

## 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	12/02/2018 10:20
Date Of Accident	09/02/2018 12:45
Exact Location Of Accident	JUNCTION OF CHURCH ST & PHILIP ST BEF TRAFFIC LIGHT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD2263G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WOON TEK SENG
NRIC No	S0523202C
Email Address	TS_WOON@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91001510
Alternative Phone No	Others-91001510

### Vehicle Particulars

Manufacturer	MAZDA
Model	2
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	2100466721
Cover Note Number	

### Driver

Name of Driver	WOON TEK SENG
NRIC No	S0523202C
Date Of Birth	12/05/1949
Occupation	INDOOR
Date Of Driving Pass	17/05/1968
Driving Experience	49 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91001510
Fax Number	
Contact Number	OTHERS-91001510
EMail Address	TS_WOON@YAHOO.COM.SG

Address	7 NIM ROAD
Postcode	807541
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)	2
Passenger 1	Name: : GARY MORTIMERE 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 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	SHB7847Y
Vehicle Make/Model/Colour	TRANSCAB TAXI / CHEVROLET
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	93591322
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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.
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 liability.
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. 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.
7. 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:

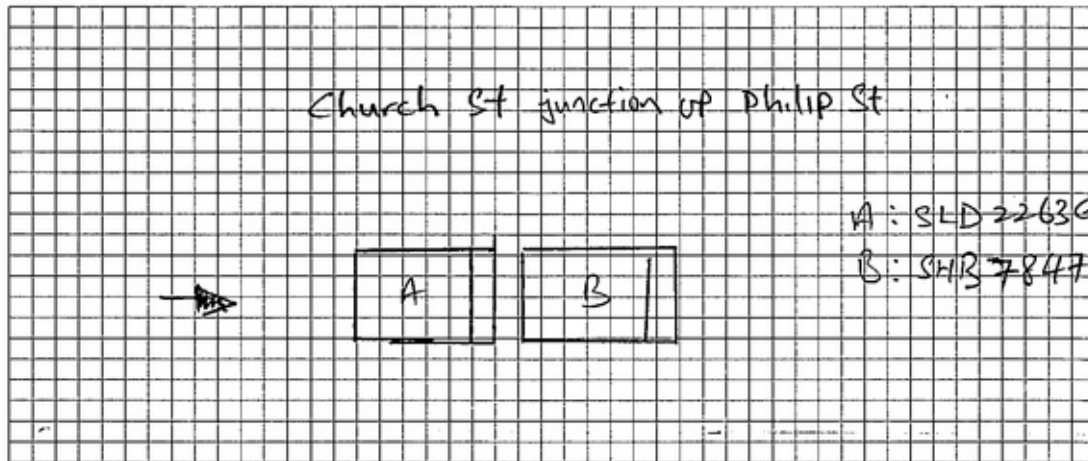
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
  - (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: 12 FEB 2018

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name: Jenny Lim  
NRIC/FIN No.: S6927273H

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09/02/18 about 1245hrs, I was driving along Church St junction of Philip St before the traffic light. Traffic was heavy and slow, the front vehicles stopped to the red traffic light. I did not realise I was driving too close to SHB 7847Y in front, and my vehicle front bumper slightly touch the rear portion of SHB 7847Y. No one was injured.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

<input checked="" type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Claim OD
<input type="checkbox"/>	Claim TP
<input type="checkbox"/>	Claim OD / TP at other workshop

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

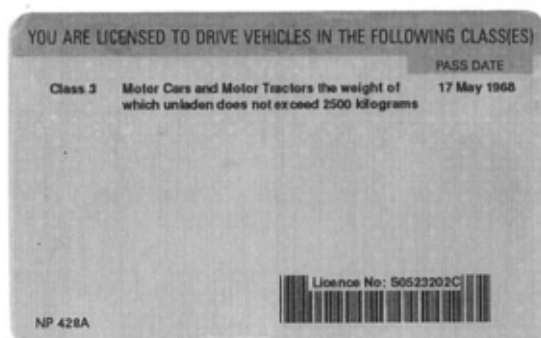
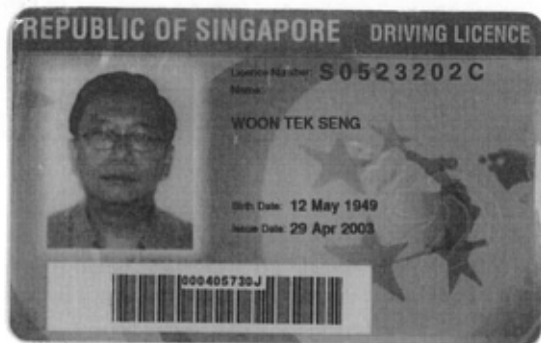
Policyholder's Signature  
Date & Time:

