### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

Occupation

**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 truthful and accurate 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

	ACCIDENT STATEMENT
Date Of Report	16/04/2018 11:50
Date Of Accident	14/04/2018 10:50
Exact Location Of Accident	BARTLEY UNDERPASS MERGING INTO BRADDELL ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SLC845X
Insured/Policyholder	
Name Of Registered Owner	TAN WAN KIANG
NRIC No	S1799904D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96266346
Alternative Phone No	Others-NOPHONE
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Гуре Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	
Driver	
Name of Driver	TAN WAN KIANG
NRIC No	S1799904D
Date Of Birth	22/09/1967

12/05/1989

28 YEARS AND 11 MONTHS

**INDOOR** 

Gender MALE

Mobile Number (LOCAL) +65-96266346

Fax Number

Contact Number OTHERS-NOPHONE

EMail Address NOEMAIL

Address BLK 780 PASIR RIS STREET 71

#07-578

Postcode 510780 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

tration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

-

NO

NO

NO

2

NO

NO

YES

NO

NO

**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?

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.

Number of Passengers (Including Driver)

Passenger 1 Name: : DANI SENG

Gender: : Female

**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** 

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBF1383H

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver TAN ENG CHEOW

NRIC/Passport Number Contact Number

96655400

Address

Postcode

Insurance Company Name

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.
- 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.
- 5. 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:
  - (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)

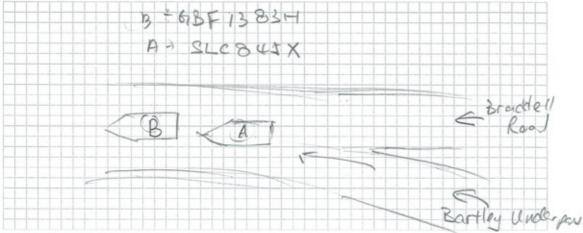
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SLC 845X ACC	DENT DATE & TIME: 14418 @ 16.52 am
01	ILADDRESS: Kiangtan 21 @hofmail.com
LOCATION: Bartley underpass werging	into traddell food.
from Bartley undergans infront, 66F13ES4. broke on	atertime. I were mergy nto Bradell Rd. The vehicle adendy and I hit him
· Driver delcol (6871383H) -	7665 St W.
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 1	4 DAYS TIME FRAME FOR YOU TO SUBMIT AN
OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE	
Please state:	
( ) Claim Own Policy ( ) Claim Third Party ( ) Clai	m OD/TP at other workshop Reporting Only

DECLARATION

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

Policyholder's Signature 8
Date & Time: t ( ) 41 8

Driver's Signature (If driver is not the pol

(If driver is not the policyholder)

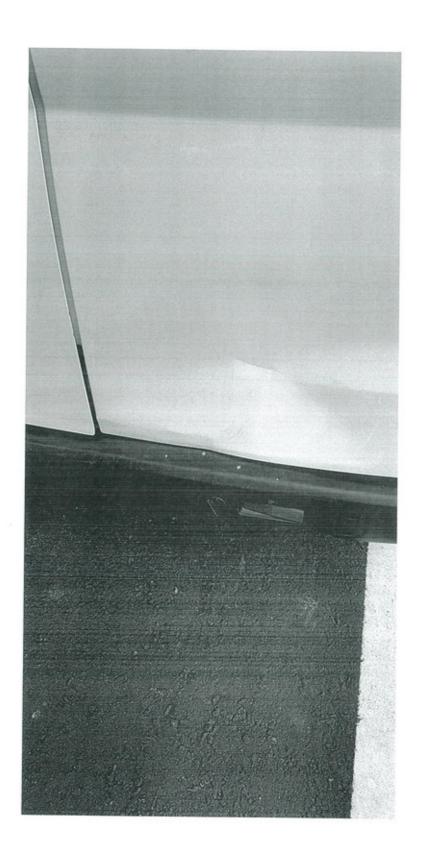
Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

GIARMC SketchFlanForm\_V3

2





0% 75% 100% 25% 50%

### Register New Vehicle (Acknowledgement) Vehicle Particulars

Vehicle No.:

SLC845X

Vehicle Type:

P10 - Passenger Motor Car

Vehicle Scheme:

Normal

Vehicle Attachment 1: No Attachment

Vehicle Attachment 2: -

HONDA

Vehicle Attachment 3: -

Vehicle Model:

SHUTTLE 1.5G CVT

Vehicle Make: Chassis No.:

GK81003621

1496 cc

1130 kg

Engine No.:

L15B3534313

Motor No.:

Propellant:

Petrol

Trailer Chassis No.:

Passenger Capacity: Power Rating:

Engine Capacity:

Unladen Weight:

Output:

Maximum Power

97.0 kW (130 bhp)

Maximum Laden

Weight:

1405 kg

Primary Colour: Black

Secondary Colour:

First Registration Date: 29 Apr 2016

Original Registration

29 Apr 2016

Manufacturing Year:

2015

Open Market Value:

\$16,500.00

PARF Eligibility:

Yes

Minimum PARF Benefit: \$3,250.00

No. of Transfers:

0

Additional Registration First \$16,500.00 (100%)

Actual ARF Paid:

\$6,500.00

Owner Particulars

Owner Name:

TAN WAN KIANG

Owner ID Type:

Singapore NRIC

Owner ID: Registered Address S1799904D HDB / HUDC

# 07 - 578

Type:

Registered Block/House 780

Registered Street Name:

PASIR RIS STREET 71

Registered Unit No.:

Registered Building

Registered Postal Code:

510780

COE No. / Expiry Date: 2016050101003123M / 28 Apr 2026 A - Car (up to 1600cc & 97kW

COE Bid Category:

\$47,300.00

QP Paid:

Transaction Details

Business Transaction

Ref. No.:

20160429113336202004

Business Transaction Date:

29 Apr 2016 11:33:36

Business Transaction

Time: Message

## **Driving License**

















## **Accident Photo**



## **Accident Photo**



