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MNA120048398 / National Assessment Centre Services - Ubi ENTRY DATE & TIME: 29/05/2020 09:18 SUBMITTED BY: Liew Shan Hui

#### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

EMail Address

- 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 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.

- 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

Manufacture of the second	ACCIDENT STATEMENT
Date Of Report	29/05/2020 09:18
Date Of Accident	08/05/2020 17:30
Exact Location Of Accident	BUKIT TIMAH RD JUNC
Country/State of Loss	SINGAPORE
为创始的社会和企业,是一种基础的企业,D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG204Z
Insured/Policyholder	
Name Of Registered Owner	ORANGE CARS
Co Reg No	5XXXX768M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96750008
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	WORK
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994037
Cover Note Number	
Driver	
Name of Driver	KOH ENG GUAN
NRIC No	SXXXX830C
Date Of Birth	01/11/1966
Occupation	OUTDOOR
Date Of Driving Pass	06/02/2008
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91726116
Fax Number	
Contact Number	

NOEMAIL

Address

BLK 714 PASIR RIS ST 72 #08-29

Postcode

510714

Was driver an employee of the Insured's Company

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?

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 STATEMENT.

### 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

SJM3212Z

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>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.
- 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
    - (ii) for complying with requirements under any regulations, laws or court orders.

Folicyholder : Signature

Date & Time: 00/15/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

# Bulat Lipsah Pal Junction



(B) 536 2042 (B) 531M342Z

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policyholdyr's Date & Time:

28/05/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

14

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

	17:30
Date of Accident	: Accident Time: (24-HR-FORMAT)
Accident Place	Bullit limeh Road Junction
Vehicle Reg. No (Car plate No.)	SJ62042 Vehicle Make/Model: T-401A WILL
Insurance Company	MG Policy No 99 999 4037
Name of Registered Owner	: Company / Individual Orange Cars
ID of Registered Owner	: Co Reg No: -53314768M Owner's NRIC No:
	: Co Contact No: Owner's Contact No: 96450008
DRIVER'S Name	: COH ENGGUAN DRIVER'S NRIC No: STEAM BOC
DRIVER'S Date of Birth	: IIII 966 DRIVER'S License Pass Date
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others: 114
DRIVER'S Address	MARKENYPANK RUST 22 4 58-29 55 5 10714
DRIVER'S Contact No./ Alt No.	:1) 917 616 2) -
DRIVER'S Occupation	: INDOOR (QUITDOOR (eg. working inside or outside of an ofc)
Email Address	1
Weather & Road Surface	CLEAR & DRY \ RAINING & WET \AFTER RAIN & WET
Reporting Type	Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including i Was the accident reported to the po Was there any video Captured by o Exact purpose for which vehicle w	oriver):  olice? YES \NO  car camera: YES \NO  ras being used at the time of accident: Private use \Work purpose
Oth	er Party Driver's Particulars (if any)
Vehicle Reg No B SJM3	Vehicle Reg No:
Vehicle Make\Model:	
Name DRIVER:	Name DRIVER:
IC No. DRIVER:	IC No. DRIVER
DRIVER'S Contact & add	

HOTLINE TEL: (65) 6419-3000



# 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) AND ROAD TRASPORT (AMENDMENT) ACT 2019.

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA) M.Z.400 (The below excess is subject to GST) THIRD PARTY COMMERCIAL MOTOR POLICY EXCESS REFER TO ITEM 5 CERTIFICATE NO. WINDSCREEN EXCESS POLICY NO. SUM INSURED NA INSURING WITH COE/PARF 1) VEHICLE REGISTRATION NO. SJG204Z 2) NAME OF INSURED **ORANGE CARS** 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 07 September 2019 4) DATE OF EXPIRY OF INSURANCE 06 September 2020 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE" Any person who is driving on the insured's order or with their permission. \$51,500.00 Section II Excess is applicable for driver who is between 23 years to 70 years old with minimum 2 years 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
- 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 fulfillon, 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 Included

HIRE PURCHASE COMPANY

\*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) and Road Transport (Amendment) Act 2019., 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) and Road Transport (Amendment) Act 2019.

Issued in Singapore 06 Sep 2019

220001-000 Choy Weng Hong Eric 25 Toh Tuck Walk Singapore 596604

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

**ORIGINAL** 

SSPOEC