

## 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	14/02/2018 16:30
Date Of Accident	14/02/2018 11:00
Exact Location Of Accident	ALONG HOLLAND ROAD & LORONG MAMBONG JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ8469J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEO HUI PENG
NRIC No	S0431494H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96374410
Alternative Phone No	Others-96374410

### Vehicle Particulars

Manufacturer	VOLVO
Model	S60-1.6 D2 (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	2100397772-03
Cover Note Number	

### Driver

Name of Driver	YEO HUI PENG
NRIC No	S0431494H
Date Of Birth	20/08/1943
Occupation	INDOOR
Date Of Driving Pass	15/11/1965
Driving Experience	52 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96374410
Fax Number	
Contact Number	OTHERS-96374410
EMail Address	NOEMAIL

Address	110G WISHART ROAD
Postcode	098736
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	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?	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	SHC1449Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	GOPAL
NRIC/Passport Number	
Contact Number	96419044
Address	
Postcode	
Insurance Company Name	MS First Capital Insurance Ltd
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Sketch Plan

SINGAPORE ACCIDENT STATEMENT	
<b>IMPORTANT NOTICE</b>	
1. Complete and submit this Form to Allied World's Authorized Reporting Centre (ARC) for filing. 2. Please report correctly 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 willful 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.	
<b>ACCIDENT STATEMENT</b>	
Date and Time of Accident	Date: 14/2/18 Time: 1100 HRS
Exact Location of Accident	Along Holland Road / Lor Mambong Junction
<b>DETAILS OF OWN VEHICLE</b>	
Vehicle Registration Number	SKA 8469J
<b>INSURED / POLICYHOLDER (OWN VEHICLE)</b>	
Name of Registered Owner (See Insurance Cert.)	Yeo Hui Peng
Personal Identification - NRIC (Singaporean/PR)	S0431494H
- FIN/Passport Number	
- Not Applicable	
<b>VEHICLE PARTICULARS (OWN VEHICLE)</b>	
Vehicle Make / Model	Manufacturer Volvo Model S60 D2
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"/> Motorcycle <input type="radio"/> Others
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?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If No, Pts select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
<b>INSURANCE COMPANY (OWN VEHICLE)</b>	
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	2120397772-03
Motor CI	
<b>DRIVER</b>	
<input checked="" type="radio"/> Same as Insured above	
Name of Driver	Yeo Hui Peng
Personal Identification - NRIC (Singaporean/PR)	S0431494H
- FIN/Passport Number	
Date of Birth	20 dd/ 08 mm/ 1943 yy
Driving Date Pass	15 dd/ 11 mm/ 1965 yy
Year of Driving Experience	Year(s) Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	96374410

Address of Driver		110 G Wishart Road	
Email Address		Postcode ( 098736 )	
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)			
<b>GENERAL INFORMATION OF THE ACCIDENT</b>			
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)		<input checked="" type="radio"/> Side Swipe	
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	
<b>OTHER INFORMATION</b>			
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	
<b>DETAILS OF POLICE ACTION</b>			
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?)	
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>			
Vehicle Registration Number		SHC 1449Y	
Vehicle Make/ Model/ Colour			
Details of Properties			
Name of Driver		Gopal	
Personal Identification - NRIC (Singaporean/PR)			
- FIN/Passport Number			
Contact Number		96419044	
Address			
Name of Insurance Company		First Capital	
Nature of Damage			
No. of Passenger (Including Driver)			

(Note - Please use page 6 if you need to add more vehicles.)

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Sketch Plan #3

# SKETCH PLAN

## IMPORTANT NOTICE

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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.

## 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.

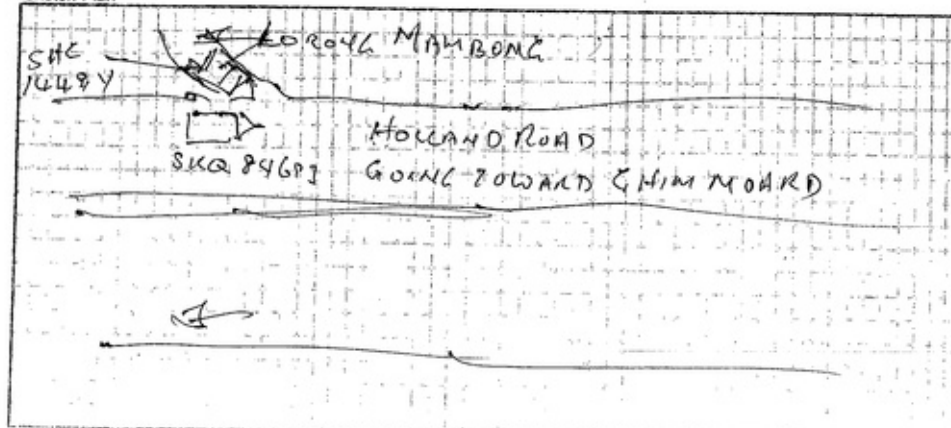
Policyholder's Signature/ Date & Time

14/2/2018

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

Witnessed by Reporting Centre Personnel

Sketch Plan



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Describe Circumstance of the Accident

