

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	03/03/2018 11:00
Date Of Accident	02/03/2018 08:10
Exact Location Of Accident	ALONG AYE EXIT TO ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC119H
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Insured/Policyholder

Name Of Registered Owner	NICHOLAS MICHAEL SMITH
NRIC No	S2221962F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98184641
Alternative Phone No	Others-98184641

Vehicle Particulars

Manufacturer	LAND ROVER
Model	EVOQUE-2.0 (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	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	2100306278-05000
Cover Note Number	

Driver

Name of Driver	NICHOLAS MICHAEL SMITH
NRIC No	S2221962F
Date Of Birth	11/09/1960
Occupation	INDOOR
Date Of Driving Pass	27/03/1984
Driving Experience	33 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98184641
Fax Number	
Contact Number	OTHERS-98184641
EMail Address	NOEMAIL

Address	63 MOUNT SINAI DRIVE
Postcode	#02-01 277116
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?	
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

Refer to attached

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	SHB6243X
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)	

Accident Sketch Plan

SKETCH PLAN

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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:

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

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

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WAITING IN TRAFFIC QUEUE AT AYE EXIT TO
ALEXANDRA ROAD. TRAFFIC LIGHT TURN GREEN
& TRAFFIC START MOVING. MY CAR MADE CONTACT
WITH REAR OF SHB 6243 X

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

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



2017/2018

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

WEARNES AUTO PROTECTOR

CERTIFICATE NO. 2100306278-05000

(The below excess is subject to GST)

OWN DAMAGE EXCESS S\$1000.00 (1)

WINDSCREEN EXCESS S\$100.00

(for policies with effect from 1st November 2002)

SUM INSURED Market Value

INSURING WITH COE/PAF Yes

1) VEHICLE REGISTRATION NO.

SJC119H

2) NAME OF INSURED

NICHOLAS MICHAEL SMITH

3) EFFECTIVE DATE OF THE COMMENCEMENT
OF INSURANCE FOR THE PURPOSES OF THE ACT

29 Jun 2017

4) DATE OF EXPIRY OF INSURANCE

28 Jun 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 S\$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 CENTRE / WEARNES AUTHORISED WORKSHOP

1. Wearn's Automotive Pte Ltd - 45 Leng Kee Road (Tel: 64737755 - For Jaguar, Bentley, Land Rover)
(Tel: 6378 2623 - For Infiniti)

APPROVED REPORTING CENTRE / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)

2. ComfortDolgo 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 Delu Lane 12 (Tel: 67479560) 7. Lai Hui (Mong Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)
8. Nova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)
10. SME Motor - 1 Kall Bukit Ave 6 Blk D (Tel: 67476106)

LOSS OF USE 15 Days Replacement Car only for repairs at Wearn's Automotive-Refer to policy wordings for details

* NAMED DRIVER NA

HIRE PURCHASE COMPANY HONG LEONG FINANCE LTD
/EMPLOYER'S LOAN

*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 in Singapore 30 Jun 2017

AIG Asia Pacific Insurance Pte. Ltd.

503486-613

WEARNES AUTOMOTIVE - DJT (J)

45 LENG KEE ROAD

SINGAPORE 159103

AUTHORISED REPRESENTATIVE

ORIGINAL

59CZSS

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2221962F

Name
NICHOLAS MICHAEL SMITH

Race
CAUCASIAN

Date of Birth
11-09-1960

Sex
M

Country of Birth
ENGLAND

S2221962F

REPUBLIC OF SINGAPORE DRIVING LICENCE

S2221962F

NICHOLAS MICHAEL SMITH

Birth Date: 11 Sep 1960

Issue Date: 22 Mar 2009

000298941A

8111864

NRIC No. S2221962F

Nationality
BRITISH

Blood Group
A+

Date of issue
19-03-1994

Address
63 MOUNT SINAI DRIVE #02-01
SINGAPORE 277116

NRIC No: S2221962F Date: 02/01/2009 No: 6334041

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
27 Mar 1994

NP 428A

Licence No: S2221962F

Accident Photo



Accident Photo



Police Report



Accident Photo

