

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 ability.
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 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 Report	19/07/2017 10:44
Date Of Accident	18/07/2017 09:45
Exact Location Of Accident	ALONG DUNEARN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH5885U
Insured/Policyholder	
Name Of Registered Owner	LAU JUI FANG
NRIC No	S7503507A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96693947
Alternative Phone No	Office-96693947

Vehicle Particulars

Manufacturer	JAGUAR
Model	F-TYPE-3.0 (A)
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
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	
Cover Note Number	

Driver

Name of Driver	NG KIAN PENG ALBERT
NRIC No	S7341746E
Date Of Birth	16/11/1973
Occupation	INDOOR
Date Of Driving Pass	07/03/1992
Driving Experience	25 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96693947
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	27 ENG KONG CRESCENT

Postcode	599422
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) 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

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	SLA9879A
Vehicle Make/Model/Colour	SUBARU
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AIG Asia Pacific Insurance Pte. Ltd.
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGF7012E
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

Accident Sketch Plan

Describe Circumstance of the Accident

I was driving along Durban Rd towards city on outer right lane. slowing down due to red traffic light.

A subaru suv hit my car from the back. My car in turn hit a Toyota vic in front.

IMPORTANT NOTE

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

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

Witnessed by Reporting Centre Personnel

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SKETCH PLAN

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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

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' law firms/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' law firms/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

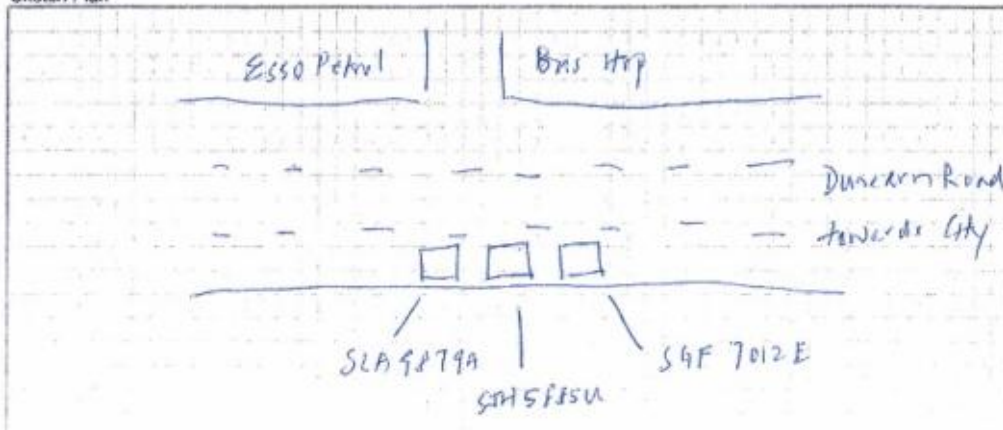
(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



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Address of Driver	Postcode ()	
Email Address		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	Spouse	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Chain Collision	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others	
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others	
OTHER INFORMATION		
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any other vehicle or property damaged?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was there any video captured by Car Camera?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Number of Passengers (Including Driver)	1 pax	
DETAILS OF POLICE ACTION		
Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name		
Police Station Address		
Police Station Contact	Tel No.	Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)	
DETAILS OF OTHER VEHICLE / PROPERTY 1		
Vehicle Registration Number	SLA 9879A / Subaru AIG (3 rd car)	
Vehicle Make/ Model/ Colour	SCIF 7012 E / Toyota (1 st car)	
Details of Properties		
Name of Driver		
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
Contact Number		
Address		
Name of Insurance Company		
Nature of Damage		
No. of Passenger (Including Driver)		

Need replacement car. TP AIG

B183

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filling.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident	Date: 18/7/17 Time: 0945 hrs
Exact Location of Accident	ALONG DUNEARN RD
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJH 588SU
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	LAU JUI FANG
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer <u>Jaguar</u> Model <u>F-Pace</u>
Type of Vehicle*	<input type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input checked="" type="radio"/> Others, <u>SUV</u>
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?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If No, PLS select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	AIG
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input type="radio"/> No
Policy Number	2100483561
Motor CI	
DRIVER	<input type="radio"/> Same as Insured above
Name of Driver	NG KIAN PENG ALBERT
Personal Identification - NRIC (Singaporean/PR)	S7341746E
- FIN/Passport Number	
Date of Birth	16 dd/ 11 mm/ 1973yy
Driving Date Pass	7 dd/ 03 mm/ 1992yy
Year of Driving Experience	25 Year(s) Month(s)
Occupation	Director <input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No	96693947

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





CERTIFICATE OF INSURANCE

NOTION INSURANCE COMPANY LIMITED (INCORPORATED IN SINGAPORE)
 MOTOR VEHICLE THIRD PARTY RISKS AND COMPENSATION ACT, 1930
 ROAD TRANSPORT ACT, 1930 (MALAYSIA)
 MOTOR VEHICLE INSURANCE ACT, 1930 (SINGAPORE)

REFLECT THE INSURANCE
 POLICY NUMBER

VEHICLE REGISTRATION NO. 1.		OWN DAMAGE EXCESS 2.	
CERTIFICATE NO. 3.		WINDSCREEN EXCESS 4.	
NAME OF INSURED 5.		SIX INSURED 6.	
INSURING WITH CO-INSURANCE 7.		INSURING WITH CO-INSURANCE 8.	
EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 9.		DATE OF EXPIRY OF INSURANCE 10.	
PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE 11.		SUBJECT TO AGE CONDITION AT AGE CONDITION 12.	
LIMITATION AS TO USE 13.			
LOSS OF USE 14.			
INSURANCE COMPANY 15.			
INSURANCE COMPANY 16.			

1. The insured hereby certifies that the vehicle is used for the purposes of the Motor Vehicle Third Party Risks and Compensation Act, 1930 and the Road Transport Act, 1930 (Malaysia) and the Motor Vehicle Insurance Act, 1930 (Singapore).

Issued at Singapore on 28/04/2012

AIG Asia Pacific Insurance Pte. Ltd.

RECEIVED
 28/04/2012 10:00 AM
 28/04/2012 10:00 AM

[Signature]

APPROVED REPRESENTATIVE

SINGAPORE

SINGAPORE

AIG-01, 70 Selegie Road, #01-01, Singapore 069722

Contact: 02012 4291 or 02012 4292

AIG-01, 70 Selegie Road

Driving License & I.C

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7341746E



NG KIAN PENG ALBERT
(HUANG JIANPING ALBERT)
黄健平
Sex: CHINESE
Date of Birth: 16-11-1973
Place of Birth: SINGAPORE

