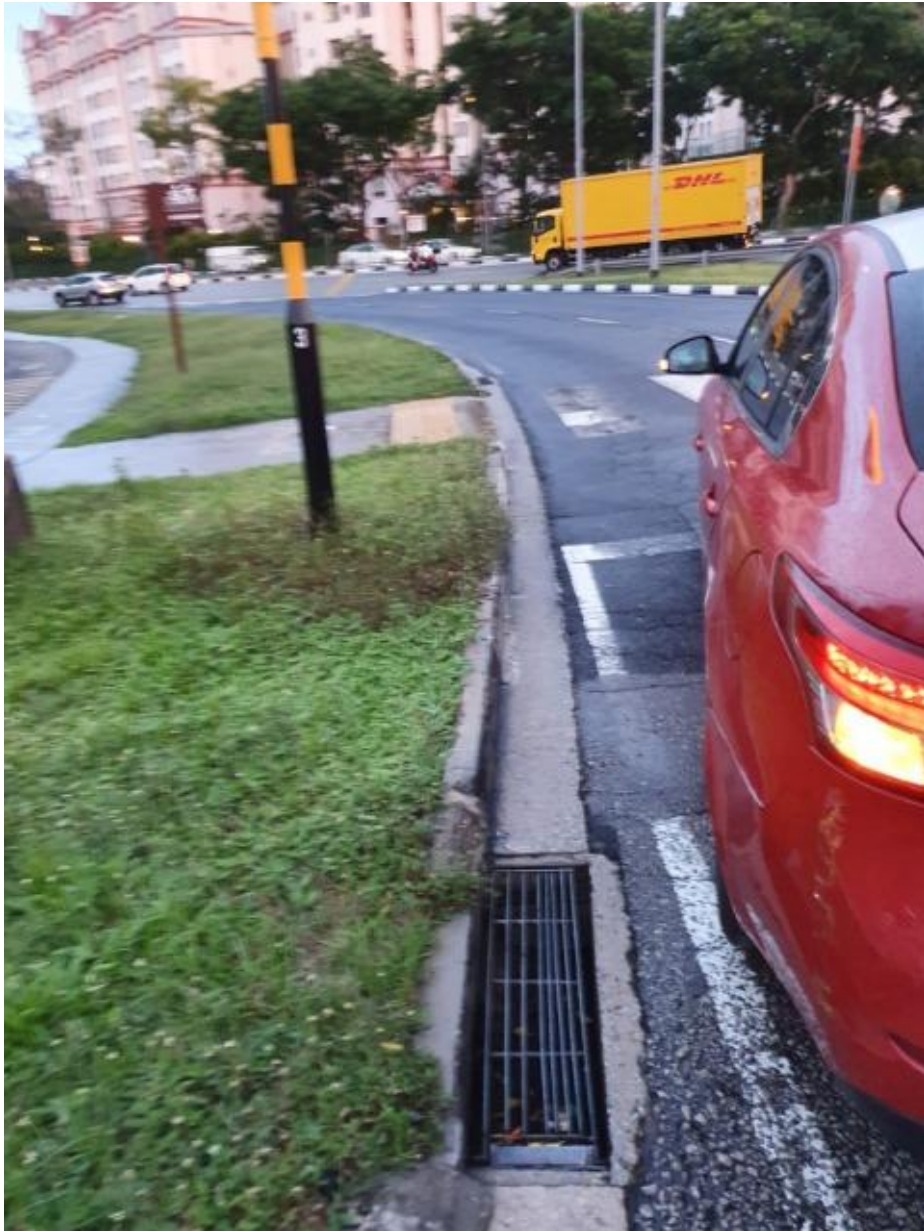
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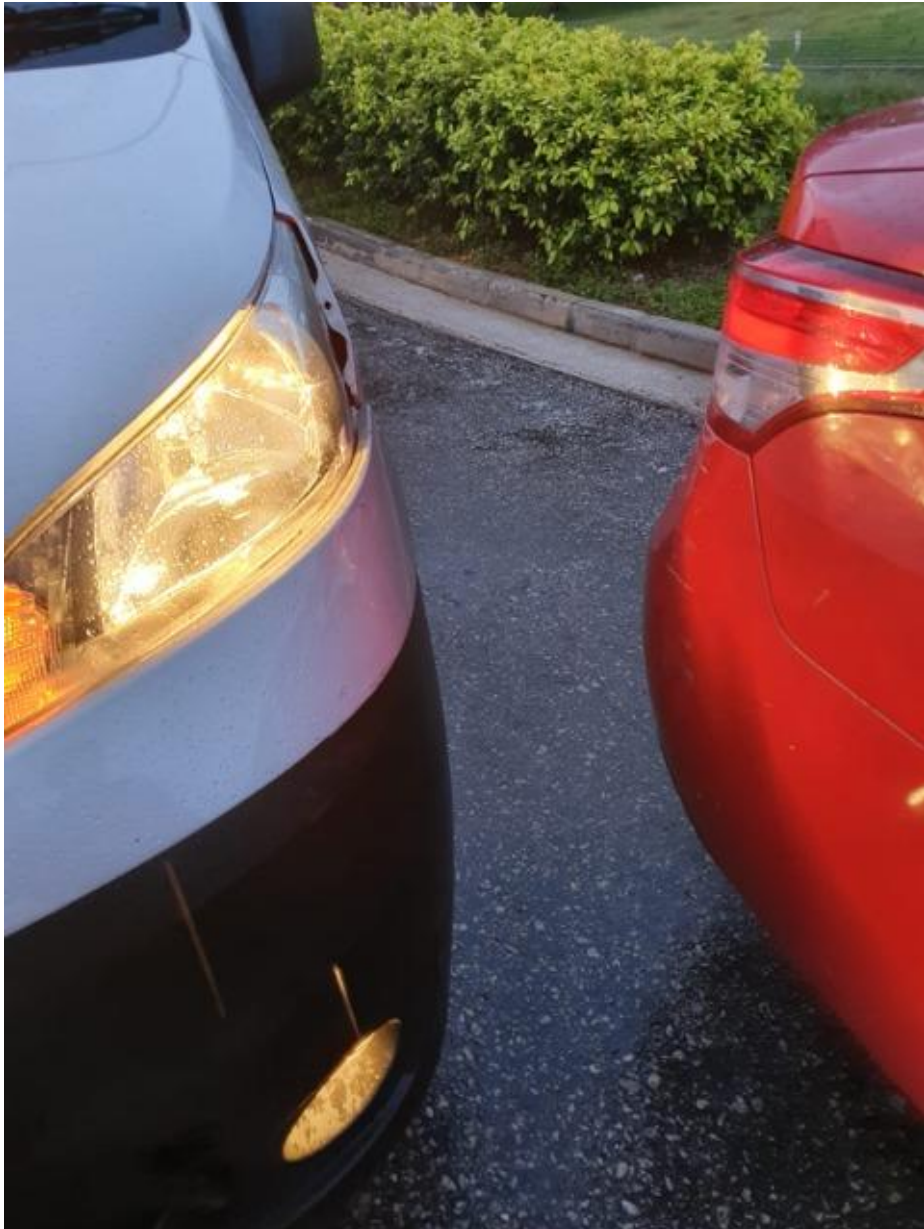
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