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## 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 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.
- 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	19/11/2020 10:56
Date Of Accident	17/11/2020 18:55
Exact Location Of Accident	JUNCTION BETWEEN PUNGGOL AND SENGKANG
Country/State of Loss	SINGAPORE
Programme the second of the se	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMP9853H
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD RIDWAN BIN ABDUL KARIM
NRIC No	SXXXX785F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90101144
Alternative Phone No	OTHERS-90101144
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2070147067
Cover Note Number	
Driver	
Name of Driver	MOHAMAD RIDWAN BIN ABDUL KARIM
NRIC No	SXXXX785F
Date Of Birth	02/09/1975
Occupation	INDOOR
Date Of Driving Pass	19/02/2003
Driving Experience	17 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90101144
Fax Number	
Contact Number	OTHERS 00101114

Address

BLK 518 WEST COAST ROAD

#02-595

Postcode

120518

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

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

NO

Other Information

Was any foreign vehicle involved in this accident?

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

NO

ambulance? Was any other material or property damaged?

I have been approached by unknown person(s)

YES

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

SKQ903A

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### 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.
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- 5. Any false reporting may be referred to the Police for investigation.
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- 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;
  - 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: Oriver's Signature (If driver is not the policyholder) Date & Time:

NIUC/FIN No.:

Name:

Reporting Centre Person

office tractioned are been

SKETCH PLAN	JUNICAUNO BERWALL PUNGLAGE AND SAUGEON
	A-5MP 9853 H B-38Q 903A
	TANCES OF THE ACCIDENT
Suddente Coare de het ou	I was stationing at the traffic light  y I felt a great cupact from my new, I  ut and destrut a cor SKQ 90BA hun  to my new porter of my article.
DECLARATION I/We declare the foregoing	particulars are true in every respect.  AN 19 (19 × 70)
Palicyholder's Signature Date & Time:	Oriver's Signature (If driver is not the policyholder)  Date & Time:  Reporting Centre Personnel's Signature Name: Name: NRIC/TIN No.:

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: 17/11/36 Accident Time: 18.55 13 (24-HR-Format)
Junction of between Runggol to Senge
: SMP9853H
: Blaw Horela Shuttle
AlG Policy No
: Mohamad Richard Bin Abdul tarm
Owner's Hp 40 10 1 144 Company Tel
: mohamad Piduan Bin Abdul Karim
:02-09-1975 DRIVER'S License Pass Date 10-02-1093
: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
BIK 518 West coast Pd +02-595
1) 90101144 2)
INDOOR OUTDOOR (e.g. working inside or outside office)
CLEAR & DRY YRAINING & WET \ AFTER RAIN & WET
: Reporting Only Claim Other Party Claim Own Insurance
Driver):O[
ar camera: YES (NO as being used at the time of accident: Private use \ Work purpose
Party Driver's Particular (if any)
Vehicle Reg. No:
Vehicle Make\Model:
Name Driver:
IC No. Driver:
Driver's Contact & Add:

# CERTIFICATE OF INSURANCE

#### RIDE SHARE PRIVATE VEHICLE

Name of Policyholder : MOHAMAD RIDWAN BIN ABDUL KARIM

Period of Insurance : 25 Oct 2020 To 24 Oct 2021

Engine No. Chassis No. : LEB7107997

: GP72006300

Vehicle No.

: SMP9853H

Policy No.

: 2070147067

Endorsement No.

Issued Date

: 14 Oct 2020

## ABOUT THE COVER

Make/Model

: HONDA Shuttle

Engine Capacity/Tonnage : 1,496,00 CC

Sum Insured : Market Value

First Year of Registration : 2019

Driver Restriction

- NA

Off Peak Car No

Person or Classes of Persons Entitled to Drive\*:

Insuring with COE/PARE : Yes

a) The Procephotoer b) Any other person who is driving on the Pelicyholder's order or with his/her permission. This Pelicy will indemnify the Procepholder or any authorised driver only if he/are meal a the poeution upon condition.

When the Vehicle is used for the certage of passanger for him or revised, such provided other must be named endow the theory and registered with an anomalogy when technique of passangers for him or revised.

Age Condition

: 35 years old and above

Mileage Condition

: Unlimited Mileage

Limitation as to use :

s and Dutiness purposes of any paramits when the Vehicle is lared, or reveal by any person to whom the Vehicle is hisci.

for defining ballions, defining least, recting, perco-menting, restability total or appeal testing: within thereing a statuse except the severing (order from the revested) of anyons discribed using a mechanically proposed vehicle; and for any purpose in connection with Moore Trades.

\* Unitations feedered inoperative by Section 8 of the Motor Vehicles (Thirs-herry Rives and Company tinn) Act (Cop., 169), Section 85 of the Rose Transport Act, 1937 (Featerysia) and Rose Transport (American) Act 2018, are not to be included under these feedings.

## EXCESS

Section 1 Pire - 50 Own Damage - \$1800 Theft - 80 Plood Cover - \$1600

Windstreen ( \$100

Named Driver and Excess (wave application)

MOHAMAD RIDWAN BIN ABOUL KARIM - \$1800 (Own Damage) \$2000 (Property Damage), \$1800 (Flood Cover)

### APPROVED REPORTING CENTRESIAUTHORISED REPAIRERS (FOR ICLAIMS RELATED REPAIRS)

IG Authorised Repairers (for claims related repairs) Any socioes repairs to the Ventus must be carried out by one of our Authorise) Repairs. Which we do a Serial out to Sole Applies worked-out for other Approved Repairs Control Authorise Serial out to Sole Applies worked-out for other Approved Repairs Control Authorise Applies to Applies t

## IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Goldbell Financial Services Pta Ltd.

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KHC HOLDINGS PTE, LTD.

AIG Asia Pacific Insurance Pte. Ltd.

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