

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	12/03/2018 17:58
Date Of Accident	12/03/2018 13:25
Exact Location Of Accident	BALESTIER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDU2927E
Insured/Policyholder	
Name Of Registered Owner	YAP HERN LI HENRY
NRIC No	S7931730F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87772927
Alternative Phone No	OFFICE-87772927

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA
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	2100444631-02
Cover Note Number	

Driver

Name of Driver	YAP HERN LI HENRY
NRIC No	S7931730F
Date Of Birth	13/10/1979
Occupation	INDOOR
Date Of Driving Pass	30/10/2000
Driving Experience	17 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87772927
Fax Number	
Contact Number	OFFICE-87772927
E Mail Address	NOEMAIL

Address	BLK 457 YISHUN ST 41 #05-77
Postcode	760457
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	CHAIN COLLISION
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?	YES
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

I WAS TRAVELLING STRAIGHT IN LANE 2 OF BALESTIER ROAD ON 12/03/2018 AT 1325HRS. I FOLLOWED THE VEHICLE IN FRONT TO STOP. SUDDENLY, I HEARD A BANG SOUND AND FELT AN IMPACT FROM MY BEHIND. VEHICLE B COLLIDED ONTO REAR PORTION OF MY VEHICLE. WHEN I GO DOWN TO TAKE THE PARTICULARS OF DRIVER, I REALISED VEHICLE C WAS INVOLVED IN THIS ACCIDENT.

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	SGG9024C
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	LOOI WAI MING
NRIC/Passport Number	S70694371
Contact Number	91916691
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLM5688Y
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
Vehicle Category	PRIVATE CAR
Name of Driver	NG CHIN SENG
NRIC/Passport Number	S1143234D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	YAP HERN LI HENRY
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SDU2927E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan Pg. 1

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:

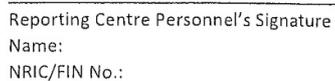
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this {form} and any other personal information provided by me or possessed by my insurer (collectively the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



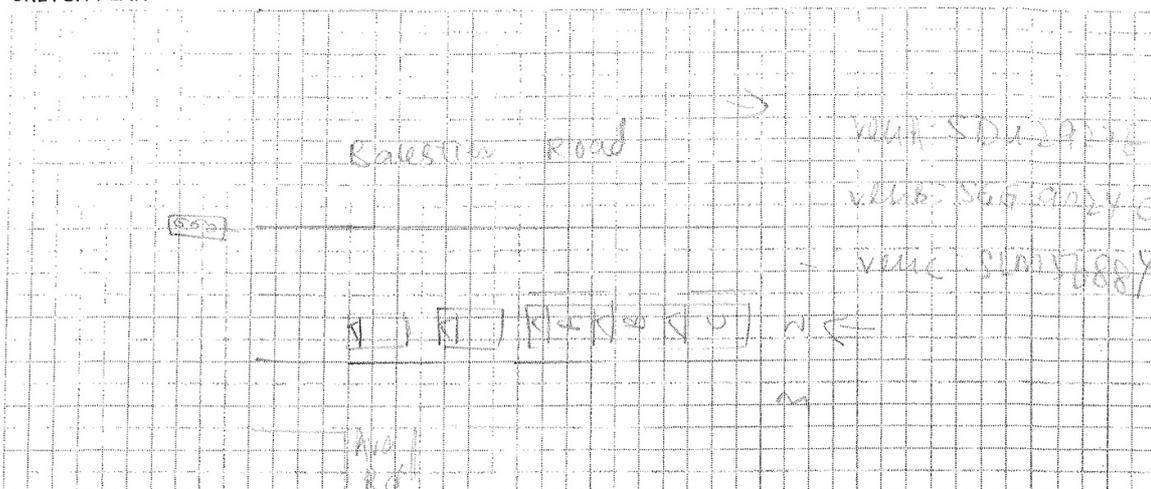
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight in lane 2 of Balestier Road on 12.03.2018 @ 13:15 hrs. I was followed the vehicle in front of to STOP. Suddenly, I heard a bang sound and felt an impact from my behind. Vehicle B was courded onto rear portion of my vehicle, when I go down to take the particulars of driver, I realized vehicle C involved in this accident.

