

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	05/01/2018 10:10
Date Of Accident	05/01/2018 08:45
Exact Location Of Accident	PICKERING STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD6008K
Insured/Policyholder	
Name Of Registered Owner	CHEE TIONG HENG
NRIC No	S0015162I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96923110
Alternative Phone No	OFFICE-96923110

Vehicle Particulars

Manufacturer	BMW
Model	325CI-2.5 CABRIOLET (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	THIRD PARTY
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	2100430964-02
Cover Note Number	

Driver

Name of Driver	MARK SEOW CHOW KEN
NRIC No	S8407628G
Date Of Birth	16/03/1984
Occupation	INDOOR
Date Of Driving Pass	22/05/2004
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96956611
Fax Number	
Contact Number	
Email Address	MARK.CK.SEOW@GMAIL.COM

Address	4 SUNSET HEIGHT S597391
Postcode	
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	SIDE SWIPE
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?	
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)	2
Passenger 1	NAME: : CINDY SIA
	GENDER: : FEMALE

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

REFER TO 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	SHC3512J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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' lawyers/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' 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.



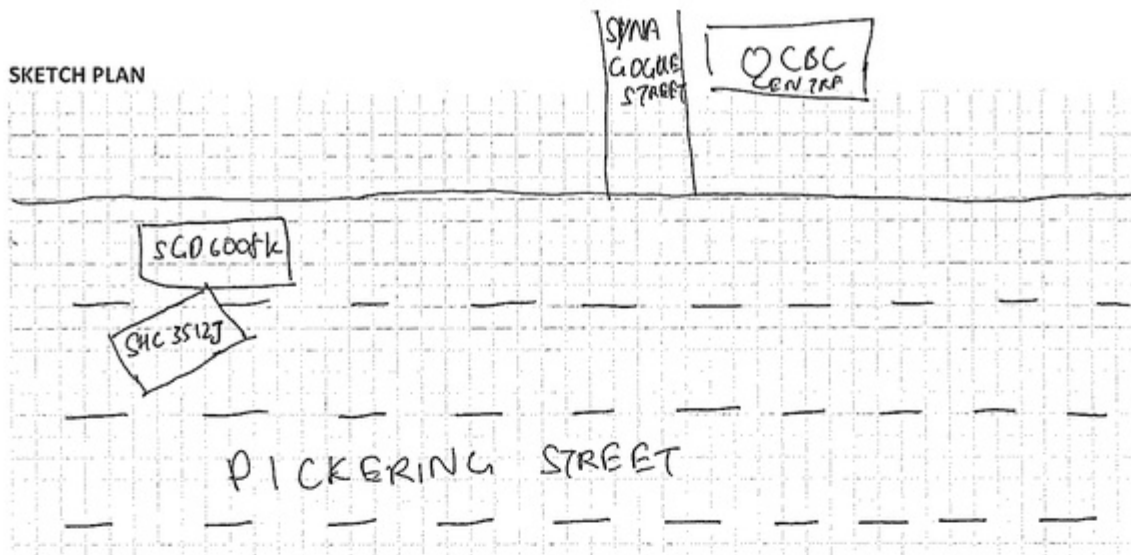
Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time: 5/18/2018

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

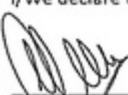


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE:	SGD600FK	ACCIDENT DATE & TIME:	5/1/18 8.47am
CONTACT NUMBER:	96956611	E-MAIL ADDRESS:	MARK.CL.SGOW@GMAIL.COM
LOCATION:	PICKERING STREET		
<p>I WAS DRIVING DOWN PICKERING STREET WITH MY WIFE, CINDY SIA, ON THE LEFT MOST LANE WHEN A TAXI SHC3512J SUDDENLY SWERVED INTO MY LANE WITH NO SIGNAL AS HE WAS ATTEMPTING TO PICK UP A PASSENGER. HE DID NOT CHECK HIS BLIND SPOT AND JUST TURNED INTO MY LANE.</p>			
<p>PASSENGER: CINDY SIA I/C: S90055238</p>			
<p>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</p>			
<p>Please state:</p>			
<p><input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only</p>			

