

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	19/03/2018 14:39
Date Of Accident	19/03/2018 08:45
Exact Location Of Accident	SELEGIE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS691L
-----------------------------	---------

Insured/Policyholder

Name Of Registered Owner	OTTAVIO GORI
NRIC No	S2771304A
Email Address	OGORI@ME.COM
Mobile Phone No	(LOCAL) +65-97692068
Alternative Phone No	Others-97692068

Vehicle Particulars

Manufacturer	ALFA ROMEO
Model	159 2.2
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?	YES
If No, Please state action to be taken	
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	2100154214-08000
Cover Note Number	

Driver

Name of Driver	OTTAVIO GORI
NRIC No	S2771304A
Date Of Birth	30/09/1966
Occupation	INDOOR
Date Of Driving Pass	23/04/1999
Driving Experience	18 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97692068
Fax Number	
Contact Number	OTHERS-97692068
EMail Address	OGORI@ME.COM

Address	212 UPPER EAST COAST ROAD #03-04
Postcode	466401
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 - CHANGE/CROSS LANE
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

Today 19th march 2018 at 8.45am, the van PA 9151T crossed my lane on middle road without any indicator. I signalled my presence but the driver got very upset and when the traffic light turned red, he started to chase me. When I signalled to change lane on Selegie Road to turn on Mackenzie Road, he accelerated and smashed my back side of the car making it spin dangerously in the middle of the road. The impact was that strong that made the car spin. Please note that when I was about to change lane just before the crash, I had put on my indicator lights which were totally ignored. The police was on sight and took our phone number but I was under shock from the impact and did not ask for their names. The individual was extremely rude after the impact, put due to my shock I did not file a report.

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	PA9151T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	Allied World Assurance Company, Ltd
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

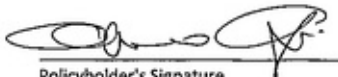
SKETCH PLAN

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:

2.35

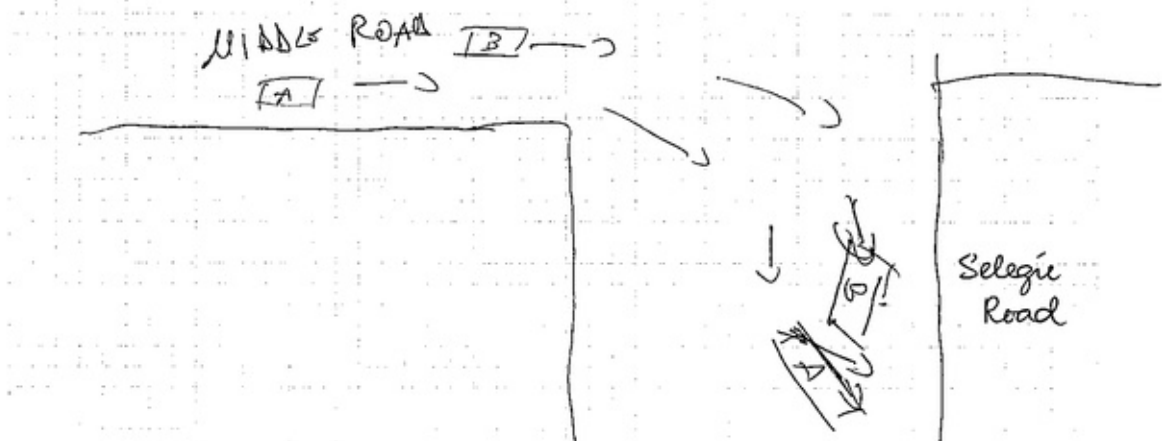
GRANITE MOTOR INSURANCE CO. LTD.


