

# 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 ..... 03/05/2021 18:39 (SGT)  
Date of Accident ..... 02/05/2021 13:40 (SGT)  
Exact Location of Accident ..... Ang Mo Kio Ave 3, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLJ1978C

### 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 ..... Mazda  
Model ..... 2  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... 999993765/100878396-00000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHEW AIK WEE DEREK  
NRIC No ..... S8603804H

|  |                                    |
|--|------------------------------------|
| Date Of Birth .....  | 21/01/1986                         |
| Occupation .....   | Outdoor                            |
| Date Of Driving Pass .....   | 29/08/2018                         |
| Driving experience .....   | 2 YEARS AND 9 MONTHS               |
| Gender .....   | Male                               |
| Mobile Number .....  | (Phone) +65-97229445               |
| Alt. Phone Number .....  | -                                  |
| Email Address .....  | yiwei0121.dc@gmail.com             |
| Address .....  | BLK 465 ANG MO KIO AVE 10 #07-1072 |
| Address complement .....   | -                                  |
| Postcode .....   | 560465                             |
| 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 ..... | 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 AT ANG MO KIO AVE 3 TURNING TOWARDS CTE, VAR B SUDDENLY STOP AND I DO EMERGENCY BRAKE BUT STILL HIT CAR B REAR.

#### ATTACHMENT(S)

|   |                 |
|---|-----------------|
| Are accident photos available for attachment? .....     | Yes             |
| Was there any video captured by Car Camera? .....       | Yes             |
| Reasons for not uploading a video of the accident ..... | FILE TOO LARGE. |
| Was there any audio recorded? .....                     | No              |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SHA8241T |
| Vehicle Manufacturer .....        | -        |
| Vehicle Model .....               | -        |
| Vehicle Variant .....             | -        |
| Vehicle Colour .....              | -        |
| Vehicle Category .....            | Taxi     |
| Name of Driver .....              | -        |
| Contact Number .....              | -        |

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



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, 1986  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

COMPREHENSIVE COMMERCIAL MOTOR  
CERTIFICATE NO. 999993765/100878396-00000  
OWN DAMAGE EXCESS S\$3,000.00 (I & II)  
WINDSCREEN EXCESS S\$100.00  
(for policies with effect from 1st November 2002)  
SUM INSURED S\$1.00  
INSURING WITH COE/PARF YES  
1) VEHICLE REGISTRATION NO. SLJ1978C  
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.  
This Policy will indemnify the Policyholder or any authorised driver only if he/she is 23 to 65 years old with at least 2 years relevant driving experience.  
When the Vehicle is used for the carriage of passenger for hire or reward, such authorised driver must be registered with an intermediary which facilitates the carriage of passengers for hire or reward.

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.

## 6) LIMITATION AS TO USE \*

- 1) Use for social, domestic, pleasure purposes and business purposes of Insured.
  - 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
  - 3) Use for the carriage of passengers for hire or reward by any person whom the vehicle is hired.
- The Policy does not cover: 1) Use for driving tuition, driving test, 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 any purpose in connection with the Motor Trade.

In the event of an accident claim, the repairs to the vehicle must be carried out at AIG Authorised Repairs or a particular Repairer approved by AIG. For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop.

LOSS OF USE NOT INCLUDED

\* NAMED DRIVER N/A

HIRE PURCHASE COMPANY HONG LEONG FINANCE 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 014.85  
78 Shenton Way  
#09-16 AIG Building  
Singapore 079120

*M. Anile*  
Authorised Representative

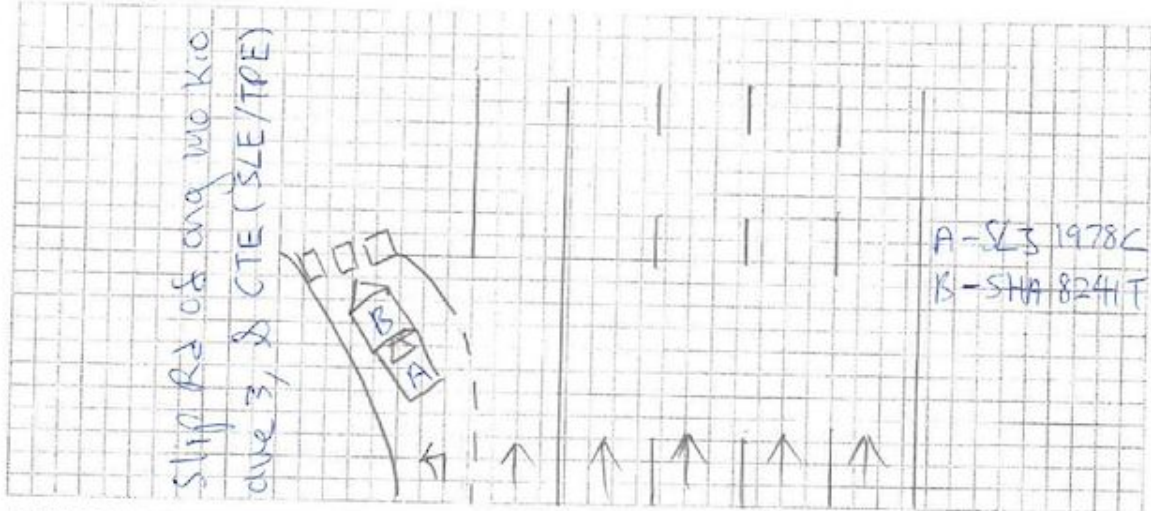
ORIGINAL

SSCAN

AIG Building, 78 Shenton Way #09-16 Singapore 079120

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SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at Ang wio kio Ave 3 turning towards CTE, car B suddenly stop and I do emergency <sup>break</sup> ~~stop~~ but still hit <sup>the</sup> car B <sup>near</sup> ~~from~~ rear

DECLARATION

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

Policyholder's Signature  
Date & Time:

GIASMC SketchPlanForm\_V1

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:  
3 May 2021  
14:57

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



## SKETCH PLAN

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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:

3 May 2021  
14:46



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

GIA/SAW SketchPlanForm\_V4





























