#### 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

	ACCIDENT STATEMENT
Date Of Report	22/06/2018 17:50
Date Of Accident	21/06/2018 13:40
Exact Location Of Accident	INNOVIS BASEMNET C/P 2 FUSIONOPOLIS WAY S(138634
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH201C
Insured/Policyholder	
Name Of Registered Owner	HAN CHENG KWANG
NRIC No	S7941028D
Email Address	LITTLEGOV@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97433661
Alternative Phone No	Office-97433661
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	CAMRY-2.5 (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	2100482112
Cover Note Number	
Driver	
Name of Driver	HAN CHENG KWANG
NRIC No	S7941028D
Date Of Birth	31/12/1979

**INDOOR** 

23/02/1999

19 YEARS AND 3 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-97433661

Fax Number

**Contact Number** OFFICE-97433661

**EMail Address** LITTLEGOV@GMAIL.COM

Address 201 JALAN LOYANG BESAR #02-01

Postcode 509506 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 ON COLLISION** 

**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 NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

#### **Circumstances of Accident**

PLEASE REFER TO SKETCH 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 SGF8034K Vehicle Make/Model/Colour VW/BLACK

**Details Of Properties** 

Vehicle Category PRIVATE CAR Name of Driver WEI PENG

NRIC/Passport Number

Contact Number 96602352 Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
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- 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.
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- 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 ladgement 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)

l 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' law yers/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
- (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
- (v) complying with applicable taw in administering, processing, handing 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

22/1/18

Policyholder's Signature / Date &

Driver's Signature (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre

Sketch Plan

rendicion

SGF 8034 k

cribe Circumstances of the Accident				
Accident occurred at the biseness care for	r of	Innotis	(2 FU	Sian puli
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# MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: Han cherg kwang			
PLACE OF ACCIDENT				
THIRD PARTY VEHICLE (IF ANY)				
WHERE DID YOU START YOUR DESTINATION BEFORE THE ACCIL	JOURNEY AND WHERE WAS THE INTENDED  DENT?  Officelia was Fundadis Towards			
THE ACCIDENT? IF YES, DID TH ANALYSER TEST ON YOU? IF YES,				
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SOF 8034K - SCHOL	2-60 1-1-1-1			
WERE VOU OR VOUR PASSENGE	ER/S INJURED? IF INJURED, WHICH HOSPITAL? FFIC POLICE FOR INVESTIGATION?			
Han cheng trong D				

I Affirmed The Above Information Is Given To My Best Knowledge.

AIG Asia Pacific Insurance Pte. Ltd. AIG Building 78 Shenton Way #07-16 Singapore 079120 Tel: 6419 3000



# CERTIFICATE OF INSURANCE

# AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Han Cheng Kwang (Han Zhenguang) Period of Insurance : 14 Sep 2017 To 13 Sep 2018 Engine No. : 2ARU334964

Chassis No. : MR053AK5004011296

: SLH201C Vehicle No. : 2100482112-01 Policy No.

Endorsement No.

Issued Date : 05 Sep 2017

ABOUT THE COVER

TOYOTA NEW CAMRY 2.5

First Year of Registration : 2016 Engine Capacity/Tonnage : 2.494.00 CC Sum Insured : Market Value Insuring with COE/PARF Yes NA. Off Peak Car 1 No Driver Restriction

Person or Classes of Persons Entitled to Drive\*

of The Principlester.

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Limitation as to use" :

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Loss of Use 1500cc - 1600cc Optional

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Section 1
Fee - \$6 Own Domogr - \$1000 Thuil - \$9 Flinat Cover - \$6

Windscreen : \$160

Named Driver and Excess was qualities

Han Chang Iswans (Han Zhensuung) - \$1050 (Own Cranspo)

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

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## IMPORTANT NOTES

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AIG ASIA PACIFIC INSURANCE PL 78 SHENTON WAY #07-16 AIG BUILDING

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE







HAN CHENG KWANG (HAN ZHENGUANG)

弟 镇 光 Note CHIMESE Delio of Sieft Sox 31-12-1979 M Country of Inith SINGAPORE

S7941028D

0em of 10009 18-03-2010

201 JALAN LOYANG BESAR #02-01 SINGAPORE 509506

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

23 Feb 1999

NP 428A







# **Accident Photo**

