

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	20/11/2017 18:01
Date Of Accident	19/11/2017 01:00
Exact Location Of Accident	OPEN SPACE CARPARK OF HOUGANG AVE 10 BLK 402
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDN8292A
Insured/Policyholder	
Name Of Registered Owner	TAN KIM BAK
NRIC No	S1249333I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97595130
Alternative Phone No	OTHERS-97595130
Vehicle Particulars	
Manufacturer	VOLVO
Model	XC90-2.0 T5 (A)
Exact Purpose for which vehicle was being used at time of accident	SOCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	2100487515
Cover Note Number	
Driver	
Name of Driver	TAN KIM BAK
NRIC No	S1249333I
Date Of Birth	29/08/1957
Occupation	INDOOR
Date Of Driving Pass	12/05/1988
Driving Experience	29 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97595130
Fax Number	
Contact Number	OTHERS-97595130
Email Address	NOEMAIL

Address	70 HOUGANG AVE 7 #16-05
Postcode	538804
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	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

REFER TO ATTACHMENT.

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	EW5343Y
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	EDWIN WEE
NRIC/Passport Number	
Contact Number	96868989
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Accident Sketch Plan Pg. 1

Address of Driver	70 HONGKONG AVE 7	
	#16-05	Postcode (538504)
Email Address	NDP@ACU	
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	OWNER	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" 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)	HEAD-ON	
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 checked="" 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)	01	
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	FW5343Y	
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver	EDWIN WFF	
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
Contact Number	9686 8989	
Address		
Name of Insurance Company		
Nature of Damage		
No. of Passenger (Including Driver)		
(Note - Please use page 6 if you need to add more vehicles)		

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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 yers/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 w ith 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 w ith applicable law in administering, processing, handling and/or dealing w ith 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Refer to Attachment

Accident Sketch Plan Pg. 1

Describe Circumstance of the Accident

Refer to Attachment.

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

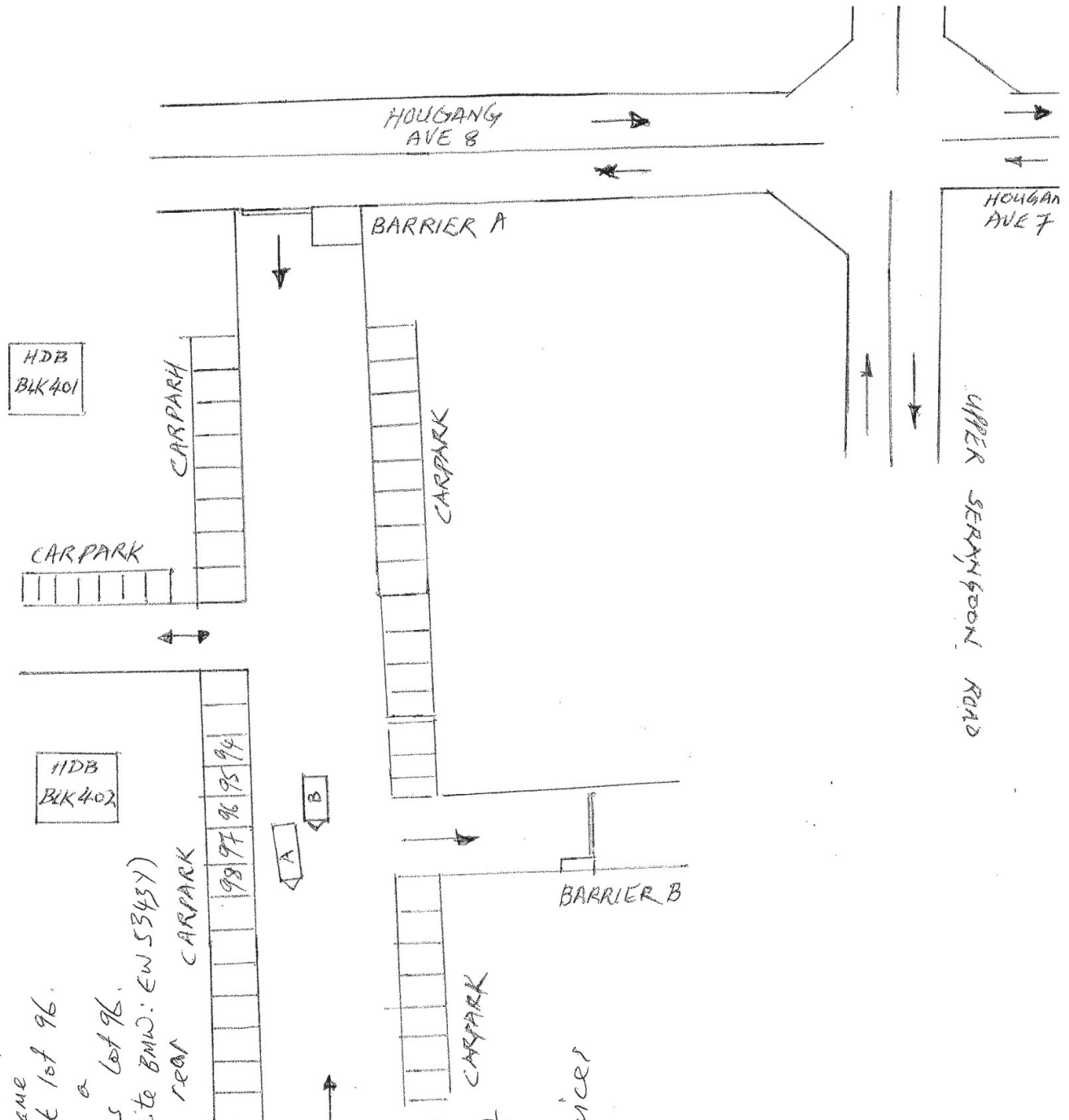
Accident Sketch Plan Pg. 1

1) At Around 01:00 am (Sunday 19/11/17)
My car st after barrier A came
up stationary at carpark lot 96.
And I intended to make a
reverse parking into this lot 96.

2) Out of a sudden car B (white BMW: EW53431)
came fast speed from my rear
bang my left-hand
front wheel & also
scrapes the mudguard.

3) After which his
car without stopping
still move forward
a substantial distance
away.

4) After the bang my car A
(SDN 8292A) stalled.
Because the safety device
activated & jammed
the steering wheel.



Accident Sketch Plan Pg. 1

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1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing. 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 wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability. 5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies. 6. Any false reporting may be referred to the Traffic Police Department for investigation.	
ACCIDENT STATEMENT	
Date and Time of Accident	Date: 19/11/2017 Time: 0100
Exact Location of Accident	OPEN SPACE CAR PARK OF HANGANG AVT 10
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	BRK402 -
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	TAN KIM BAR
Personal Identification - NRIC (Singaporean/PR)	S12493337
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer VW Model XL90
Type of Vehicle*	<input type="radio"/> Saloon <input checked="" 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 type="radio"/> Others, _____
Exact Purpose for which vehicle was being used at time of accident	Social
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 *	ALL ASIA PACIFIC
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 checked="" type="radio"/> No
Policy Number	1100487515
Motor CI	
DRIVER	<input type="radio"/> Same as Insured above
Name of Driver	TAN KIM BAR
Personal Identification - NRIC (Singaporean/PR)	S12493337
- FIN/Passport Number	
Date of Birth	29 dd/08 mm/1977 yy
Driving Date Pass	12 dd/05 mm/1988 yy
Year of Driving Experience	Year(s) Month(s)
Occupation	<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.	97595130

Accident Photo

