

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	10/11/2017 16:46
Date Of Accident	10/11/2017 12:05
Exact Location Of Accident	JALAN EUNOS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW1572H
Insured/Policyholder	
Name Of Registered Owner	BEH SIEW GEK TERESA
NRIC No	S1210560F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93667317
Alternative Phone No	Office-93667317

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	REPORTING ONLY
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	2100433172-02
Cover Note Number	

Driver

Name of Driver	CHUA GIM KAY
NRIC No	S0096029B
Date Of Birth	16/12/1946
Occupation	INDOOR
Date Of Driving Pass	26/11/1975
Driving Experience	41 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97956271
Fax Number	
Contact Number	
Email Address	NOEMAIL
Address	BLK 714 BEDOK RESERVOIR ROAD #05-3024

Postcode	1647
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	COLLISION - CHANGE/CROSS LANE
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)	2

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

I WAS FILTERING TO THE LEFT. I ON MY SIGNAL AND PROCEED TO LANE CHANGE. SUDDENLY, VEHICLE B COME STRAIGHT ON MY LEFT AND END UP, MY FRONT LEFT PORTION HIT ONTO VEHICLE B RIGHT PORTION.

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	SGX7Y
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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	

Sketch Plan

SKETCH PLAN

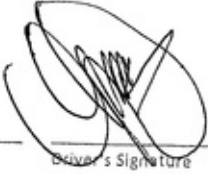
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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

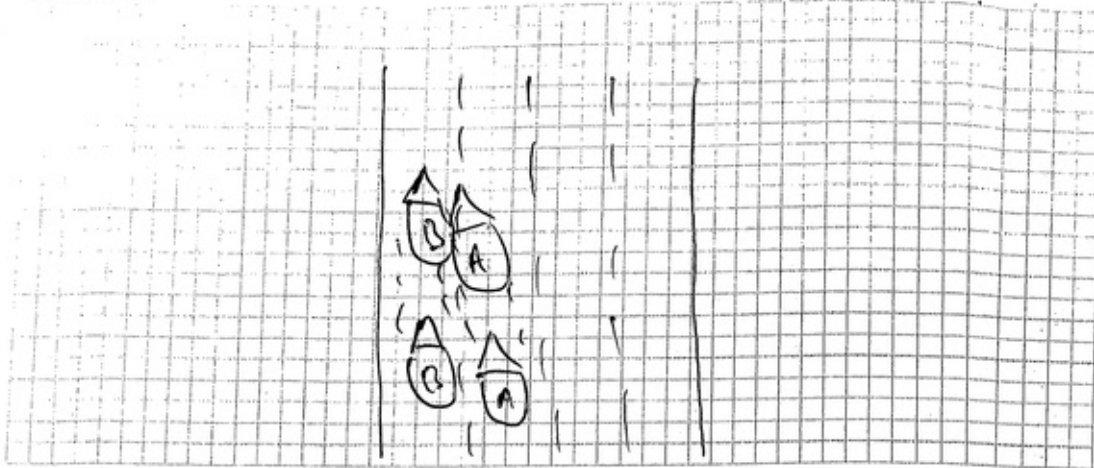
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was filtering to the left, (on my signal and proceed to lane change, suddenly vehicle B came straight on my left end up my front left portion hit onto vehicle B right portion

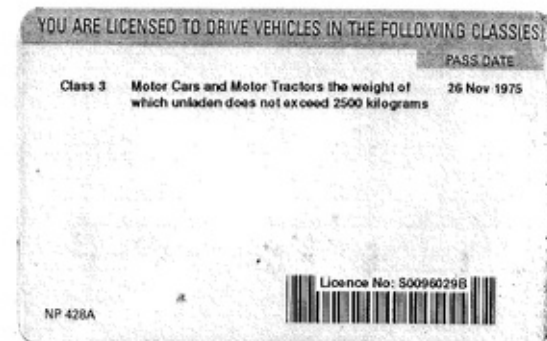
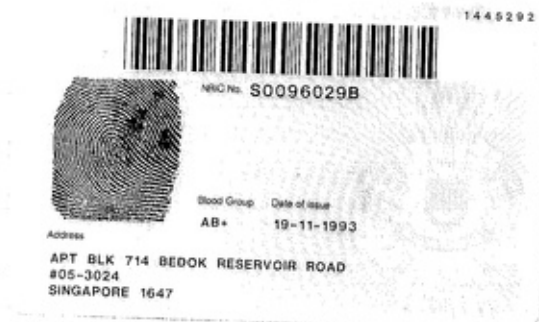
DECLARATION

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.:



POLICY SCHEDULE

AUTOPLUS PRIVATE VEHICLE

Policy No. : 2100433172-02

Period of Insurance : 20 Oct 2017 to 19 Oct 2018

Issued Date : 12 Sep 2017

ABOUT THE POLICYHOLDER

Name of Policyholder : Beh Siew Gek Teresa
Address : 714 Bedok Reservoir Road
#05-3024
SINGAPORE 470714
Occupation/Nature of Business : Retirees

ABOUT THE VEHICLE

Registration No. : SKW1572H Engine Capacity/Tonnage : 1,598.00 CC
Chassis No. : MR053REH104538583 Engine No. : 1ZRY207759
Seating Capacity : 4 First Year of Registration : 2015 Body Type : Sedan
Make/Model : TOYOTA COROLLA ALTIS 1.6 DUAL
Hire Purchase Company/Employer's Loan : NA

ABOUT THE COVER

Sum Insured : Market Value Off Peak Car : No
Driver Restriction : NA Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive :

a) The Policyholder
b) Any other person who is driving on the Policyholder's order or with his/her permission.
This Policy will indemnify the Policyholder or any authorised driver only if he/she 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 :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Other Key Policy Benefits :

Act of God, Dealer (First 3 years from original registration) * AIG Authorised Workshops, Waiver of Excess, PA to Authorised Driver / Unnamed Passengers - \$10000, PA Insured - \$50000, Key Replacement Cover - \$800, Strike, Riots and Civil Commotions, Loss of Use 1500cc - 1800cc Optional, In-Car Camera Excess Waiver, NCD Protector, New For Old (36 months), Loyalty Home Cover

EXCESS

Section 1
Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver
Beh Siew Gek Teresa - \$600 (Own Damage)

PREMIUM

Premium : \$ 775.60
GST (7%) : \$ 54.29

Total : \$ 829.89

Your Premium includes the following discount(s):

Group Discount - 20.00%, Safe Driver Discount - 5.00%, No Claim Discount - 50%

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

