# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 02/09/2020 16:48

## SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

**Date Of Driving Pass** 

**Driving Experience** 

- 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 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 consent to the archiving of this report at the centre and to copies of the report being made available

<ol><li>By the lodgement of this report to the insurers, you hereby conse aforesaid.</li></ol>	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	02/09/2020 16:12
Date Of Accident	24/08/2020 16:40
Exact Location Of Accident	BERRIME ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GZ2509S
Insured/Policyholder	
Name Of Registered Owner	ADVANCE CANVAS INDUSTRIES PTE LTD
Co Reg No	-
Email Address	TRACY@ADCANVAS.COM.SG
Mobile Phone No	
Alternative Phone No	Office-62945192
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	COMPANY USE
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	2100502275-03
Cover Note Number	
Driver	
Name of Driver	RAHMAN AMINUR
Passport No/FIN	GXXXX154L
Date Of Birth	02/01/1991
Occupation	OUTDOOR
Date Of Deliving Dage	10/05/0015

10/06/2016

4 YEARS AND 2 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-91426507

Fax Number

**Contact Number** 

**EMail Address NOEMAIL** 

Address C/O 35 KALLANG PLACE

Postcode 339163

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 **COLLIDED INTO PARKED VEHICLE** 

NO

2

NO

NO

YES

NO

1

NO

NO

YES NO

**Weather Conditions CLEAR** Road Surface DRY

## Other Information

Was any foreign vehicle involved in this accident?

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?

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?

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

SJM2910Z Vehicle Registration Number

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)

#### Sketch Plan

## SKETCH PLAN

#### IMPORTANT NOTICE

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- 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)
  - (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:
  - 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:

- 2 SEP 2020

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Jenny Lim

- 2 SEP 2020

**Identification Card** 

- 2 SEP 2020

Reporting Centre Personnel's Signature

Jenny Lim

Name: NRIC/FIN No.:

Driver's Signature

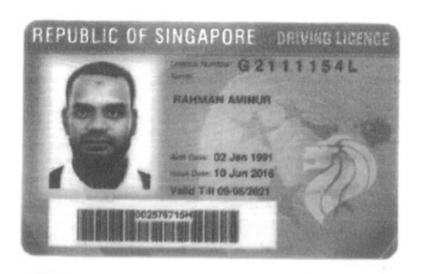
Date & Time:

(If driver is not the policyholder)

Policyholder's Signature Date & Time:

2 SEP 2020





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

griffe 3

Motor cars with unigden weight << 3000kg with << 7 passengers, exclusive of driver; and other motor vehicles with uniaden weight << 2500kg .

10 Jun 2016

NP 428A





# CERTIFICATE OF INSURANCE

# COMMERCIAL AUTO THIRD PARTY FIRE AND THEFT COMMERCIAL VEHICLE

Name of Policyholder : Advance Canvas Industries Pte Ltd

Period of Insurance : 24 Feb 2020 To 23 Feb 2021 Engine No. : 5L5634977 Chassis No. : JTFUF34Y903011554

Vehicle No.

: GZ2509S : 2100502275-03

Policy No. Endorsement No.

Issued Date

: 09 Jan 2020

## ABOUT THE COVER

Make/Model

: TOYOTA DYNA 150D 2 ton [Lorry]

Engine Capacity/Tonnage : 2 Tonnage

Sum Insured : Market Value

First Year of Registration : 2006

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\* :

a) Any person who is driving on the Policyholder's order or with their permission.
b) This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

Age Condition

: All Age Condition

Limitation as to use\* :

If Use in connection with the Policyholder's business,
2) Use for connection with the Policyholder's business,
3) 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 a) use for hire or reward, driving test, racing, pace-making, reliability trial or speed-testing; and b) use whilst drawing a trailer except the towing of anyone disabled using a mechanically propelled vehicle. c) 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. 189), Section 55 of the Road Transport Act, 1987 (Malaysia) and 1987

## EXCESS

Section 1 Fire - \$0 Theft - \$0

Section 2 Property Damage - \$0

Windscreen: NA

Named Driver and Excess (where applicable)

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

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For Approved Reporting CentessNIG, Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 6338 6200. Alternatively, you may refer to AIG website www.aig sg or AIG SG Mobile App. Simply search and download "AIG SG" from Tunes or Google Play.

# IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

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. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia).

0504625000

SYMPLE & ASSOCIATES PTE LTD

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

BLK 1003 BUKIT MERAH CENTRAL #05-02A SINGAPORE 159836

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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# **Accident Photo**







