

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	20/06/2018 14:03
Date Of Accident	19/06/2018 13:20
Exact Location Of Accident	TANJONG KATONG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL6350U
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Insured/Policyholder

Name Of Registered Owner	HENG HUP SOON PTE LTD
Co Reg No	200010562G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-97219342

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY-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	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	2100503024-01
Cover Note Number	

Driver

Name of Driver	LOH HWA SEANG
NRIC No	S2548705B
Date Of Birth	08/12/1940
Occupation	INDOOR
Date Of Driving Pass	05/07/1971
Driving Experience	46 YEARS AND 11 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97219342
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	8 BUTTERWORTH LANE
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	2
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.	NO
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

REFER TO SKETCHED PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD7076U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
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.
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 be 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 making 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 be 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 legislation, law 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:
NIC/FIN No.:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the above time & date.

I stopped my vehicle behind vehicle B.

My foot was on the brake pedal but I

was ~~at~~ careless and did not step on the

brake too hard thus my vehicle slightly

rolled and touched the rear of vehicle

B. There were no damage to both.

vehicle. I am making this report

for recording purpose

DECLARATION
(We declare that the particulars are true in every respect.)
Policyholder's Signature
Date & Time:

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

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



Car A
Car B

(A) SLL6350U
(B) SHD7076U

Gelelang Road.



CERTIFICATE OF INSURANCE

Name of policyholder	Hendy H.P. Saeed For Ltd
Period of Insurance	1st Mar 2018 to 30 Mar 2019
Engine No.	182524940
Chassis No.	MTBBAH2202040

Vehicle No.	0165001
Policy No.	1200632401
Endorsement No.	
Issued Date	22 Feb 2010

ABOUT THE COVER

Make/Model	: NISSAN SYLPHY 1.6 PREMIUM	First Year of Registration	: 201
Engine Capacity/Tonnage	: 1,598.00 CC	Sum Insured	: Market Value
Driver Restriction	: NA	Off Peak Car	: No
		Insuring with COE/PARB	: Yes

Any person who is driving on the highway must wear it with their person. This policy will not remove the responsibility of any individual other than

You have to pay an additional sum of \$1,500 as "Young and/or inexperienced Driver Extra" ("YED") if you are in that 2 years driving experience.

Age Condition : All Age Condition

Limitation as to use*

Let only the social, climatic and pasture properties and the 750 properties be known. This study does not cover all the best or worst, showing better, showing less, showing the average of growth other than samples in comparison with any point in isolation or not for any purpose in connection with future studies.

Lotus of U.S. 1500cc - 1600cc
 * Lada's reduced suspension by Division 4 of the Motor Vehicle Designing Plant and Company, Ltd. (Lada 1981 and Division 51 of the Road Transport, Ltd. 1982) (Moscow) are not in a position to provide further details.

EXCESS

Section 1
Fire - \$3 Own Damage - \$1000 Theft - \$5 First Cover - \$

Section 2
Property Damage - 5

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Named Driver and Excess (per accident)

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

1. 7C Macleod Rd, 10th Fl, Singapore 129660 67337211
2. 200 Macleod Rd, 10th Fl, Singapore 129660 67337211

[illegible]

1780 Chang Xing Road and 17 Lianxing St, Tai Ping, Singapore 610101

For other approved reporting channels, National Disaster, please contact the 24-hour accident emergency hotline at 401-833-8350. Alternatively, you may refer to help articles [www.aj.com/aj-ncd-833-8350-ajp-833-8350](#) and [www.aj.com/aj-ncd-833-8350-ajp-833-8350](#) for more information.

IMPORTANT NOTES

Five Purchase Company/Employer's Loan Maybank

78 Preston Way #21, 36 And Building 500W120 | T: +86 (0)19 3000 | F: +86 (0)15 3723 | www.bjg.com.sg

ABC Kids Plastic Instruments For Kids

Accident Photo



Accident Photo



Accident Photo



Accident Photo

