

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	13/01/2018 10:35
Date Of Accident	12/01/2018 23:25
Exact Location Of Accident	ORCHARD LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS6605K
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Insured/Policyholder

Name Of Registered Owner	NEW SOON TEE
NRIC No	S7211564C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97883998
Alternative Phone No	OTHERS-97883998

Vehicle Particulars

Manufacturer	JAGUAR
Model	XF-2.0 GTDI LUXURY (A)
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?	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	2100411271-02000
Cover Note Number	

Driver

Name of Driver	NEW SOON TEE
NRIC No	S7211564C
Date Of Birth	04/04/1972
Occupation	INDOOR
Date Of Driving Pass	03/10/2002
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97883998
Fax Number	(LOCAL) +65-97883998
Contact Number	OTHERS-97883998
Email Address	NOEMAIL

Address	19 TOH TUCK TERRACE
Postcode	596648
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	DRIZZLING
Road Surface	WET

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)	3
Passenger 1	NAME: : JUNE KOH GENDER: : FEMALE
Passenger 2	NAME: : HENG PENG SENG GENDER: : MALE

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 ATTACHMENT.

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	SHC8857G
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	DERRIK CHEANG MUN TZE
NRIC/Passport Number	S7538378I
Contact Number	88282299
Address	
Postcode	
Insurance Company Name	

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1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing.
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6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident Date: 2/01/2018 Time: 2325hrs.
Exact Location of Accident Orchard Boulevard Link

DETAILS OF OWN VEHICLE

Vehicle Registration Number 8KS6605K

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.) New Soun Tee
Personal Identification - NRIC (Singaporean/PR) S7211564C
- FIN/Passport Number
- Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model Manufacturer Jaguar Model XF
Type of Vehicle* ☒ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry
☐ Bus ☐ M/cycle ☐ 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? ☐ Yes ☒ No (If No, Pls select: ☒ Third Party ☐ Reporting)
Vehicle Category* ☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company * AIG
Type of Policy ☒ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only
Fleet Policy ☐ Yes ☒ No
Policy Number 200 411271
Motor CI

DRIVER

☒ Same as Insured above
Name of Driver New Soun Tee
Personal Identification - NRIC (Singaporean/PR) S7211564C
- FIN/Passport Number
Date of Birth 04 dd/ 04 mm/ 1972yr
Driving Date Pass 03 dd/ 10 mm/ 2007yr
Year of Driving Experience Year(s) Month(s)
Occupation ☒ Indoor ☐ Outdoor
Gender ☒ Male ☐ Female
Contact Number / Mobile Phone / Fax No. 9788 3998

Address of Driver	19 Toh Tuck Terrace	
	Postcode (596648)	
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	Owner	
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)	Head to Rear	
Weather Conditions	<input type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, Drizzle	
Road Surface	<input type="radio"/> Dry <input checked="" 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)	03 June Koh, Heng Peng Seng	
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	SHC 8857G	
Vehicle Make/ Model/ Colour	Compt Taxi	
Details of Properties		
Name of Driver	Devrik Cheang Mun Tre	
Personal Identification - NRIC (Singaporean/PR)	S7538378I	
- FIN/Passport Number		
Contact Number	8828 2299	
Address		
Name of Insurance Company		
Nature of Damage		
No. of Passenger (Including Driver)		
(Note - Please use page 8 if you need to add more vehicles.)		

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.

(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

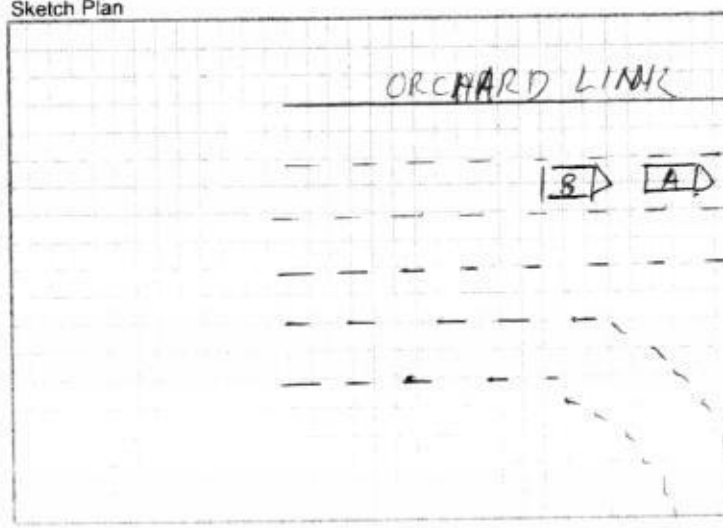
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

		<p>A: SKS 66051K</p> <p>B: SHC 88576</p>
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Describe Circumstance of the Accident

On 12/1/18 at about 2325 hrs, I was travelling along Orchard Link on the 2nd lane.

At the junction of Orchard Link and Orchard Road, 2 teenagers dash across the road against the traffic lights. I applied emergency brake and stop in front of the traffic light.

A taxi, SHC 88576, from behind could not stop in time and hit onto the rear portion of my car.

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