DECLARATION

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

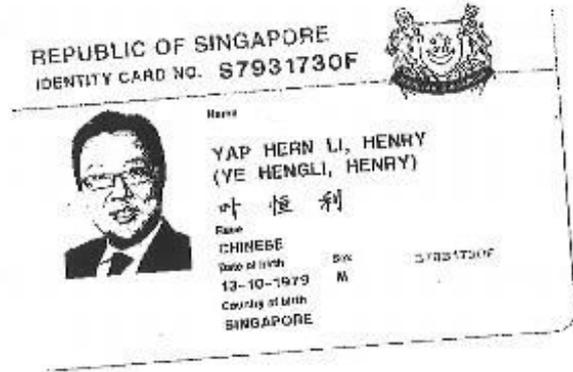
Policyholder's Signature
Date & Time:

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

12/3/18 3:31pm

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

Driving License



60192000
1/10/13

INSURANCE



CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder	: YAP HERN LI, HENRY (YE HENGLI, HENRY)	Vehicle No.	: SDU2927E
Period of Insurance	: 23 Feb 2018 To 22 Feb 2019	Policy No.	: 2100444631-02
Engine No.	: CAV290632	Endorsement No.	:
Chassis No.	: WVVZZZ16Z9M105407	Issued Date	: 26 Jan 2018

ABOUT THE COVER

Make/Model	: VOLKSWAGEN JETTA 1.4 TSI	Sum Insured	: Market Value	First Year of Registration	: 2011
Engine Capacity/Tonnage	: 1,390.00 CC	Off Road Car	: No	Insuring with COE/PARF	: Yes
Driver Restriction	: NA				

Person or Classes of Persons Entitled to Drive:

a) The Policyholder
 b) Any other person who is named in the Policy schedule in writing under purchase.
 This Policy will terminate the Policyholder's liability and coverage if the insured is a specified age limit.
 You agree to pay an additional sum of \$1,000 as "Excess" (other than "Excess") if you exceed your Authorized Date, you are a specified age limit less than 3 years in driving experience.

Age Condition : 35 years old and above

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 on other road, racing, speed trials, public liability, or special driving, the transport of passengers in contact with any load or passengers or for any purpose in connection with these trials.

Class of Use: 1600cc - 1600cc Optional

* Limitations and cover inoperative by Section 6 of the Motor Vehicle (Third Party) (Excess and Compensation) Act (Cap. 169) and Section 95 of the Road Transport Act, 1987 (Singapore), and for the use included under these headings.

EXCESS

Section 1
 Fire - \$0, Own Damage - \$600, Theft - \$0, Flood/Govern - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

YAP HERN LI, HENRY (YE HENGLI, HENRY) - \$600 (Own Damage), YAP CHIN NANN - \$500 (Own Damage), JIN KUI JEFF JEFF - \$600 (Own Damage)

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

Approved Reporting Centres (ARC) Authorised Repairers of claims related repairs.
 Any repairer named in the Schedule can be carried out at the expense of Your Insurer (unless specifically excluded by AG).
 For Approved Reporting Centres (ARC) Authorised Repairers, please contact our 24-hour accident helpline by dialling 6745 6076/6278. Alternatively, you may refer to ARC website www.aig.com.sg or AG 24-hour App Simple needs and download AG 24-hour mobile app on Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Name: DBS BANK LTD

(We hereby certify that the policy is issued in accordance with the conditions and coverages set out in this certificate, with the provisions of the Motor Vehicle (Third Party) (Excess and Compensation) Act (Cap. 169) that is of the Road Transport Act, 1987 (Singapore) and Motor Vehicle (Third Party) (Excess and Compensation) Rules, 1992 (Singapore).

0603811333
 ALFA AUTOMOTIVE
 1 COMMONWEALTH LANE #01-24 ONE COMMONWEALTH
 SINGAPORE 149511
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.



AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665S0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MSMB1803A355 Vehicle Registration No: SDU2927E
Name(as shown in NRIC) : YAP HERN LI HENRY NRIC/FIN/Passport No : S7921730F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : B1E 457 YUSUFUN ST # 05-77 Singapore(760457)
Contact (Tel) : Mobile No. : 87772927
Email Address :
Date of Accident : 10/03/2018 Time of Accident : 1325
Place of Accident : SALESIAK ROAD
Insurance Company : ACE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ADD INJURY

Policyholder / Driver's Signature
Date:

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