

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	04/09/2017 14:53
Date Of Accident	02/09/2017 11:35
Exact Location Of Accident	U TURN ALONG PASIR PANJANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF3646S
Insured/Policyholder	
Name Of Registered Owner	MICHAEL CASTRO DELA CRUZ
NRIC No	S7560355Z
Email Address	MIKE_DELACRUZ2005@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97925781
Alternative Phone No	Office-NOPHONE

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8L 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	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	
Cover Note Number	

Driver

Name of Driver	MARIA EDLYN BAGUI DELA CRUZ
NRIC No	S7980496G
Date Of Birth	24/07/1979
Occupation	INDOOR
Date Of Driving Pass	28/02/2013
Driving Experience	4 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	

Postcode	
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	COLLIDED INTO MOTORCYCLIST
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?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE SKETCH PLAN

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	FBE1030G
Vehicle Make/Model/Colour	
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	

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' 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 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 yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 4/9/17

Policyholder's Signature / Date & Time

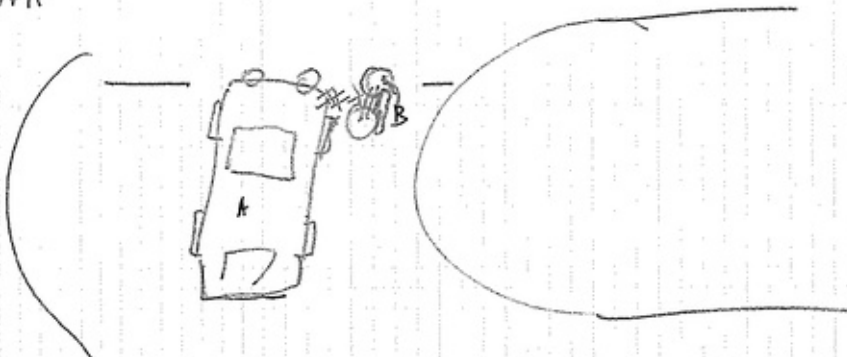
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan

U TURN



A: SJF3646S

R: FBE1030G

Describe Circumstances of the Accident

LICENSE PLATE NUMBER: SJF 3646 S

ACCIDENT DATE: 2/9/17

CONTACT NUMBER: 97925781

ACCIDENT TIME: 11:35 AM

EMAIL: mike-delacruz2005@yahoo.com

LOCATION: U turn Along Pasir Panjang Rd.

Refer to police report -

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT
AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.
PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state:

☐ Claim Own Policy ☐ Claim Third Party ☐ Claim OD/TP at other workshop ☒ Reporting Only

Declaration

We declare the foregoing particulars are true in every respect.

x  4/9/17
Policyholder's Signature / Date &
Time

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


Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20170903/2031

Police Station Of Origin: .
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20170903/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/09/2017 10:09	Vide Report No.: D/20170902/0063	Station Diary No.: 21
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Informant's Particulars			
Name of Informant: MARIA EDLYN BAGUI DELA CRUZ		Address: 12 STIRLING ROAD #30-11 SINGAPORE 148955	
ID Type / ID No.: NRIC NO / S7980496G		Contact No.: Home/Office: Mobile: 94756405	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 38	Date of Birth: 24/07/1979	Type of Informant: Driver
Race: Filipino		Language:	Institution / School Name:
Occupation: FINANCIAL ADVISOR		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 02/09/2017 11:35	Type of Location: U turn
Location: Along Road 1 Traveling Toward Road 2 PASIR PANJANG ROAD WEST COAST HIGHWAY U turn after Pasir Panjang Food Centre				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No Yes <i>SA</i> <i>4/6</i>

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE1030G	Motorcycle				No Damage	0
SJF3646S	Car				No Damage	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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POLICE FORCE**



T/20170903/2031

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3
Report No. T/20170903/2031

