# **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.

- 4. The issue and acceptance of this is form by instrained 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 09/04/2021 13:39 (SGT) Date of Accident 08/04/2021 13:50 (SGT) Exact Location of Accident Near 96 Aljunied Cres, Block 96, Singapore 380096 Additional Location Information PIE (TUAS) Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBC413C

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **WEXPATS PTE LTD** Company Reg No 201331347R Email Address info@wexpats.club Mobile Phone No (Phone) +65-84443282 Alternative Phone No +65-84443282

#### VEHICLE PARTICULARS

Manufacturer Hyundai Model H1 Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 2497

#### **INSURANCE COMPANY**

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Nο Policy Number 2070104447 Cover Note Number

#### DRIVER

Name of Driver MUHAMMAD SABRI BIN NOORDIN NRIC No. S8503993H

Date Of Birth 16/02/1985 Occupation Outdoor Date Of Driving Pass 24/01/2018 Driving experience 3 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-94884549 Alt. Phone Number Email Address mdsabri3993@gmail.com Address BLK 132 CASHEW ROAD #02-171 Address complement Postcode S(670132) Is the driver the policyholder? No If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name MUHD LUTFI Gender Male 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 KINDLY REFER TO SKETCH PLAN. 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** 

GBE8469D

#### Vehicle Manufacturer Nissan Vehicle Model Nv200 Vehicle Variant Yellow

Vehicle Colour

Vehicle Registration Number

Vehicle Category Commercial vehicle

Name of Driver	NG KIM LONG
NRIC No	S7135684A
Contact Number	(Phone) +65-96735866
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

- 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.
- Information provided must be as <u>truthful and 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.
- 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) 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.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

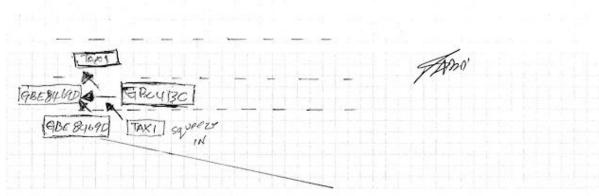
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## SKETCH PLAN



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUISTANCES OF THE ACCIDENT	
I, Muhammad Sabri Bin Novedin, was driving vehicle number Go	364436 along PIE at
the speed around 30km/hr due to the congested traffic who	,
the line where the relicles are merging onto PIE, I slow.	
to the van with plate number GBE 8469D . However, a	
into the lang (in between my van and GBE 84691), a	
break in time hence I hit on the year of GBE 8469 D	
When It the Mant I have been a company	10 11,000
- Ani	
	Reporting Only
You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause	Claim OD
whereby the claim must be made within the stipulated timeframe from the day of occurance.	Claim TP
	Claim OD / TO at other workshop

DECLARATION

(We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Ime: 001/04/2021

Hobbirs

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

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

# To whom it may concern

I, Nyantaisuren Battsetseg, authorize my company's employee, Muhammad Sabri Bin Noordin, NRIC number S 8503993H, to drive the commercial vehicle with vehicle plate number GBC 413C

yours sincerely

Nyantaisuren Battsetseg

Director of WEXPATS Pt Ltd.



# CERTIFICATE OF INSURANCE

#### COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder : WEXPATS PTE. LTD. : 13 Jul 2020 To 12 Jul 2021 Period of Insurance

: D4CBA768791 Engine No.

: KMFWBX7JLBU327175 Chassis No.

· GBC413C Vehicle No. : 2070104447 Policy No.

Endorsement No.

: 12 Jul 2020 **Issued Date** 

### ABOUT THE COVER

: HYUNDAI H1 STAREX Make/Model

First Year of Registration : 2011 Engine Capacity/Tonnage: 1.2 Tonnage Sum Insured : Market Value Off Peak Car : No Insuring with COE/PARF : Yes Driver Restriction : NA

#### 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 hershe meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use\* :

1) Use in connection with the Policyholder's business.

2) 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 fultion, driving test, racing, pace-making, reliability triat or speed-testing; and b) use whilst drawing a traiter 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 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

#### **EXCESS**

Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers, Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the Any accessing repeats to the Ventuce that of a child office of Administration of Adm

#### 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 Companisation) Act (Cap. 189), Part IV of the Read Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Meter Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500656000

COWELL INSURANCE (AGENCY) P L

8 BURN ROAD #09-09 TRIVEX

SINGAPORE 369977 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.



### AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Tai Joo Lim























