

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	29/06/2018 07:46
Date Of Accident	29/06/2018 07:20
Exact Location Of Accident	X JTN OF JOO CHIAT RD & EAST COAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT9934K
Insured/Policyholder	
Name Of Registered Owner	HO KAY WOON (HE JIA'EN)
NRIC No	S7539380F
Email Address	HOKAYWOON@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97705929
Alternative Phone No	Others-97705929

Vehicle Particulars

Manufacturer	VOLVO
Model	S80-1.6 D 2 (A)
Exact Purpose for which vehicle was being used at time of accident	SOCIAL
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	2100419409-03
Cover Note Number	

Driver

Name of Driver	HO KAY WOON (HE JIA'EN)
NRIC No	S7539380F
Date Of Birth	14/12/1975
Occupation	INDOOR
Date Of Driving Pass	09/06/1995
Driving Experience	23 YEARS AND 0 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97705929
Fax Number	
Contact Number	
E-Mail Address	HOKAYWOON@YAHOO.COM
Address	57 CEYLON ROAD SINGAPORE
Postcode	423372
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	SIDE SWIPE
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)	2
Passenger 1	Name: : HO KAH LENG Gender: : Female

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2369999 - FAX NO: 62268438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHMENT.

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	SKK6658A
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Vehicle Make/Model/Colour
Details Of Properties

AUDI A5

Vehicle Category

PRIVATE CAR

Name of Driver

LE TUAN QUOC

NRIC/Passport Number

S7375398H

Contact Number

96179100

Address

Postcode

Insurance Company Name

AIG Asia Pacific Insurance Pte. Ltd.

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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5. Any false reporting may be referred to the Traffic Police Department for investigation.
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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.

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

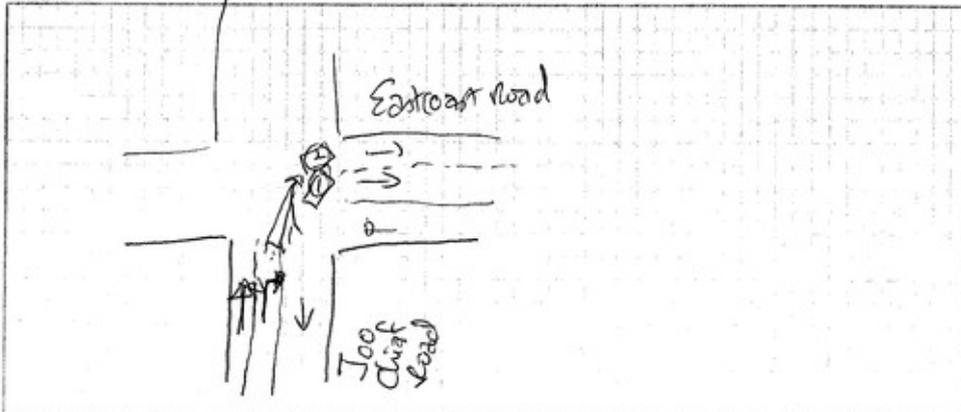
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Page 4

① SK79934K

② SKK 66584A

NOTICE OF REPORTING

This is to confirm that HO KAY WOON (S7539380F, HP: 97705929), has reported to the Police a non-injury traffic accident which occurred at X-Junction of Joo Chiat Road and East Coast Road on 29/06/2018 at about 0720hrs involving the following vehicles:

- 1) SKT9934K (M/Car Volvo S80)
- 2) SKK6658A (M/Car Audi A5)

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt T140177 Lim Ting An
Date: 29/06/2018 Time: 0800 hours

eS/D Ref: 21

Police Post/Unit: Bukit Merah East NPC

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police




Bukit Merah East Neighbourhood
Police Centre
391 New Bridge Road
POLICE Cantonment Compound
Singapore 068763
Tel: 6900-2250228