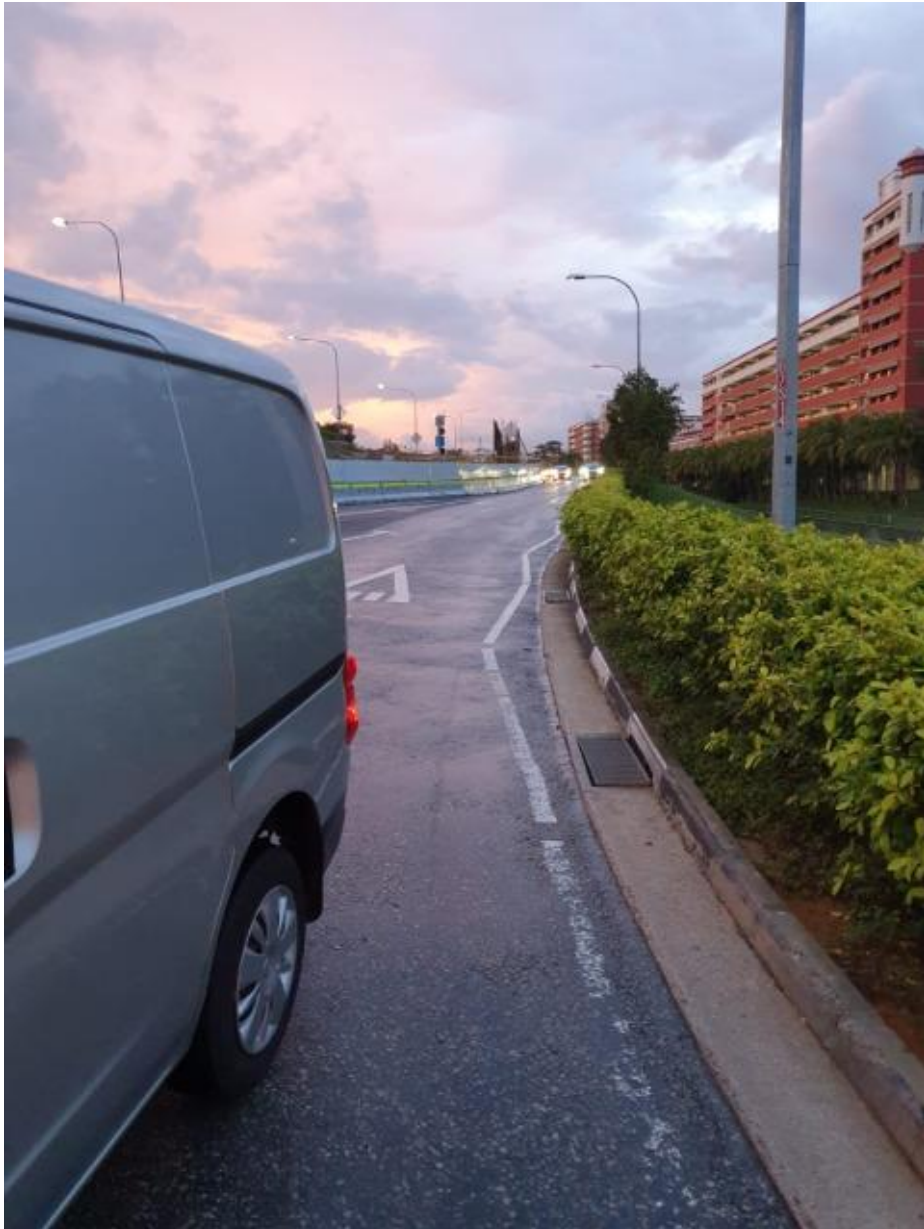
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Accident Photo



Accident Photo



Accident Photo



Identification Card

