

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 wilful misrepresentation or withholding 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	14/05/2018 13:29
Date Of Accident	13/05/2018 07:25
Exact Location Of Accident	SUMS WAY AND SIMS AYE JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKG3071H
Insured/Policyholder	
Name Of Registered Owner	HENRY BOGNOT LAGANSUA
NRIC No	S7284707E
Email Address	TETELESTAI_777@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91505543
Alternative Phone No	Office-NOPHONE

Vehicle Particulars	
Manufacturer	FORD
Model	GALAXY 2.0 GHIA ECOBOOST
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	1700029874
Cover Note Number	

Driver	
Name of Driver	HENRY BOGNOT LAGANSUA
NRIC No	S7284707E
Date Of Birth	27/11/1972
Occupation	INDOOR
Date Of Driving Pass	05/06/2012
Driving Experience	5 YEARS AND 11 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-91505543
Fax Number	
Contact Number	OFFICE-NOPHONE
E-Mail Address	TETELESTAI_777@YAHOO.COM.SG
Address	APT BLK 709 PASIR RIS DRIVE 10 #10-181
Postcode	510709
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 - CHANGE/CROSS LANE
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.	NO
Number of Passengers (Including Driver)	4
Passenger 1	Name: : ROWENA Gender: : Female
Passenger 2	Name: : ISAIAH Gender: : Male
Passenger 3	Name: : ZOEL Gender: : Male

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 THE SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK2226B
-----------------------------	----------

Vehicle Make/Model/Colour
Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	VINCENT
NRIC/Passport Number	
Contact Number	96957520
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.
3. 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.
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. 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.
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.
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:
 - (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.


Policyholder's Signature
Date & Time: 14/5/18

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


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

SKETCH PLAN

Sketch plan showing the location of the vehicles involved in the incident, relative to the street layout and the direction of travel.

① FORD GALAXY (SG 3071 H)

② BLACK LEXUS (SKN 006B)

SIMS WAY

SIMS AVENUE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

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

Policyholder's Signature

Date & Time: 14/8/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of Henry Bognot Lagansua

Licence Number: **S7284707E**

Name: **HENRY BOGNOT LAGANSUA**

Birth Date: **27 Nov 1972**

Issue Date: **05 Jun 2012**

Barcode: 002074999A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7284707E**

Portrait of Henry Bognot Lagansua

Name: **HENRY BOGNOT LAGANSUA**

Race: **FILIPINO**

Date of Birth: **27-11-1972**

Sex: **M**

Country of Birth: **PHILIPPINES**

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 05 Jun 2012

NP 428A

Licence No. **S7284707E**

Barcode: 8499726

NRIC No. **S7284707E**

Portrait of Henry Bognot Lagansua

Nationality: **FILIPINO**

Blood Group: **04-02-2003**

Date of issue: **04-02-2003**

Address: **APT BLK 709 PASIR RIS DRIVE 10 #10-181 SINGAPORE 510709**

NRIC No. **S7284707E** Date: **19/01/2008** No: **5949459**



CERTIFICATE OF INSURANCE

AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : HENRY BOGNOT LAGANSUA
 Period of Insurance : 23 Aug 2017 To 22 Aug 2018
 Engine No. : CG86082
 Chassis No. : WF0MXXGBWMCG86082

Vehicle No. : SKG3071H
 Policy No. : 1700029874
 Endorsement No. :
 Issued Date : 14 Aug 2017

ABOUT THE COVER

Make/Model : FORD GALAXY ECOBOOST GHIA 2.0 (A)
 Engine Capacity/Tonnage : 1,999.00 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*

by The Policyholder
 or Any other person 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 he/she meets the specified age condition
 You have to pay an additional sum of \$2,000 as "Young and/or Inexperienced Driver Excess" (YIDR) if you are or your Authorised Driver named or unnamed is under the age of 20 and/or has less than 2 years' driving experience

Age Condition : All Age Condition

Limitation as to use*

Use only for local, domestic and pleasure purposes and for the Policyholder's business.
 This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 169) and Section 55 of the Road Transport Act 1997 (Malaysia) are not to be included under these headings

EXCESS

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

Section 2
 Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

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

Any claim reports to the Vehicle must be done out by one of our authorised Repairers.
 For other approved Reporting Centres/Authorised Repairers, please contact our 24-hour customer emergency hotline at +65 6358 2200. Alternatively, you may refer to AIG website at aig.com.sg or AIG 60 Motor App. Simply known and download AIG 60 App/Install on Google Play

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan : TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicle Third Party Risks (Cap. 169) Act and the Road Transport Act 1997 (Malaysia) and Motor Vehicles (Third Party Risks) Rules 1997 (Malaysia).

090-295000

INSURE LINK PTE LTD
 2 KALLANG AVENUE #08-16 CT HUB
 SINGAPORE 339407

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Insure Link Pte Ltd
 2 Kallang Avenue #08-16
 CT Hub S(339407)
 Ctr : 644 485 14
 Fax: 644 485 40

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE

Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