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

19 MAR 2018


Reporting Centre Personnel's Signature
Name: Deborah Lai
NRIC/FIN No.: S7332811Z

SKETCH PLAN



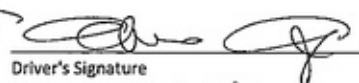
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


TODAY 19TH MARCH 2018 AT 8.45 THE VAN PASISIT
CROSSED MY LANE ON MIDDLE ROAD WITHOUT ANY
INDICATOR. I SIGNALLED MY PRESENCE BUT THE DRIVER
GOT VERY UPSET AND WHEN THE TRAFFIC LIGHT
TURNED RED, HE STARTED TO CHASE ME. ~~AT~~
WHEN I SIGNALLED TO CHANGE LANE ON
SELEGIE ROAD TO TURN ON MACKENZIE
ROAD HE ACCELERATED AND SMASHED
MY ~~REAR~~ BACK SIDE OF THE CAR MAKING
IT SPIN DANGEROUSLY IN THE MIDDLE
OF THE ROAD. THE IMPACT WAS THAT
STRONG THAT MADE THE CAR SPIN
PLEASE NOTE THAT WHEN I WAS
ABOUT TO CHANGE LANE JUST BEFORE
THE CRASH I HAD PUT ON MY INDICATOR
LIGHTS WHICH WERE TOTALLY IGNORED
THE POLICE WAS ON SIGHT AND TOOK OUR
PHONE NUMBER, BUT I WAS UNDER SHOCK
FOR THE IMPACT AND DID NOT ASK FOR THEIR
NAMES. THE INDIVIDUAL WAS EXTREMELY
RUDE AFTER THE IMPACT, PUT A LOT OF MY SHOCK

DECLARATION

I DID NOT FILE A REPORT.
I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature
Date & Time: 19 MAR 2018


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


Reporting Centre Personnel's Signature
Name: Deborah Lai
NRIC/FIN No.: S73328112

INSURANCE POLICY NO. 123



HOTLINE TEL: (65) 6419 9000
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

AUTOPLAN (A)	OWN DAMAGE EXCESS	SS600.00 (1)
CERTIFICATE NO. 2100154214-08000	WINDSCREEN EXCESS	SS100.00
	(for policies with effect from 1st November 2002)	
	SUM INSURED	Market Value
	INSURING WITH COE/PARF	Yes
1) VEHICLE REGISTRATION NO.	SJS691L	
2) NAME OF INSURED	Oscario Guri	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	28 Jul 2017	
4) DATE OF EXPIRY OF INSURANCE	27 Jul 2018	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *	SUBJECT TO AGE CONDITION :40 years old and above	
a) The Insured.		
b) Any other person who is driving on the Insured's order or with his permission.		
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.		
<p>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.</p>		
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. ComfortDelgro Engin - 205 Braddell Rd (Tel: 63837118) 2. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only		
3. Ethos - 30 Bukit Batok Cres (Tel: 66547777) 4. DPS Body & Paint (Subsidiary of C & C) - 209 Pandan Gardens (Tel: 65684501)		
5. Kan Food Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 6. Lai Hui (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538140)		
7. Nova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415369)		
9. SME Motor - 1 Kaki Bukit Ave 6 Bldg D (Tel: 67476106)		
LOSS OF USE Not Included		
NAMED DRIVER NA		
HIRE PURCHASE COMPANY NA		
/ 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 At Singapore 22 Jun 2017

AIG Asia Pacific Insurance Pte. Ltd.

100097-009
NG WAI LOON ALAN
371 ALEXANDRA ROAD
#00-06 AIA ALEXANDRA
SINGAPORE 159963
SP-ALANNG-RAI

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPU00.

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

Copyright © 2013 AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

Page 6 of 14

Driver NRIC and Driving Licence

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **F5548329U**

Name
GORI OTTAVIO

Birth Date: **30 Sep 1966**
Issue Date: **21 May 2013**
Valid Till: **20 May 2018**

0021815396

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S2771304A**

Name
OTTAVIO GORI

Race
CAUCASIAN

Date of birth
30-09-1966

Country/Place of birth
EGYPT

Sex
M

9372595

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	23 Apr 1999
Class 2A Motorcycles between 201 cc and 400 cc	23 Apr 1999
Class 2 Motorcycles > 400 cc	23 Apr 1999
Class 3 Motor Cars <= 3000kg with <=7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	23 Apr 1999

NP 428A

License No: F5548329U

9372595

NRIC No: **S2771304A**

Nationality
ITALIAN

Date of issue
26-05-2015

212 UPPER EAST COAST ROAD #03-04
SINGAPORE 486401

NRIC No: S2771304A Date: 07/01/2018

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Chassis Number