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: 5/1/18 10.11am

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : CHEE TIONG HENG - 50015162 I
 Period of Insurance : 14 Oct 2017 To 13 Oct 2018
 Engine No. : 13107205N52B25AF
 Chassis No. : WBAWL12040PD76695

Vehicle No. : SGD6008K
 Policy No. : 2100430964-02
 Endorsement No. : 000000000146616
 Issued Date : 21 Sep 2017

ABOUT THE COVER

Make/Model : BMW 325 CABRIOLET
 Engine Capacity/Tonnage : 2,497.00 CC
 Driver Restriction : NA
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2009
 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 behalf or with his/her permission
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.
 You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" (YIEDR) if you are or your Authorised Driver involved or uninsured is under the age of 25 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability test or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189) and Section 35 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 (Own Damage) - \$500 (Theft) - \$0 (Flood Cover) - \$0

Section 2

Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

CHEE TIONG HENG - \$400 (Own Damage) MARK SEOW CHOW KEN - \$500 (Own Damage) SEOW KHOO KIONG PHILIP - \$500 (Own Damage)

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

Approved Reporting Centres (ARCs) and Authorised Repairers (ARs) for claims related repairs.
 Any accident repairs to the Vehicle should be done by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole agent's work shop.
 For cover approved Repairing Centres/ARs, please contact our 24-hour accident emergency hotline at +65-6258-8200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG 9-5 Mobile App. Simple search and contact - 405-8011 via iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

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) and the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia).

0504116000

DON MOTORING PTE. LTD.
 15 COMMONWEALTH LANE LOT 39/40 COMMONWEALTH CARMALL
 SINGAPORE 149554

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

1009494

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S00151621



Name

CHEE TIONG HENG



徐長興

Race

CHINESE

Date of Birth

30-09-1954

Sex

F

Country of Birth

SINGAPORE



1853130



NRIC No. S00151621



Blood Group

O+

Date of issue

03-04-1994

4 SUNSET HEIGHT
SINGAPORE 597391
NRIC No. S00151621

Date: 05/03/2016

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8407628G



Name

MARK SEOW CHOW KEN
(MARK XIAO ZHAOQUAN)