On 14 FEB 2018 I WAS TRAVELLING ALONG HOLLAND RD  
TO GHIM MONT ROAD. THE TIME WAS 11:00AM. AT THE  
JUNCTION OF HOLLAND ROAD AND LORONG MAMBONG. A  
COMFORT TAXI SHC 1449Y SUDDEN DASH OUT OF LORONG  
MAMBONG AND CRASH ONTO MY CAR VOLVO SKR 8469J.  
MY LEFT FRONT BUMPER WAS DAMAGE. FOR THE TAXI THE  
RIGHT BUMPER SIDE WAS DAMAGE.

**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**

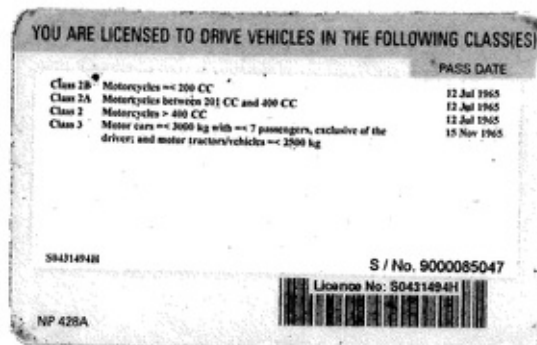
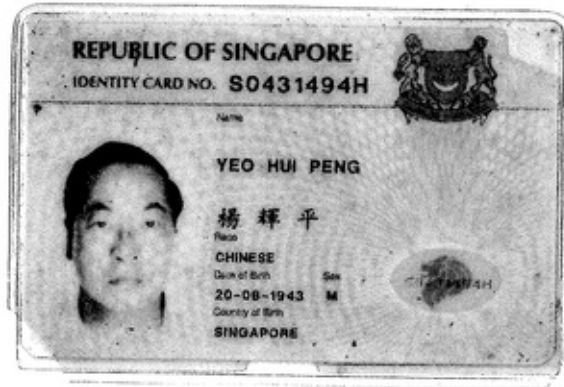
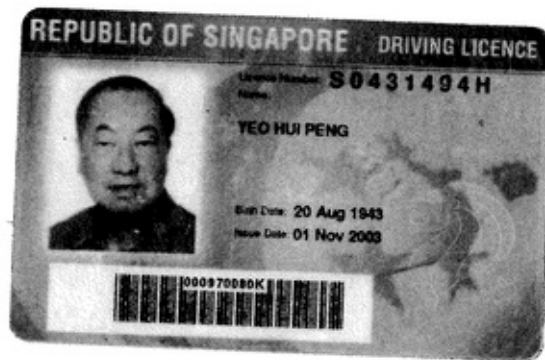
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

14/2/2018

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

Witnessed by Reporting Centre Personnel





Name of Policyholder : YEO HUI PENG  
Period of Insurance : 01 Jan 2018 To 31 Dec 2018  
Engine No. : D416213089955  
Chassis No. : YV1F S84ABF 2350527

Vehicle No. : SKQ8469J  
Policy No. : 2100397772-03  
Endorsement No. :  
Issued Date : 28 Nov 2017

Make/Model:	VOLVO S60 D2	Sum Insured	Market Value	First Year of Registration	2014
Engine Capacity/Tonnage	1,560 CC	Off Road Car	No	Insuring with COB/PAFF	Yes
Driver Restriction	NA				
<b>Person or Classes of Persons Entitled to Drive* :</b> at the discretion of the Insured person after a written consent from the Insured person's spouse. *This form is to be filled by the Insured person at a self-declared motor club or a self-made self-declared condition. *This category is an extension of COB/PAFF to "Insured person's spouse". COB/PAFF category is not allowed to be extended to include more than 2 people of any category.					

Age Condition - 40 years old and above

Limitation 4: to Use<sup>2</sup>

## EXCESS

Section 1  
 Fee: \$0 Cdn. Damage: \$1000 Theft: \$0 Fire/Storm: \$0

**Section 2**  
of the California Constitution

<sup>2</sup>Ward and Scraper, 5-10-92.

Named Driver and Excess APPLICABLE TO ALL

$$+5C + 4H_2O + 6NH_3 \rightarrow \frac{1}{2}(3H_2) + 3H_2O + \text{Carbon Dioxide}$$

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

<sup>1</sup> <http://www.automotive-fuel-efficiency.gov/press-releases/2012/04/2012-04-27-fuel-efficiency>

### IMPORTANT NOTES

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

0503485740

WEARNES AUTOMOTIVE (FDH-V)  
49 LENS LEE ROAD

SINGAPORE 159101

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manila

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo



Accident Photo





**Accident Photo**



Accident Photo



**Accident Photo**

