# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 12/04/2018 15:58

#### 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 <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 conseaforesaid.	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 11:53
Date Of Accident	09/04/2018 09:50
Exact Location Of Accident	SERANGOON AVE 2
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKD8614A
Insured/Policyholder	
Name Of Registered Owner	CHAN CHOI FOONG
NRIC No	S1474334J
Email Address	CHANCHOIFOONG@ICLOUD.COM
Mobile Phone No	(LOCAL) +65-98280611
Alternative Phone No	Office-98280611
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C 180 KOMPRESSOR
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?	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	1800005176
Cover Note Number	
Driver	
Name of Driver	CHAN CHOI FOONG
NRIC No	S1474334J
Date Of Birth	01/06/1961

**INDOOR** 

29/10/1986

31 YEARS AND 5 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98280611

Fax Number

Contact Number OFFICE-98280611

EMail Address CHANCHOIFOONG@ICLOUD.COM

Address 38 LORONG TANGGAM

Postcode 798739
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

Efficie

Insurance Company of Driver's Own Vehicle

## **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? NO

Number of vehicles involved in the accident

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) soliciting/offering accident claims assistance.

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**

PLEASE REFER TO ATTACHED.

#### Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SJG5781R Vehicle Make/Model/Colour HONDA

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver LOH GUAT NGOR KAREN

NRIC/Passport Number S0153691E Contact Number 98205700 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</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material factomay 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.
- An Visite 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 un derstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurence 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.(co!lectively 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.

P olicyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.: DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIPTION OF THE ACCIDENT
当我在观看方边的路光的、没有当意到多面的车辆还没有出往,不小心撞到首面
面粉车辆延没有出徒,不小心撞到首面
的车辆 (539 5781 R).

DECLARATION

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

學等12

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.:



: #

### REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1474334J





CHAN CHOI FOONG

陳彩凤

CHINESE Oane of Birth Se-01-06-1961 F SINGAPORE

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

07-05-1992

RCN S1474334J

38 LORONG TANGGAM SINGAPORE 798739 NRIC No: S1474334J Date: 08-03-2001 No: 3955311

NP 428A

٤٠



# CERTIFICATIE OF INSURANCE

#### AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Chan Choi Foong

Period of Insurance : 16 Jan 2018 To 15 Jan 2019

Engine No. : 27191031351740

Chassis No. : WDD2040452A664158 Vehicle No. : SKD8614A Policy No. : 1800005176

Endorsement No.

Issued Date : 16 Jan 2018

ACCOUNT THATE CONVICTOR

Make/Model : MERCEDES BENZ C180K BE

Engine Capacity/Tonnage: 1,597,00 CC Sum Insured : Market Value First Year of Registration : 2012 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive":

a) The Policyholder v) Any other persons who is driving on the Policyholder's order or with his/her permission. This Policy will indemnify the Policyholder or any authorised driver only if halding media the specified age condition.

You have to pay an additional own of \$3,000 as "Young and/or Inerpenented Driver Eucosa" ("YIDR") if You are or Your Authorised Driver insmed or unrormed) as under the age of 23 and/or has less than 2 years' driving expended.

Age Condition : All Age Condition

Limitation as to use\* :

Use only for social, domestic and pleasure purposes and fer the Policyholder's business.
This Policy does not cover use for him or recent, driving fast indice, pace-making, reliability hind or speechasting the carriage of goods either than samples in connection with little and business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

\* Limitations randered inspercieve by Section 8 of the Micror Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1997 (Malaysia), are not to be included under these headings.

EXCESS:

Section 1 File - S0 Ovm Damage - \$800 Theft - S0 Flood Cover - S0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Chan Choi Foong - S800 (Own Damage)

APPROVED REPORTING CENTRESAUTHORISED REPAIRESS (FOR CLAIMS BOLATED REPAIRE)

Approved Reporting Cormos/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers, Within the first 3 years of the test registration of the Vehicle in Singspore, You have the option of having the accident repairs certified out in the Sele Agustia sworkshop.

For other Approved Proprising Contractals, Authorised Repairors, pleas a contact out 24-hour associant emergency hetime at +65 836 8000, Alternatively. You may refer to AIG website www.aug.com.sq. or AIG SG Mebita Ago. Smith search and download "AIG SG" from Futness or Google Play.

HAPORTARN ROTES

Hire Purchase Company/Employer's Loan: Daimler Financial Services Africa & Asia Pacific Ltd

If We needly certify that the policy to which this Contribute of Insucance related is insuced in accordance with the provisions of the Motor Victicity (Third Party Risks and Compensation) Act (Cop. 189), Part IV of the Road Transport Act 1997 (Makeysta) and Motor Venicles (Trind Party Risks) Police 1999 (Malaysia).

6502462000

SOH TSUI CHEN CARIN

10 ANSON ROAD \$10-11 INTERNATIONAL PLAZA

SINGAPORE 079903

Underwritten by AIG Asia Pacific Incurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

terrandoment periodicio constituirimo en l'englis pli conservata contripi di l'ancio di ligio consideratione

-82 - ... otherher the militer Physical



**Accident Photo** 









**Accident Photo** 



