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# 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 wiful misrepresentation or witholding 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.
- Any false reporting may be referred to the Police for investigation.
- 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.

By the lodgement of this report to the insurers, you hereby consectors and	ent to the archiving of this report at the centre and to copies of the report being made available
(A) I SI VI SI	ACCIDENT STATEMENT
Date Of Report	26/03/2018 12:36
Date Of Accident	19/03/2018 14:30
Exact Location Of Accident	FUSIONPOLIS CARPARK
Country/State of Loss	SINGAPORE
District Control of the Control of t	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SDX7000E
Insured/Policyholder	
Name Of Registered Owner	YAP HIM KUEI WARREN
NRIC No	S7135179C
Email Address	WARRENY@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96360612
Alternative Phone No	OTHERS-96360612
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E250
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	2100273496-06
Cover Note Number	
Driver	
Name of Driver	YAP HIM KUEI WARREN
NRIC No	S7135179C
Date Of Birth	03/10/1971

Date Of Birth 03/10/1971 INDOOR Occupation Date Of Driving Pass 29/08/1991

26 YEARS AND 6 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-96360612 Mobile Number

Fax Number

OTHERS-96360612 Contact Number

WARRENY@SINGNET.COM.SG EMail Address

Address

BLK 81B LORONG 4 TOA PAYOH

#04-418

Postcode

312081

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO 2

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)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

0

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

PLEASE 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

GBC150K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
  - 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:
  - 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: 26 511

1225 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Fentre Personnel's Signature

Name:

NEIC/EIN NO POL

carporte of fueron polis SKETCH PLAN SOUPTYDE - Parked @ 12-39 pm. Divider. GBC150K Lo789. DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Enter Fusionpulic carparlo @ 12.39 pm & partood my car
in a lot. There was a divider separating the car
park lots from the other side
When I returned to my car a about 2.40pm.
Saw the pick up, GBC 150K year agounst my
car rear. My near bumper was dented.
There was no driver in the vehicle GBC150t.
I went to the Funsim pools senving counter or
can park affendant to report the incident.
Took prictive of the incident as the other
diner was not in his vehicle.

DECLARATION

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

Policyholder's Signature

26/3/18 Date & Time: 13-52 but - Driver's Signature (If driver is not the policyholder) Date & Time:

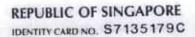
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Kefall World S

ACCIDENT STAT	EMENT on
1 10 12 2019	VVVI TIME! ( 2 . 130 )(HH:MM)
ACCIDENT DATE: 19,03,2018 100/MMN	
LOCATION: Fusion politicar part	
* *	70 SA 91
1. DETAILS OF VEHICLE COX TODG	E
1. DETAILS OF VEHICLE SDX 7000	
BINSURANCE COMPANTI	
OPOLICY NUMBER 2100 212T	PARTY / THIRD PARTY FIRE ATHER)
BIMAKE & MODELL BENZ EZ	TO TORCYCLE (OTHERS)
()TYPE: (SALOON / COUPE / MPY / TOTAL	EPOINT / MOTORCYCLE)
DITTE (SALOON / COUPE / MAP / VITATION OF USING AT ACCIDENT TIME	PERSONAL
I) ARE YOU CLAIMING UNDER YOUR OWN	INSURANCE (YES/NOT
I) ARE YOU CLAIMING ONDER TO THE IN O. PLEASE STATE (THIRD PARTY CLAI	A / REPORTING ONLY)
2. INSURED / POLICY HOLDER	\
	Namen MALE 6366612
b) NRIC/FIMTP ASSOCIATION OF THE A GRAYOUT	19C CONTACTI 9656061
CIADDRESS!	
· CONTINUE TO 3.4 IF DRIVER ALSO POL	ICY HOLDER
h BRIVES	(MALE / FEMALE)
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(Including diriver.) bINRIC/FIN/PASSPORT:	CONIACIII
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A LOCALIPATION: INDUCATION	108/91
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A. WAS UNIVERSITY OF THE DRIV	ER WITH INSUREDI
IF NO, RELATIONSHIP OF THE DRIV 5. a) WEATHER CONDITION! (CLEAR / RA	HING / OTHERS
DIROAD SURFACEI (DRY / WET / OTHE	R\$
6. WAS ANYBODY INJURED THE THO	
7. O) REPORTED TO POLICE (YES / NO)	STATIONI
5. THIRD PARTY VEHICLE GOLL	
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IN DRIVER'S NAME POWER	CONTACTI
(Induding driver) of MRIO/FIN/PASSPORT!	1 20
( ) 9. THIRD P'ARTY VEHICLE	MODEL!
# III all nationals DOIVER'S NAME!	CONTACTI
(Including driver) 1) NRIC/SIN/PASSPORTI	
¥_/	

