Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 16/01/2018 09:27

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number **EMail Address**

Gender

- 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 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 policyliability 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

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	16/01/2018 09:08
Date Of Accident	16/12/2017 16:30
Exact Location Of Accident	HOUGANG MALL B2 CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDV9595C
Insured/Policyholder	
Name Of Registered Owner	WAN LAI MENG
NRIC No	S0181077D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97983300
Alternative Phone No	Office-97983300
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200 EXCLUSIVE (R18 LED)
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	2100494596-00000
Cover Note Number	-
Driver	
Name of Driver	TAN CHAY ANN
NRIC No	S0144153A
Date Of Birth	21/08/1950
Occupation	INDOOR
Date Of Driving Pass	26/02/1970

47 YEARS AND 9 MONTHS

(LOCAL) +65-97983300

MALE

NOEMAIL

40 LORONG 6 REALTY PARK 536853

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

SPOUSE

Insurance Company of Driver's Own Vehicle

NO

NO

General Information of the Accident

Type Of Accident NO COLLISION

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Passenger 1 Name: : WAN LAI MENG

Gender: : Female

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4890999 - FAX NO: 63128989

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKU9003S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The report will be forwarded by 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.
- 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 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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - 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: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

CH PLAN		
Unable		
	4.	
	Provide	
		Sketch
CRIBE CIRCUMSTANCES C	OF THE ACCIDENT	
Mide emoding in the s		
Please	Reser to Po	lice Report
1.000	10,01	
		/
		/
		/
LARATION declare the foregoing particu	ulars are true in every respect.	1,
	11	
	0 4/	Time!
yholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 1 of 3 Report No. T/20180105/2092

	The state of the s	C ACCIDENT	Total Control of the		
Date/Time Report Made: 05/01/2018 15:48		Made:	Vide Report No.:	Station Diary No. 127	
Informa	nt's Partic	ulars			
	f Informant: IAY ANN		Address: 40 LORONG 6 REALTY PAR	K SINGAPORE 536853	
ID Type / ID No.: NRIC NO / S0144153A		53A	Contact No.: Home/Office:	Mobile: 97983300	
National SINGAF	lity: PORE CITIZ	EN.	Email:		
Sex: Age: Date of Birth: Male 67 . 21/08/1950			Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/12/2017 16	Type of Location Car Park
Location: Along Road 1 HOUGANG A Hougang Mail		located at No. 90 House	gano Avenue 10 S	S(538766)
Weather:		Road Surface:		Road Speed Limit:
	Traffic Flow:			
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SDV9595C	Car	MERCEDES BENZ	E200 EXCLUSIVE	Silver	No Damage	0
SKU9003S	Car					0

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





Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

2 of 3 Report No. T/20180105/2092

Driver						Out of the latest and
Name	TAN CHAY ANN		ID No		S0144153A	
Related Vehicle	SDV9595C (Car)			Conta	ct No.	97983300
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	NIL Date Dis		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	
Name	Unknown		ID No		NIL	
Related Vehicle	SKU9003S (Car)		Contact No.		NIL	
Hospital/Clinic	NIL		Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	NIL Date Dis		Marie School Service	-	
No. of Days gran	ted Medical Leave NIL Deg		Degree o	Degree of Injury NIL		

Brief Details.

On 02/01/2018 I received a Traffic Police letter reference TP/IP/68397/2017 and was advised to lodge a Traffic Accident report as there was a alleged hit-and-run incident of my.car(Registration No. SDV9595C and other vehicle(Registration No. SKU9003S) on 16/12/2017 at about 1630hrs at Hougang Mall Basement 2 carpark.

I wish to state that I was the driver on that day and had no re-collection of any accidents. There was also no damages to my car. There is a front and rear in-car CCTV in my car that was recording. I am lodging this Traffic Accident report as advised by Traffic Police.





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 3 of 3 Report No. T/20180105/2092

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: F / Sgt 2 BOH YONG SENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/01/2018 15:48
Officer In Charge Of Case: TP / HRT / SSI 2 SOH PENG GUAN Contact No. 65476171	Classification Of Case
Authentication Stamp	







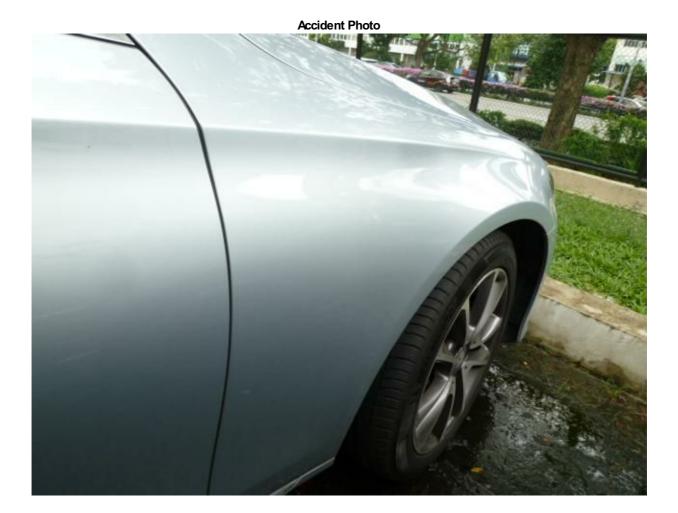


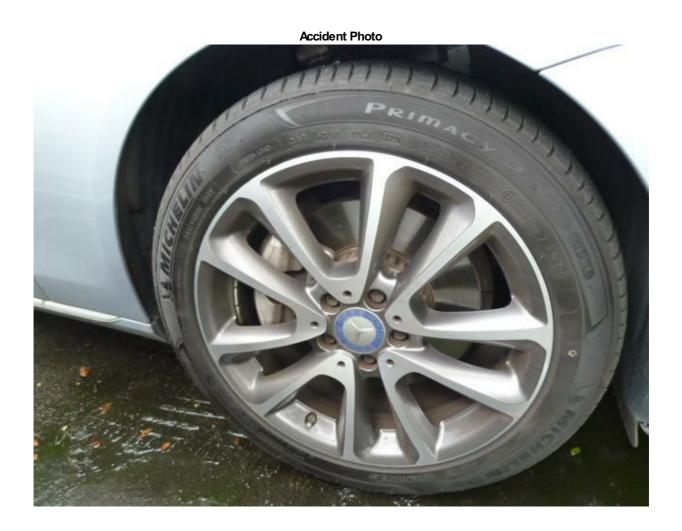
















Accident Photo









Accident Photo











Accident Photo



Accident Photo