Accident Sketch Plan

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7539380F



Name
HO KAY WOON
(HE JIA'EN)
何佳恩

Race
CHINESE

Date of birth
14-12-1975

Country/Place of birth
SINGAPORE

Sex
M

S7539380F

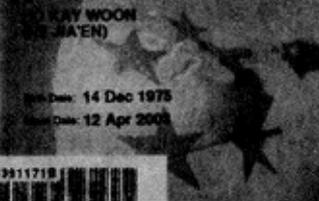



REPUBLIC OF SINGAPORE DRIVING LICENCE
S7539380F

HO KAY WOON
(HE JIA'EN)

Exp. Date: 14 Dec 1975

Issue Date: 12 Apr 2008

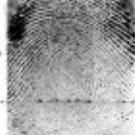



0003911718

5367729



NRIC No. S7539380F



Date of Issue
03-10-2016

57 CEYLON ROAD
SINGAPORE 423372

NRIC No: S7539380F Date: 03/05/2016

SINGAPORE 449301

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	09 Jun 1995

NP 428A

0003911718

Licence No: S7539380F



Accident Sketch Plan

SINGAPORE ACCIDENT STATEMENT	
IMPORTANT NOTICE	
1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing. 2. Please report <u>correctly</u> the details of the accident to speed up the claims process. 3. This Form must be completed by the Policyholder and/or the Authorised Driver. 4. Information provided must be as <u>truthful and accurate as possible</u> . Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability. 5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies. 6. Any false reporting may be referred to the Traffic Police Department for investigation.	
ACCIDENT STATEMENT	
Date and Time of Accident	Date: 21/06/2018 Time: 07:00 hrs.
Exact Location of Accident	X Jn of Joo Chiat Road & East Coast Road.
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SFT 9937K
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	Ho Kay Woon
Personal Identification - NRIC (Singaporean/PR)	S7539380F
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer Volvo Model S80
Type of Vehicle*	<input checked="" type="checkbox"/> Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> M/cycle <input type="checkbox"/> Others
Exact Purpose for which vehicle was being used at time of accident	Social
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, Pls select: <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Reporting)
Vehicle Category*	<input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company*	ALG
Type of Policy	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> TP Only
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number	3100419409-03
Motor CI	
DRIVER	
	<input checked="" type="checkbox"/> Same as Insured above
Name of Driver	Ho Kay Woon
Personal Identification - NRIC (Singaporean/PR)	S7539380F
- FIN/Passport Number	
Date of Birth	14 dd/ 12 mm/ 1985 yy
Driving Date Pass	09 dd/ 06 mm/ 1995 yy
Year of Driving Experience	Year(s) Month(s)
Occupation	<input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Contact Number / Mobile Phone / Fax No.	9770 5929

Address of Driver	57 Cayton Road	Postcode (42372)
Email Address		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	Owner	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (If applicable)		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Side Swipe	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____	
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____	
OTHER INFORMATION		
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No Ho Kah Leng (F)	
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Was there any video captured by Car Camera?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Number of Passengers (Including Driver)	02	
DETAILS OF POLICE ACTION		
Was the Accident reported to the Police?	<input checked="" type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name	BT Meriah East NPC.	
Police Station Address		
Police Station Contact	Tel No.	Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)	
DETAILS OF OTHER VEHICLE / PROPERTY 1		
Vehicle Registration Number	8KK 6658A .	
Vehicle Make/ Model/ Colour	Audi A5	
Details of Properties		
Name of Driver	Le Tuan Quoc	
Personal Identification - NRIC (Singaporean/PR)	S7375398H .	
- FIN/Passport Number		
Contact Number	96179100	
Address		
Name of Insurance Company		
Nature of Damage		
No. of Passenger (Including Driver)		
<small>(Note - Please use page 6 if you need to add more vehicles.)</small>		

Describe Circumstance of the Accident

At about 0720am on 29/6/18 I was the first car in the only right turning lane from Joo chiat Road into East Coast Road. The car behind me (Audi A5) Skk6658A Accelerated past me while turning and side swiped me. We exchanged particulars and photographed the damages. There were no injuries.

IMPORTANT NOTE

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

Declaration

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



Policyholder's Signature / Date & Time

29/6/18

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

Witnessed by Reporting Centre Personnel

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

