#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

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	ACCIDENT STATEMENT
Date Of Report	28/12/2017 12:57
Date Of Accident	27/12/2017 19:30
Exact Location Of Accident	JUNCTION OF SIGLAP ROAD & EAST COAST ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJC9061E
Insured/Policyholder	
Name Of Registered Owner	TEO WEI-KIAT, DANIEL
NRIC No	S8131599Z
Email Address	DANIEL.DANTE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96946393
Alternative Phone No	OTHERS-96946393
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC-1.8 L (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	2100312783-05
Cover Note Number	
Driver	
Name of Driver	TEO WEI-KIAT, DANIEL

Name of Driver TEO WEI-KIAT, DANIEL

NRIC No S8131599Z
Date Of Birth 10/10/1981
Occupation INDOOR
Date Of Driving Pass 12/12/2003

Driving Experience 14 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96946393

Fax Number

Contact Number OTHERS-96946393

EMail Address DANIEL.DANTE@GMAIL.COM

66 LENGKONG TIGA # 06-15 Address

**SINGAPORE** 

Postcode 417471

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** 

**COLLISION - HEAD TO REAR** Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

### **Circumstances of Accident**

REFER TO ATTACH STATEMENT RECORDED BY JIA MIN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 67415336

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 SGX8665U

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

FAREED HUSAIN YUSUF KAGDA Name of Driver

NRIC/Passport Number S6919274B **Contact Number** 96168904

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

TEO WEI-KIAT, DANIEL Name

Approximate Age Injuries Sustain

Injured person in which vehicle?

SJC9061E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

#### Sketch Plan

#### SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
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- 7. By the lodgment 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 aforesald.
- 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)
  - (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")
- 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
- 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.
- 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.
- 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 Si Date & Time:

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

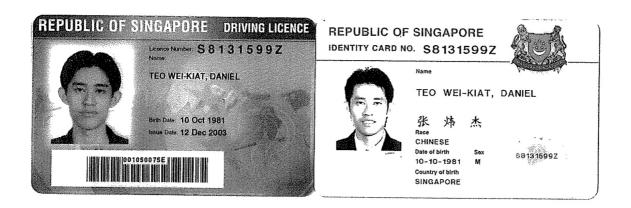
Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

## SKETCH PLAN Vehicle No 4064 Legend Vehicle Bike DESCRIBE CIRCUMSTANCES OF THE ACCIDENT om to Roac ente OPPONE WM Mac tum MINU tesse Chel ens ner anow mored 0 MNY Lo dic but ones CW I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details Policyholder's Signature Date & Time: 24/12/17 Driver's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) Name: 12.40 pm. Date & Time: NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

#### **DRIVER NRIC& LICENCE Pg. 1**







## CERTIFICATE OF INSURANCE

#### **AUTOPLUS PRIVATE VEHICLE**

Name of Policyholder : Teo Wei Kist Daniel Period of Insurance : 03 Sep 2017 To 02 Sep 2018

Engine No. : R18A13030740

Chassis No. : JHMFD16308S214191 Vehicle No. : SJC9081F Policy No. : 2100312783-05

Endorsement No.

: 16 Aug 2017 Issued Date

#### ABOUT THE COVER

: HONDA CIVIC 1.8 LA

Engine Capacity/Tonnage : 1,799.00 CC Sum Insured : Market Value First Year of Registration : 2008 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : 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 higher permission. This Policy will indemnify the Policyholder or any authorised tinver only if historie meets the specified age condition.

You have to pay an additional sum of \$3,000 as "inequenenced Oriver Excess" (NOP) if You are or Your Authorised Driver (moved or unnamed) has less than 2 years' driving experience.

Age Condition : 30 years old and above

'Limitation as to use" :

Jis only for social, domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for the or reward, driving testion, criving less, racing, pase-making, refutability that or speed-testing, the carriage of goods other than samples in connection with lany tracks or business or use for any purpose in connection with Mater Trade.

Loss of Use 1500cc - 1600cc Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Porty Risks and Cortpensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1997 (Malaysia), are not to be included under these headings.

#### EXCESS

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

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess outpro application

Ties Wel Kial Daniel - S600 (Dwn Damage)

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

Approved Repairing Centural AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within this first 3 years of the first registration of the Vehicle in Singapore, You have the accident repairs commed out, at the Sole Agent a workshop.

