

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 23/02/2021 14:32 (SGT)
Date of Accident 22/02/2021 14:28 (SGT)
Exact Location of Accident Near KPE, Singapore
Additional Location Information KPE TUNNEL TWDS ECP CITY EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG8377A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner POPULAR RENT A CAR PTE LTD
Company Reg No 19960195z
Email Address INFO@POPULARCAR.COM
Mobile Phone No (Phone) +65-67428888
Alternative Phone No (Office) +65-67428888

VEHICLE PARTICULARS

Manufacturer Fiat
Model Doblo
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Goods vehicle

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number -
Cover Note Number -

DRIVER

Name of Driver NATALING YAP SUER TING
NRIC No S9448837J
Date Of Birth 24/12/1994
Occupation Outdoor

Date Of Driving Pass	10/01/2019
Driving experience	2 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-81831846
Alt. Phone Number	-
Email Address	NATALINGYAP@HOTMAIL.COM
Address	289A PUNGGOL PLACE #08-899
Address complement	-
Postcode	821289
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 - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

I WAS TRAVELLING FROM PUNGGOL TO AMBER ROAD. WHEN I'M IN THE TUNNEL, I NEEDED TO FILTER LEFT & GO TOWARDS ECP(CITY), BUT I, MISJUDGED THE DISTANCE BETWEEN THE TAXI & MY VAN. THUS, THE MINOR SOMEHOW ACCIDENT.

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	SHA3891A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LAU HUNG SOON
NRIC No	S1588704D
Contact Number	(Phone) +65-96231173
Address	-

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



HOTLINE TEL: (65) 6416-3000

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.2.301

COMPREHENSIVE COMMERCIAL MOTOR	OWN DAMAGE EXCESS	S\$3,000.00 (I & II)
CERTIFICATE NO. 999993764/100835202-00000	WINDSCREEN EXCESS	S\$100.00
	<small>(for policies with effect from 1st November 2002)</small>	
	SUM INSURED	S\$1.00
	INSURING WITH COE/PARF	YES
1) VEHICLE REGISTRATION NO.	GBG8377A	
2) NAME OF INSURED	POPULAR RENT A CAR PTE LTD	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	1 Aug 2020	
4) DATE OF EXPIRY OF INSURANCE	31 Jul 2021	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *		

Any person who is driving on the Insured's order or with their permission.
 An additional Young and Inexperienced Driver (YIDR) Excess of S\$3,000 (unless otherwise stated) applies to any drivers (named and unnamed) who is below age 23 or has less than 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 *

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:

- 1) Use for 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 the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY DBS BANK LTD

* 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.

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 1 Sep 2020

AIG ASIA PACIFIC INSURANCE PTE. LTD.

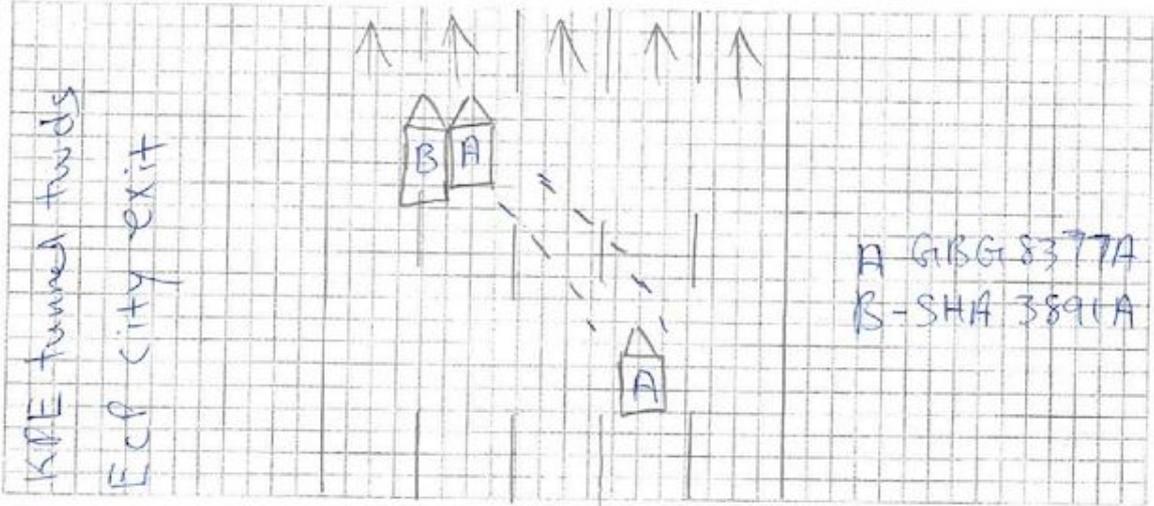
000064-000
 DIRECT CLIENTS 01.1.95
 78 Shenton Way
 #09-16 AIG Building
 Singapore 079120

 Authorized Representative

ORIGINAL

SSCANA

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling from punjool to Amber Road. ~~at~~ ~~I~~ when I'm in the tunnel, I needed to filter left & go towards ECP (city), but I misjudged the ~~long~~ distance between the Taxi & my van. Thus, the minor ^{Somehow} accident.

DECLARATION

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


 Policyholder's Signature

Date & Time:


 Driver's Signature

(If driver is not the policyholder)

Date & Time:


 Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

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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:



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



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





















