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 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	07/05/2018 09:06
Date Of Accident	05/05/2018 19:00
Exact Location Of Accident	150 CANBERRA DRIVE THE BROWNSTONE MSCP
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKH2521C
Insured/Policyholder	
Name Of Registered Owner	SIM YAO TUAN
NRIC No	S8126729D
Email Address	KENNY.S.SIM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94509008
Alternative Phone No	Others-94509008
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180 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
f No, Please state action to be taken	REPORTING ONLY
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	1700067757
Cover Note Number	
Driver	
Name of Driver	SIM YAO TUAN
NRIC No	S8126729D
Date Of Birth	25/08/1981

INDOOR

19/05/2003

14 YEARS AND 11 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-94509008

Fax Number

Contact Number OTHERS-94509008

EMail Address KENNY.S.SIM@GMAIL.COM

BLK 150 CANBERRA DRIVE #05-07 Address

Postcode 768079

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 - 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

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

NO

NO

Number of Passengers (Including Driver) 1

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

PLEASE REFER TO ATTACHED.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: OWNER DID NOT FURNISH AT TIME OF REPORTING

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLD6742P Vehicle Make/Model/Colour **AUDI**

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver **PENG JINXING** S8337626J NRIC/Passport Number

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- 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.
- S. Cortsent under the Personal Data Protection Act (PDPA)

I un destand, acknowledge, agree and consent that:

- 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)
 - (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.

P olicyholder's Signature

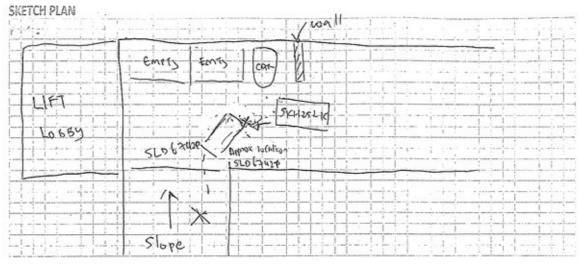
9-13 90 7 NAO 2014

Date & Time:

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

Reporting Centre Personnel's Signature

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was parking at my house MSCP.
I just came up the slope and activated my double signal was early.
and making since no car behind me I reverse after chacking
all my room room and side mirrors.
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During reversing I hourd a bong within sound, and I
thought I hit the wall. I have my car slightly and when
I alight I host a voice saying I borng his car.
we exchange some consessions, on my part I mentioned
I double signal before I reverse and when I am just reaching
the top of slope on his part he cited he has violed.
We task down each other particulars and photos, the other victim
markinged to land it to insurance.
He has other passengers and Lieux's his wife and boby I was
done , no one Somed injury.
his for find sympor seemed damaged, my sear bumper has
Some scratches but not sure internal hamages
There services and and the colorest Winds

DECLARATION

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

Policyholder's Signature

Date & Time:

2mgs 9-1387:m

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. \$8126729D



SIM YAOTUAN

沈 耀 团

CHINESE Date of birth Ser 25-08-1981 M

SINGAPORE

501257290

# REPUBLIC OF STANDAPORE DRIVING LICENCE Lemos Number: S 8 1 2 6 7 2 9 D SIM YAOTUAN Birth Date: 25 Aug 1981 tisue Oate 19 May 2003

4766429

** S8126729D

02-09-2011 -

APT BLK 150 CANSERRA DRIVE #05-07 SINGAPORE 768079

NRIC No: \$8126729D

Date: 16/01/2018

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of 19 May 2 which unladen does not exceed 2500 kilograms

NP 428A



## CERTIFICATIE OF INSURANCE

#### AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Sim Yee Tuan

Period of Insurance

: 20 Nov 2017 To 19 Nov 2018

Engine No. : 27491030016030

Chassis No. : WDD2040312A766726 Vehicle No.

: SKH2521C

Policy No.

Endorsement No.

: 1700067757

Issued Date

: 17 Oct 2017

#### CHEFFURIT TESTE (CONTACT)

Maka/Model

MERCEDES BENZ C180 CGI BE 1.6

Engine Capacity/Tonnage : 1,595.00 CC

Sum Insured : Market Value

First Year of Registration : 2012

Driver Restriction

NΛ

Off Peak Car : No

Insuring with COE/PARI-

Person or Classes of Persons Entitled to Drive*:

as for PBI (photos)

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Age Condition

. 35 years old and above

Limitation as to use* :

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Lara of Use 1600-st - 1500cc Optional

* Until Maint Fundaned stude of the New York States in the Matter Verticus (TransPerry Risks and Commerciations Act (Cap., 169) and Supplies 06 of the Risks Transport Act 1987 (Matter 4) in the New York Personnel States Personn

Exclass.

Section 1 Fire SC Own Danago - \$800 Theft - 50 , book Curve - 90

Section 2 Property (zeroago - 50

Named Driver and Excess (when walkedo)

She Yau iman - \$500 (Own Company)

## AFTEROMED REPORTURE OF PARTICIPATED REPARTED REPARTED FOR CHAINS THE AFTER REPORTS

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THE CONTRACT ROOMS

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

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6402263600

SAFF HARBOUR ASSURANCE AGENCY BLK 206 HCUGANG ST 21 304-207

SINGAPORE \$30208

Under witten by AIG Asia Positic Insurance Ptr. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

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