For other Approved Repaired out of the Sole Agent a workshop,

For other Approved Repaired out of the Sole Agent a workshop.

For other Approved Repaired Centural AIG Authorised Repairers, please contact our 24-hour accident energiescy hothre at +65 6356 6200. Alternatively. You may refer to AIG website www.iiig com.ag
or AIG SG Robbie Age. Simply search and download "AIG SG" from Funes or Google Play.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

I/We hereby certify that the policy to which this Certificate of insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), that I/V of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), that I/V of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), that I/V of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), that I/V of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), that I/V of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), that I/V of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), that I/V of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), the Road Transport Act (Cap. 189) (Malaysia) and the Risks and Cap. 189) (Malaysia) and the Risks and Cap. 1890 (Malaysia) and

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NG ALKIANG VICTOR

44 MENARONG

SINGAPORE 577451 SP-NAK-HBL

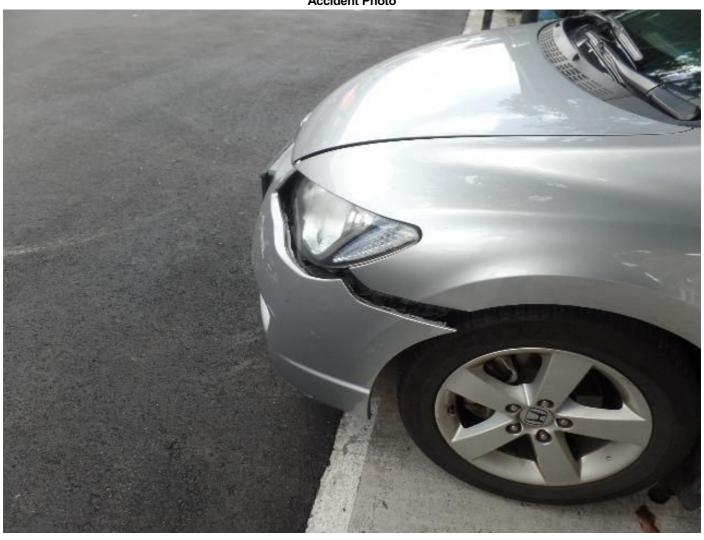
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

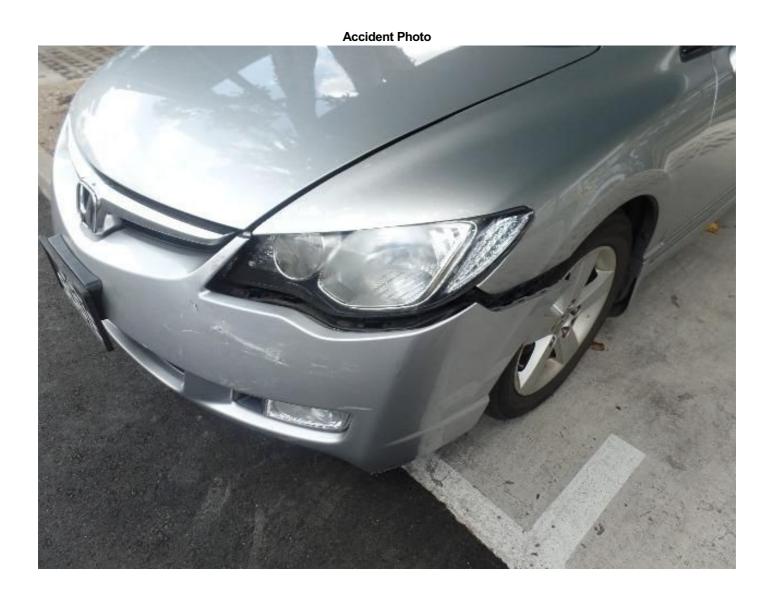
AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

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## **Addendum Sheet**

# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE: Please submit the completed Addendum form to the <a href="mailto:same">same</a> Authorised Reporting Centre with whom you submitted the Original Report.

	ADDENDUM
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
Original Report No : Name(as shown in NRIC):	Too Wei-Kiat, Daniel
NRIC/Passport No :	CC Loughan Trac #06-16 (2) 1171174
Contact (Tel) : (Email) :	(H/P): 96946393
Date of Accident :	The A Colon I de Fed Coat Dead
Insurance Company:	ATC Asia Davida Tomas Dia 11d
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10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030 Operating Hours : Monday to Friday 9am to 5pm