

# 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 Submission ..... 17/12/2020 17:23 (SGT)  
Date of Accident ..... 15/12/2020 17:20 (SGT)  
Exact Location of Accident ..... Geylang Road, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLF1725L

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... Unique Tourist Service Pte Ltd  
Company Reg No ..... 197401067R  
Email Address ..... unigtour@singnet.com.sg  
Mobile Phone No ..... (Phone) +65-96308163  
Alternative Phone No ..... (Office) +65-62927656

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Corolla  
Variant ..... -  
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 - Reporting only  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... AIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... 999993826/100859656-00000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Gireesh Ramji  
Passport No/FIN ..... G5459748M  
Date Of Birth ..... 24/09/1980  
Occupation ..... Indoor

Date Of Driving Pass .....	07/02/2014
Driving experience .....	6 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82929320
Alt. Phone Number .....	-
Email Address .....	uniqtour@singnet.com.sg
Address .....	c/o 20 Sin Ming Lane #08-51 Midview City
Address complement .....	-
Postcode .....	573968
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Head to Rear
Weather Conditions .....	After rain
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	Ilina Iyer
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Please refer to the 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 .....	SMQ1917E
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Vios
Vehicle Variant .....	-
Vehicle Colour .....	Red
Vehicle Category .....	Private car
Name of Driver .....	Mr Tu
Contact Number .....	(Phone) +65-91791980

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

**SKETCH PLAN****IMPORTANT NOTICE**

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7. 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 :
  - (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:  
**17 DEC 2020**

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: **17 DEC 2020**

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



















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

M.Z.400

<b>COMPREHENSIVE COMMERCIAL MOTOR</b>  <b>CERTIFICATE NO.</b> 999993826/100859656-00000	<table style="width: 100%;"> <tr> <td style="width: 60%;"><b>OWN DAMAGE EXCESS</b></td> <td style="width: 40%;">\$S\$1,200.00 (1)</td> </tr> <tr> <td><b>WINDSCREEN EXCESS</b></td> <td>\$S\$100.00</td> </tr> <tr> <td colspan="2" style="font-size: small;">(for policies with effect from 1st November 2002)</td> </tr> <tr> <td><b>SUM INSURED</b></td> <td>\$S\$1.00</td> </tr> <tr> <td><b>INSURING WITH COE/PARF</b></td> <td>NO</td> </tr> </table>	<b>OWN DAMAGE EXCESS</b>	\$S\$1,200.00 (1)	<b>WINDSCREEN EXCESS</b>	\$S\$100.00	(for policies with effect from 1st November 2002)		<b>SUM INSURED</b>	\$S\$1.00	<b>INSURING WITH COE/PARF</b>	NO
<b>OWN DAMAGE EXCESS</b>	\$S\$1,200.00 (1)										
<b>WINDSCREEN EXCESS</b>	\$S\$100.00										
(for policies with effect from 1st November 2002)											
<b>SUM INSURED</b>	\$S\$1.00										
<b>INSURING WITH COE/PARF</b>	NO										
<b>1) VEHICLE REGISTRATION NO.</b> <b>2) NAME OF INSURED</b> <b>3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT</b> <b>4) DATE OF EXPIRY OF INSURANCE</b> <b>5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *</b>	SLF1725L  UNIQUE TOURIST SERVICE PTE LTD  1 Jun 2020 31 May 2021 *										
<p>Any person who is driving on the Insured's order or with their permission.</p> <p>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.</p> <p><b>6) LIMITATION AS TO USE *</b></p> <p>Use for the carriage of passengers or goods in connection with the Insured's business.          Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.          The Policy does not cover</p> <ol style="list-style-type: none"> <li>1) Use for racing, pace-making, reliability trial or speed-testing.</li> <li>2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</li> <li>3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</li> </ol>											
<p style="text-align: center;"><b>LOSS OF USE NOT INCLUDED</b></p> <p><b>* NAMED DRIVER</b> N/A</p> <p><b>HIRE PURCHASE COMPANY</b> NA</p> <p style="font-size: small;">* 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), are not to be included under these headings.</p>											

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).

Issued At Singapore 22 May 2020

**AIG ASIA PACIFIC INSURANCE PTE. LTD.**

500533-010  
 NEW FRONTIERS ALLIANCE PTE LTD  
 371 ALEXANDRA ROAD  
 #05-05 AIA ALEXANDRA  
 SINGAPORE 159963  
 SP-LC ADVISORY

  
 \_\_\_\_\_  
 Authorised Representative

ORIGINAL

SSCDSK