## SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

**Date Of Driving Pass** 

**Driving Experience** 

- 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 <u>truthful and accurate</u> as possible. Any wilful 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.
- 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.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	12/04/2018 19:01
Date Of Accident	12/04/2018 11:35
Exact Location Of Accident	BENOI ROAD/JOO KOON CIRCLE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU4342J
Insured/Policyholder	
Name Of Registered Owner	DENDROFF,KENNETH CHRISTOPHER
NRIC No	S6823290B
Email Address	KDENROFF@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96883774
Alternative Phone No	Others-96883774
Vehicle Particulars	
Manufacturer	SUBARU
Model	XV-1.6 (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	1700083804
Cover Note Number	
Driver	
Name of Driver	DENDROFF,KENNETH CHRISTOPHER
NRIC No	S6823290B
Date Of Birth	30/06/1968
Occupation	INDOOR

10/09/1988

29 YEARS AND 7 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-96883774

Fax Number

**Contact Number** OTHERS-96883774

**EMail Address** KDENROFF@YAHOO.COM.SG

APT BLK 211C COMPASSVALE LANE Address

#16-218

**OWNER** 

Postcode 543211 Was driver an employee of the Insured's Company NO

Vehicle Registration Number of Driver's Own

If No, Relationship of the Driver with the Insured

Vehicle

Insurance Company of Driver's Own Vehicle

NO

NO

NO

2

NO

NO

**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?

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?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 : CHANG LIANG CHIEH PETER Name:

> Gender: : Male

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

Refer Sketch Plan

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

YES

NO

## Sketch Plan

# Siugapore Accident Statement

Accident Date & Time: 12 4 18 1135	5 Am
Accident Location: BEHOI PD / Joo Ko	
Vehicle Number: SLU 4342 J	Make/Model: XV 1.6
Policyholder Name: DEMOROFF KEMMET	OI CHRISTOPHER
NRIC: 56823290B	Mobile: 9(88377 4
Email: KDEHOROFT @ SAHOO, com. S.G.	
Insurance Company: AvG	,
Policy Number: 17000 83804	Cover Note:
Policy Coverage: Comprehensive(✓) T	hird Party( ) Third Party Fire & Theft( )
State Action Taken: Claim Own Policy( ) C	laim Third Party(×) Reporting Only()
Driver Name: DEHDROFF KENNETH CHRIS	STOPHER
NRIC: 568232908	Mobile: 96863774
Date Of Birth: 30/6/68	Driving Pass Date: 10/9/88
Gender: Male(/) Female()	Occupation: Indoor(×) Outdoor()
Address: BK 2115, #16-218, COMPASSVALE	AME (543211)
Road Surface: Dry(×) Wet() O Was any foreign vehicle involved in this accident? Was any body injured in the Accident? Was there any video captured by Car Camera? Number of Passengers (Including Driver): 62 Was the accident reported to the police?	thers( )
Party Name: ANG JAT OON (TR	ANCAB TAXI)
	Make & Model:
	Mobile:
tness Details (if any):	
ner Details (if any):	
Name:	Gender: Make
CHANG LIANG CHIEF PETER	

#### SKETCH PLAN

#### IMPORTANT NOTICE

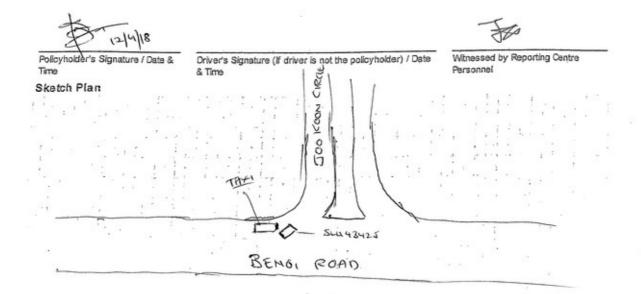
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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.
- 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 law yera/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' law yers/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 law yers/law firms), w high may be sited outside of Singapore, for one or more of the above Purposes.



Describ	e Circumstances of the Accident
0	TRAVELLINE ON BENOI ROTO AND MADE THEN ONTO YOU KOON CIRCLE.
8	LEG COS DOLL 2 . A. AND THE THE THE THE TEAM CHE
(2)	LEFT SIDE BACK BUMPER AND THE HIT BY TRANSCAR
( <del>4</del> )	TRANSCAB FRONT RIGHT SIDE (FRONT PANEL) DENTED
(4)	NO ONE INJURED IN BOTH VEHICLES.
-	

## Declaration

W/ve 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

Witnessed by Reporting Centre Personnel



# CERTIFICATE OF INSURANCE

## SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Dendroff, Kenneth Christopher Period of Insurance : 30 Nov 2017 To 29 Nov 2018

: FB16YB83469 Engine No.

Chassis No. : JF1GT3KC5JG024761 Vehicle No. : SLU4342J Policy No. : 1700083804

Endorsement No.

**Issued Date** : 13 Dec 2017

## ABOUT THE COVER

: SUBARU XV 1.6

Engine Capacity/Tonnage : 1,600.00 CC Driver Restriction : NA

Sum Insured : Market Value

First Year of Registration : 2017

Insuring with COE/PARF : Yes

#### Person or Classes of Persons Entitled to Drive\*:

a) The Policyholder b) Any other person who is driving on the Policyholder's order or with his/her permission. This Policy will indomnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Off Peak Car : No

Age Condition

: All Age Condition

#### 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 him or reward, driving tution, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with Moor Trade.

business or use for any purpose in connection with Moor Trade.

Loss of Use 1500cc - 1600cc

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

#### EXCESS

Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Dendroff Kenneth Christopher - \$800 (Own Damage)

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

1.Motor Image Enterprises Pte Ltd. Add: 19 Lorong 8 Toa Payoh Singapore 319255 64170100

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 8338 8200. Alternatively, you may refer to AIG website www.alg.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

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

Whe hereby certify that the policy to which this Certificate of insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act. (Cap. 189), Part IV of the Road Transport Act. 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules. 1959 (Melaysia).

0500619234

TAN CHONG CREDIT SUBARU-GCW

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

SINGAPORE 589622

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$6823290B





DENDROFF, KENNETH CHRISTOPHER

Race EURASIAN Date of birth 30-05-1968 Country of birth SINGAPORE





NC No. S6823290B

APT BLK 211C COMPASSVALE LANE #16-218 SINGAPORE 543211

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







**Driving License** 