GIARMC Sketch Plan Form 13

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

Reporting Centre Personnel's Signature  
Name: Jenny Lim  
NRIC/FIN No.: S6927273H

Driver's NRIC + Driving License



Certificate of Insurance



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)

M.X.1

TRANS EUROKARS AUTO PROTECTOR	OWN DAMAGE EXCESS	SS\$600.00 (1)
CERTIFICATE NO. 2100466721-01000	WINDSCREEN EXCESS	SS\$100.00
	(Windscreen excess is waived if the repair is done at Trans Eurokars Pte Ltd)	
	SUM INSURED	Market Value
	INSURING WITH COE/PARF	Yes
1) VEHICLE REGISTRATION NO.	SLD2263G	
2) NAME OF INSURED	Woon Tek Seng @ Woon Wee Seng	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	18 May 2017	
4) DATE OF EXPIRY OF INSURANCE	17 May 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 ("YIDR") of SS\$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 / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)		
1. Trans Eurokars Pte Ltd - No. 5 Ubi Close (Tel: 63958899)		
2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65684501)		
4. Ethoz - 30 Bukit Batok Cres (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 Sim 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 Bld D (Tel: 67476106)		
LOSS OF USE	Loss of Use 10 Days (1500 - 1600cc) - Refer to policy wordings for details	
NAMED DRIVER	NA	
HIRE PURCHASE COMPANY / EMPLOYER'S LOAN	OCBC Bank Ltd	
* 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 At Singapore 17 Apr 2017

AIG Asia Pacific Insurance Pte. Ltd.

503599-190

AUTHORISED REPRESENTATIVE

ORIGINAL

SSCGUK

AIG Building, 78 Sheraton Way #07-16 Singapore 079120

Copyright © 2013 AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

0000017014

Co. Reg No. 2010040000

CRN201102/13

Accident Photo



Accident Photo





Accident Photo



Accident Photo



## Accident Scene



## Accident Scene





## Accident Scene

---



## Accident Scene



Accident Scene

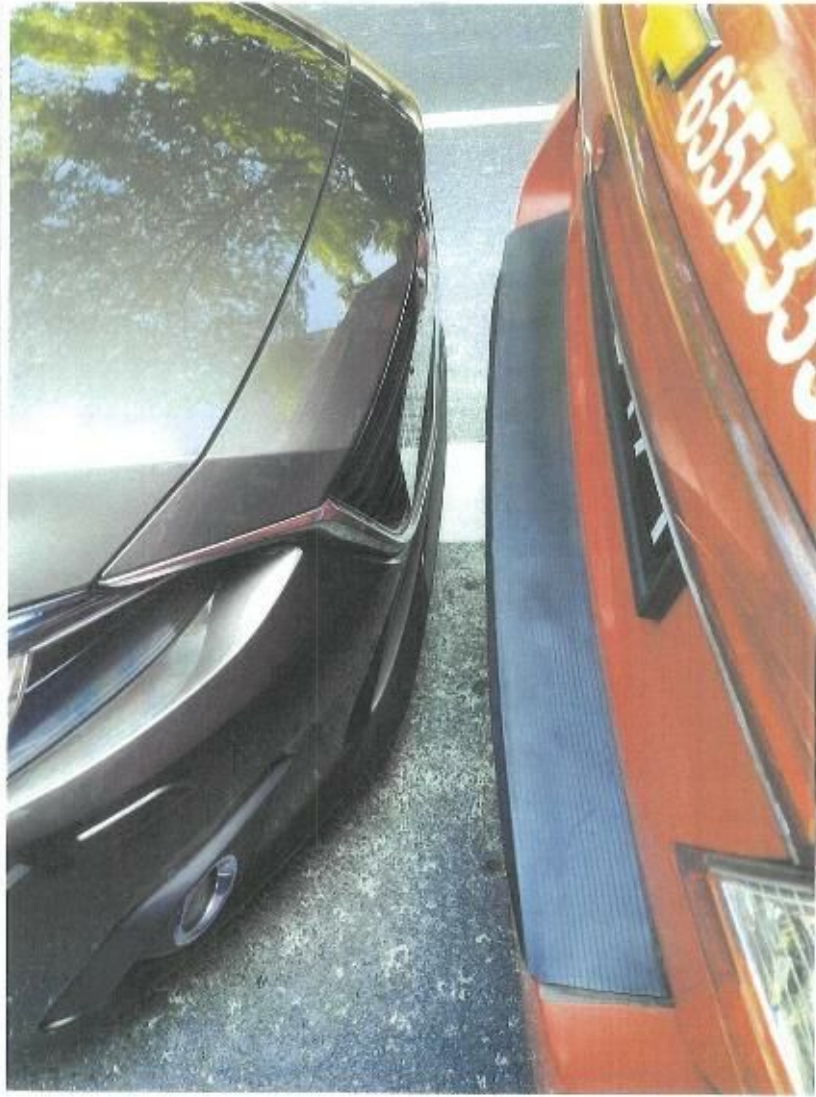


Accident Scene

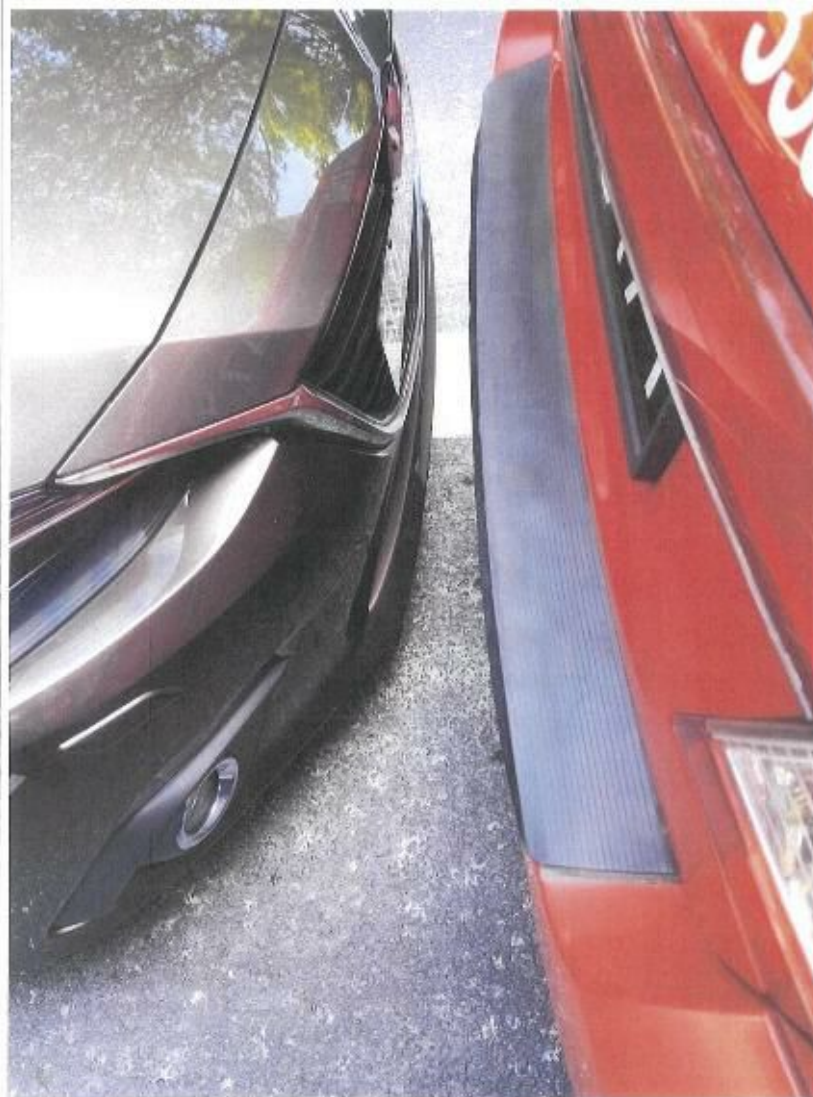




Accident Scene



Accident Scene



**Accident Scene**





**Accident Scene**



Accident Scene