Race

CHINESE

Date of birth

16-03-1984

Sex

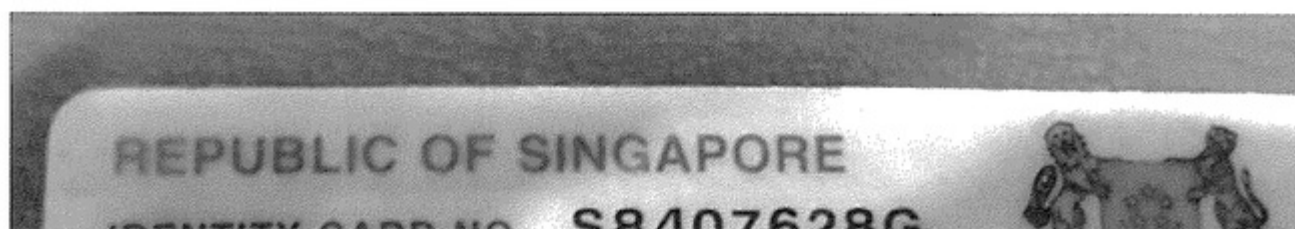
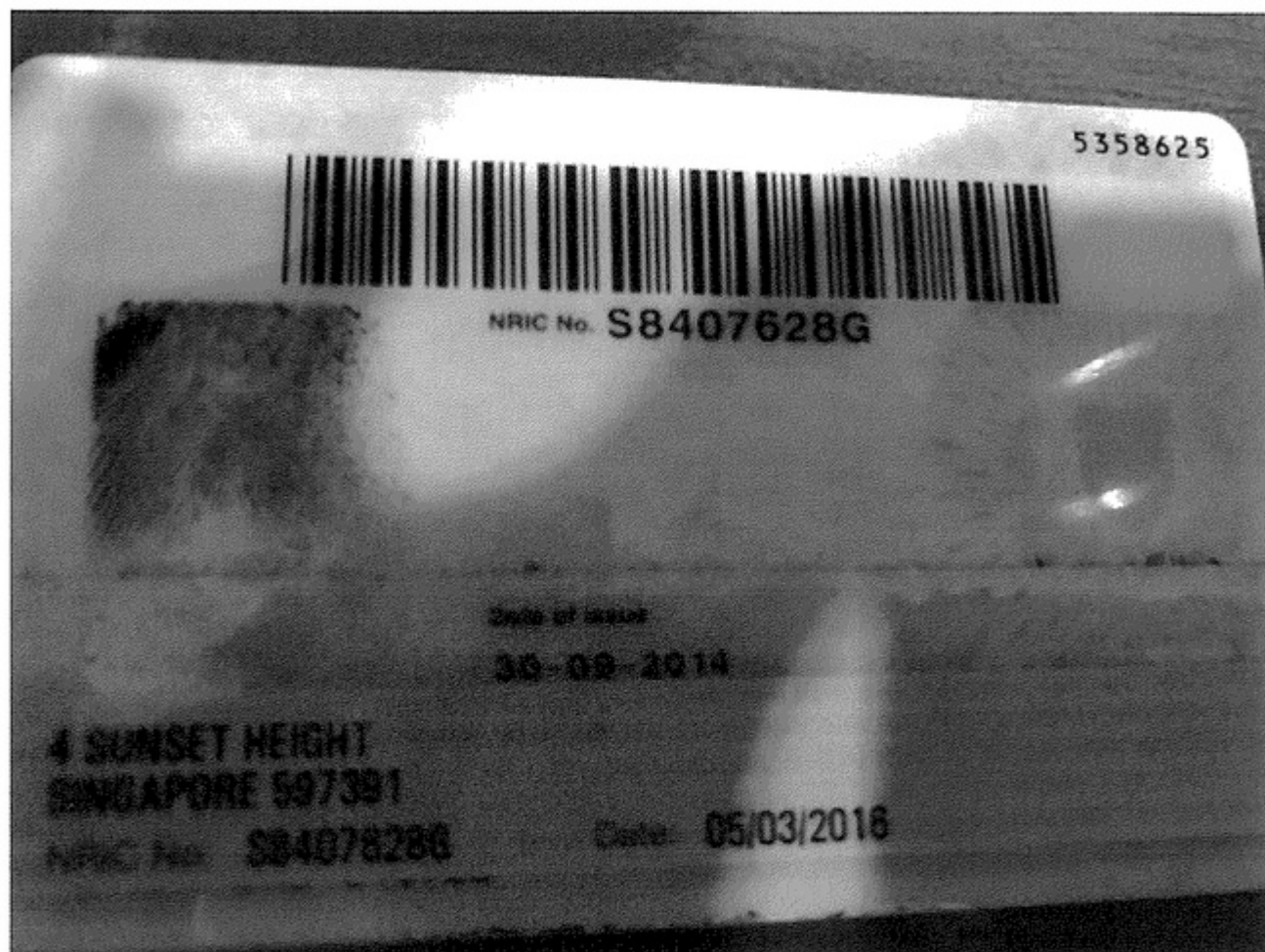
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Country/Place of birth

SINGAPORE



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REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S8407628G**
Name:
MARK SEOW CHOW KEN
(MARK XIAO ZHAOQUAN)

Birth Date: **16 Mar 1984**
Issue Date: **22 May 2004**

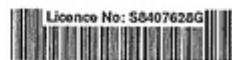
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YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	22 May 2004

NP 428A



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

