

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 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	13/02/2018 12:35
Date Of Accident	06/01/2018 11:10
Exact Location Of Accident	ALONG WOODLANDS AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ3161D
Insured/Policyholder	
Name Of Registered Owner	ALYSSON JACOB HUANG
NRIC No	S8225433A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98623345
Alternative Phone No	Others-98623345

Vehicle Particulars

Manufacturer	VOLVO
Model	S60-2.0 T5 (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?	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	2100388904-03
Cover Note Number	

Driver

Name of Driver	ALYSSON JACOB HUANG
NRIC No	S8225433A
Date Of Birth	18/08/1982
Occupation	INDOOR
Date Of Driving Pass	05/02/2013
Driving Experience	4 YEARS AND 11 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-98623345
Fax Number	(LOCAL) +65-98623345
Contact Number	OTHERS-98623345
E-Mail Address	NOEMAIL
Address	50 BUKIT BATOK EAST AVENUE 5 #29-08
Postcode	659801
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 - HEAD TO REAR
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?	NO
Was any injured conveyed to hospital by ambulance?	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

KINDLY REFER THE STATEMENT.

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	SLP9503E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMAD MUSTAFA BIN OTHMAN
NRIC/Passport Number	S7323864A
Contact Number	83336725 (IVAN)

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SINGAPORE ACCIDENT STATEMENT	
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1. Complete and submit this Form to Allied World's Authorized Reporting Centre (ARC) for filing. 2. Please report promptly the details of the accident to speed up the claims process. 3. This Form must be completed by the Policyholder and/or the Authorized 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: 6/1/2018 Time: 1110 HRS
Exact Location of Accident	Woods Ave #1
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKR 3161D
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	Alysson Jacob Huang
Personal Identification - NRIC (Singaporean/PR)	S 8225433A
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer: Volvo Model:
Type of Vehicle*	<input checked="" type="radio"/> Saloon <input 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 checked="" type="radio"/> Yes <input type="radio"/> No (If No, Pts select: <input 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 *	AIG
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	2122385924-03
Motor CI	
DRIVER	<input checked="" type="radio"/> Same as Insured above
Name of Driver	Alysson Jacob Huang
Personal Identification - NRIC (Singaporean/PR)	S 822 5433A
- FIN/Passport Number	
Date of Birth	18 dd/ 08 mm/ 1982 yy
Driving Date Pass	05 dd/ 02 mm/ 2013 yy
Year of Driving Experience	Year(s) Month(s)
Occupation	<input type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	9862 3345

Address of Driver		50 Bukit Batok East Avenue 5 # 29-08		Postcode 659801
Email Address				
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				
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)		Front / R-		
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 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)		1		
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		SLP 9503E		
Vehicle Make/ Model/ Colour				
Details of Properties				
Name of Driver		Mohamad Mustafa Bin Othman		
Personal Identification - NRIC (Singaporean/PR)		S7323864A		
- FIN/Passport Number				
Contact Number		83336725 Ivan		
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.)				

Describe Circumstance of the Accident

(11.10 AM)
 6/1/18 travelling along Woodlands Ave / SKR31410 / was
 collided to said vehicle while turning into Woodlands ^{Drive} 16.
 (SUP 95046)

→ Woodlands drive 16



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

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 firms/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. or
(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

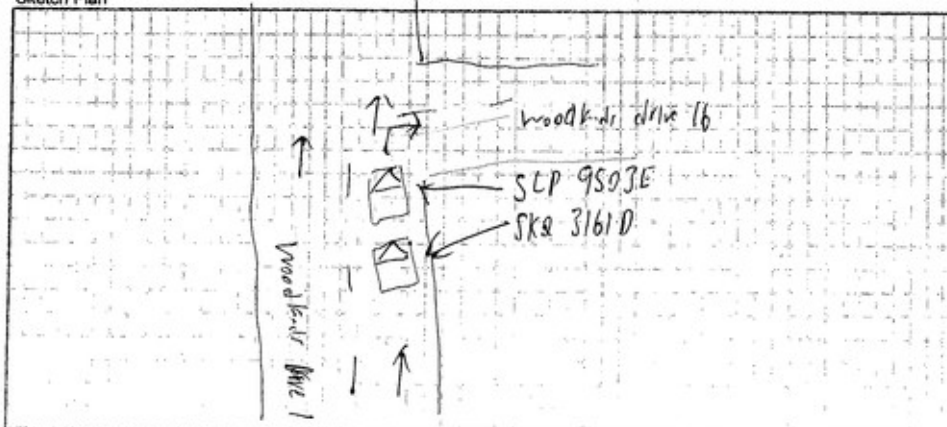
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel


Sketch Plan



Page 4

Sketch Plan #5

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8225433A




Name
ALYSSON JACOB HUANG

Race
CHINESE

Date of birth
18-08-1982

Sex
F

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

S8225433A



ALYSSON JACOB HUANG

Valid Date: 18 Aug 1982

Valid Date: 05 Feb 2013



0021400288

4135807



NRIC No. **S8225433A**



Date of issue
03-12-2007

50 BUKIT BATOK EAST AVENUE 5 #29-08
SINGAPORE 658801


NRIC No: **S8225433A** Date: **11/08/2010** No: **6656866**

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

	EFFECTIVE DATE
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	05 Feb 2013

NP 42BA

Licence No: **S8225433A**



Name of Policyholder : ALYSSON JACOB HUANG
Period of Insurance : 10 Oct 2017 To 09 Oct 2018
Engine No. : B4204T111090615
Chassis No. : YV1FS40CDF2341099

Vehicle No. : SKQ3161D
Policy No. : 2100388904-03
Endorsement No. :
Issued Date : 20 Sep 2017

Make/Model: VOLVO S60 T5 DRIVE-E

Engine Capacity/Tonnage	1 909.00 CC
Driver Restriction	NA

Sum Insured	Market Value
Off Peak Car	No

First Year of Registration	2014
Insured with COE, PARF	Yes

Person or Classes of Persons Entitled to Drive¹

Age Condition	All Age Condition
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Limitation as to use"

EXCESS

Section 1

Find: ΔT for $\Delta T_{\text{air}} = 10^\circ\text{C}$, $\Delta T_{\text{steel}} = 10^\circ\text{C}$, $\Delta T_{\text{wood}} = 10^\circ\text{C}$

Section 2

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Windspeed: 5' 3"

Names: Driver and Excess

At 1000 hPa, $\Delta T_{\text{eff}} = 0.4^\circ\text{C}$ and $\Delta S_{\text{eff}} = 1.5 \text{ mm/day}$.

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

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OCBC Bank Ltd

1. We hereby certify that the policy to which this Certificate of Insurance refers is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 185), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503485745

WEARNES AUTOMOTIVE - F.M.L.(P)
45 LENG KEE ROAD
SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manila

AlG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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