

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	09/12/2017 11:05
Date Of Accident	08/12/2017 19:20
Exact Location Of Accident	ROCHOR ROAD TOWARDS BUGIS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN3551R
Insured/Policyholder	
Name Of Registered Owner	ANG KIM CHOO
NRIC No	S1284211B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90921348
Alternative Phone No	Others-90921348

Vehicle Particulars

Manufacturer	AUDI
Model	A1 SB 1.0 TFSI (PI)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	2100508886
Cover Note Number	

Driver

Name of Driver	TEO QIAO SEN
NRIC No	S9149281D
Date Of Birth	31/12/1991
Occupation	INDOOR
Date Of Driving Pass	19/07/2013
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90111634
Fax Number	
Contact Number	
E-Mail Address	SEENYSENNY@HOTMAIL.COM
Address	BLK 50 HOY FATT ROAD #04-119

Postcode	150050
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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	SLM7740R
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.


Policyholder's Signature / Date &
Time

 9.12.17
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel

Sketch Plan

X - CAR A (SLM7740R)
O - CAR B (SLN3551R)



Describe Circumstances of the Accident

LICENSE PLATE NUMBER: SLN5551R

ACCIDENT DATE: 8.12.17

CONTACT NUMBER: 9011634

ACCIDENT TIME: 19.20

EMAIL: SennySenny@hotmail.com

LOCATION: Right outside Regis MET station exit D

I was driving at the left side of the road lane along Rochor Road "Regis station exit D".
The car in front of me SUM7742R came to a sudden halt.
I didn't brake on time and hit the vehicle in front of me.
Observed no damage on his side except a small hole on the right bumper.
My carplate was dented and a few scratches were damaged.

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.


Policyholder's Signature / Date & Time

 9.12.17
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1284211B



Name
ANG KIM CHOO

Race

CHINESE

Date of Birth

21-11-1958

Country of Birth

SINGAPORE

Sex

F



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9149281D



Name

TEO QIAO SEN

張 喬 森

Race

CHINESE

Date of Birth

31-12-1991

Country of Birth

INDONESIA

Sex

M

S9149281D

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9149281D

Name

TEO QIAO SEN

Birth Date 31 Dec 1991

Issue Date 19 Jul 2013



NRIC No. S1284211B



Blood Group

B+

Date of Issue

24-09-1993

Address

APT BLK 50 HOY FATT ROAD
#04-119
SINGAPORE 0315

1302238



NRIC No. S9149281D



Date of Issue

24-10-2011

Address

APT BLK 50 HOY FATT ROAD
#04-119
SINGAPORE 150050

479258

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

CI

Class 3 Motor cars < 3500 kg with not more than 7 passengers, exclusive of the driver, and not more than 2000 kg

19 Jul 2013

Class 4 Heavy motor cars and motor trucks > 3500 kg

30 Jul 2013

S9149281D

S / No 9000271219

NP 428A





HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

MX.1

AUDI AUTO PROTECTOR

CERTIFICATE NO. 2100508886-00000

(The below excess is subject to GST)

OWN DAMAGE EXCESS S\$600.00 (1)
WINDSCREEN EXCESS S\$100.00

(for policies with effect from 1st November 2002)

SUM INSURED Market Value
INSURING WITH COE/PARF Yes

- 1) VEHICLE REGISTRATION NO. SLN3551R
2) NAME OF INSURED ANG KIM CHOO
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 28 Apr 2017
4) DATE OF EXPIRY OF INSURANCE 27 Apr 2018
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.

APPROVED REPORTING CENTRES / AUDI AUTHORISED REPAIRERS

1. Audi Customer Service Center - 55 Ubi Road 1 (Tel: 63662323)

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

2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63537118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65684501)

4. Ethoz - 30 Bukit Batok Crest (Tel: 66547777) 5. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only

6. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 7. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)

8. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)

10. SME Motor - 1 Kaki Bukit Ave 6 Bk D (Tel: 67476106)

LOSS OF USE Loss Of Use 15 days Replacement Car only for repairs at Audi Customer Service Centre

* NAMED DRIVER NA

HIRE PURCHASE COMPANY United Overseas Bank Limited

EMPLOYER'S LOAN

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 11 May 2017

AIG Asia Pacific Insurance Pte. Ltd.

504125-210
PREMIUM LEASING - VL
281 ALEXANDRA ROAD
AUDI CUSTOMER SERVICE CENTRE
SINGAPORE 159938

AUTHORISED REPRESENTATIVE

ORIGINAL

PRLLYY.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