CONTINUATION OF REPORT

Rider			
Name	Rajurayan Singh S/O Suruj Singh	ID No.	S1451697B
Related Vehicle	FBE1030G (Motorcycle)	Contact No.	93829487
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	MARIA EDLYN BAGUI DELA CRUZ	ID No.	S7980496G
Related Vehicle	SJF3646S (Car)	Contact No.	94756405
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 02/09/2017 at 1135hrs along Pasir Panjang Road towards West Coast highway U-Turn right after Pasir Panjang Food Centre. I stopped behind the stop line of the U-Turn and a motorbike with the registration number:FBE1030G knocked onto my motorcar registration number:SJF3646S silver color Honda on the right front wheel there were no damage on my vehicle. The rider Rajurayan Singh S/O Suruj Singh NRIC number:S1451697B fall onto the ground. Police is at scene vide report number:D/20170902/0063 incharge IO Daniel Yan contact number:65476252. Ambulance and Traffic Police is at scene and the rider is conveyed to hospital.



**SINGAPORE
POLICE FORCE**



T/20170903/2031

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3


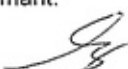


Report No. T/20170903/2031

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: D / Sgt 2 GOH SHAO ZHANG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/09/2017 10:09
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case: SN 050
Authentication Stamp NP168  Signature:  Singapore Police Force	

CERTIFICATE OF INSURANCE

THIRD-PARTY RISKS AND COMPENSATION ACT (CHAPTER 169)
THIRD-PARTY RISKS AND COMPENSATION RULES, 1960
ACT, 1987 (MALAYSIA)
THIRD-PARTY RISKS RULES, 1959 (MALAYSIA)

AUTHORISED

CERTIFICATE NO. 2100313925-04000

(The Below Excess) (Excess in US\$)

OWN DAMAGE EXCESS S\$800.00 (1)
WINDSCREEN EXCESS S\$100.00
(For policies with effect from 1st November 2015)

SUM INSURED Market Value
INSURING WITH COE/PAFF Yes

1) VEHICLE REGISTRATION NO.

SJF3646S

2) NAME OF INSURED

Michael Castro Dela Cruz

3) EFFECTIVE DATE OF THE COMMENCEMENT
OF INSURANCE FOR THE PURPOSES OF THE ACT

28 Nov 2016

4) DATE OF EXPIRY OF INSURANCE

27 Nov 2017

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

SUBJECT TO AGE CONDITION: All Age Condition

a) The Insured.

b) Any other person who is driving on the Insured's order or with his permission.

This policy will indemnify the Insured or any authorised driver only if he/she meets the age conditions.

A Young and/or Inexperienced Driver Excess ("YIDER") of S\$3,000.00, in addition to the

Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said

Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

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 from driving the Motor Vehicle.

6) LIMITATION AS TO USE*

Use only for social, domestic and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

SOLE AGENT'S WORKSHOP: 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.

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

1. Comon Delgro Engg - 205 Braddell Rd (Tel: 63837118) 2. Glass Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only
3. Etholz - 30 Bukit Batok Crest (Tel: 66547777) 4. DPS Body & Paint (Subsidiary of C&C) - 209 Pardon Gardens (Tel: 65644001)
5. Kan Fook Sing Motor - 61 Dato Lane 12 (Tel: 67476550) 6. Lai Hui (Meng Kee) Motor - 21 Sin Ming Road (Tel: 64838110)
7. Moys Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67445336)
9. SME Motor - 1 Kall Bukit Ave 6 Bld D (Tel: 67476100)

LOSS OF USE Loss of Use 10 Days (160000) - Refer to policy wordings for details.

NAMED DRIVER NA

HIRE PURCHASE COMPANY Maybank
EMPLOYER'S LOAN

The above is completed in accordance with Section 6 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 169) and Section 10 of the Road Transport Act, 1987 (Malaysia), and it is to be attached to the policy.

I/We hereby certify that the policy to which this Certificate relates is in compliance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 169) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 25 Nov 2016

03613-080
ALPHA INSURANCE AGENCY PTE LTD
ROBINSON ROAD POST OFFICE
P.O. BOX 1534
SINGAPORE 068033

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORIZED REPRESENTATIVE

ORIGINAL

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7980496G**
Name
MARIA EDLYN BAGUI DELA CRUZ

Birth Date: **24 Jul 1979**
Issue Date: **28 Feb 2013**

002155604C



↓
driver

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals ≤ 2500kg	28 Feb 2013

NP 428A



Licence No. S7980496G

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