email: warreng@:singnet.com.58

fax: 68780986





Ter

YAP HIM KUEI WARREN



CHINESE
Date of Both
03-10-1971
County of Both
SINGAPORE

Fin.









# CERTIFICATE OF INSURANCE

Name of Policyholder

: Yap Him Kuel Warren

Period of Insurance

: 26 Sep 2017 To 25 Sep 2018

Engine No.

: 27186030241682

: WDD2120472A443802 Chassis No.

Vehicle No.

: SDX7000E

Policy No.

Issued Date

: 2100273496-06

Endorsement No.

: 18 Aug 2017

### ABOUT THE COVER

Make/Model

: MERCEDES E250 CGI BE

Engine Capacity/Tonnage : 1,796,00 CC

Sum Insured : Market Value

First Year of Registration : 2011

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF 1 Yes

Person or Classes of Persons Entitled to Drive":

at The Policyholder

at Any other person who is chosing on the Policyholder's proef of with his flur permanun

This Policy will indemnify the Policyholder or bity individual dissertions of the bit a meets the specified again ununion

This Policy will indemnify the Policyholder or bity individual dissertions of the bit a meets the specified again ununion.

You have tripsy an weathers sum of \$3,000 as "Young Angle" inexpendenced Druor Except" if this are or Your Authorized Druor Harman or unnamed the under the Age of 25 and or has less

Age Condition

: All Age Condition

Limitation as to use"

Use only for accord domestic and placeure graphese and for the Percynnider's common. This Policy coes not power as the driveword driving funds, among that causing according the committee of goods other than semister in committee or fund may purpose in connection with finde

Loss of Use 1500cc - 1600cc Optional

\* Scritations rendered incourable by Section 8 of the Margin Lettings (TrickPet). Raise and Companyation included under these headings. 157 and Section 25 of the Robet Transport Act (1967) (Temperal are conto be

### EXCESS

Fire-50 Own Damage - \$800 Theft - 50 Flood Cover - 90

Sextion 2

Essperty Damage - \$0

Windscreen | 5100

Named Driver and Excess state and excess

Vap Him Rule Wiscen - \$100 Chic Camage:

# APPROVED REPORTING CENTRES/AUTHORISED REPAIRES (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres: Will Authorising Repairing (For claims repriet repairs)

Any success requires to the Validationary for course requirement of the validation of the Vecicle in Singapore. You have the solido of making the social register repairs and the Side Agent's workshop.

For other Approved Reporting Controvers, please contact our 24-hour ecclosed envergency higher at 46-8338 6206. Attenuationary, You may refer to ALC contact our 24-hour ecclosed envergency higher at 46-8338 6206. Attenuationary, You may refer to ALC contact our 24-hour ecclosed envergency higher at 46-8338 6206. Attenuationary, You may refer to ALC contact our plants.

### IMPORTANT NOTES

Here Purchase Company/Employer's Loan: DBS BANK LTD

We hereby swift that the policy to which this Geriffcots of Insurance raises is associated with the ensurance of the Moor Vehicles Third Party Floris and Companyation) Act (Cop. 180). Part by of 5 the Road Transport Act. 1887 (Malaysia) and Moor Vehicles (Third Party Floris) Party Floris (Road Party Floris) Party Floris (Road Party Floris) Party Floris).

0893319000

YAP HIM KLIET WARREN

371 ALEXANDRA ROAD #06-28 AIA ALEXANDRA

SINGAPORE 159963 SP-WARREN

Underwritten by AIG Axia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE