## SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

**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 truthful and accurate 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 ins ont to the archiving of this ort at the

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	05/07/2018 16:34
Date Of Accident	04/07/2018 14:15
Exact Location Of Accident	JUNCTION OF SHEARES AVE & MARINA BLVD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL3525C
Insured/Policyholder	
Name Of Registered Owner	WANG YAO
NRIC No	S2719903H
Email Address	WENBUILTPTELTD@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91381212
Alternative Phone No	Office-91381212
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ATLIS
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	2100501846
Cover Note Number	
Driver	
Name of Driver	WANG YAO
NRIC No	S2719903H
Date Of Birth	26/03/1966
Occupation	INDOOR

30/04/2009

9 YEARS AND 2 MONTHS

Gender **FEMALE** 

(LOCAL) +65-91381212 Mobile Number

Fax Number

**Contact Number** OFFICE-91381212

**EMail Address** WENBUILTPTELTD@GMAIL.COM Address 46 WOODLANDS DRIVE 16 #12-51

Postcode 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

YES Was any other material or property damaged?

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**

ON 04/07/2018 AT ABOUT 1455HRS, I WAS DRIVING ALONG SHEARES AVE MAKING A RIGHT TURN TO MARINA BOULEVARD. VEHICLE B (SKR8555M) WANT TO OVERTAKE ME THUS COLLIDED ONTO MY CAR'S LEFT FRONT PORTION.

## 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 SKR8555M

Vehicle Make/Model/Colour

**Details Of Properties VEHICLE B** Vehicle Category PRIVATE CAR

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

#### IMPORTANT NOTICE

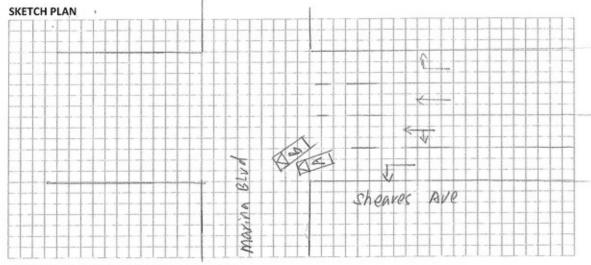
- Please report correctly the details of the accident to speed up the claims process.
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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 (all insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - 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:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 04/07/18 at about 1855 Hrs, I was driving along
Sheaves Ave make a right turn to maring Blud
The vehicle B: SKRSISSM want to overtaken to me.
Thus collided into my con's left front portion.

# DECLARATION

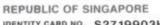
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

# **Driving License**





IDENTITY CARD NO. \$2719903H



WANG YAO

王 塢 CHINESE 26-03-1966

CHINA

S2719900H





MRIC No. S2719903H

25-10-2011

46 WOODLANDS DRIVE 16 #12-51 SINGAPORE 737777

NRIC No: \$2719903H

Date: 16/10/2016

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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 30 Apr 2009 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

# CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

MX1

TOYOTA AUTO PROTECTOR (2-YEAR)

CERTIFICATE NO. 2100501846-00000

OWN DAMAGE EXCESS S\$600.00 (1) WINDSCREEN EXCESS \$\$100.00

SUM INSURED Market Value INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

**SLL3525C** Wang Yac

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

22 Feb 2017

4) DATE OF EXPIRY OF INSURANCE

21 Feb 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE

SUBJECT TO AGE CONDITION : All Age Condition

b) Any other person who is driving on the Insured's order or with his permission.
b) Any other person who is driving on the Insured's order or with his permission.
This policy will indemnify the insured or any authorised driver only if hershe meets the age conditions.
A Young and/or inexpensenced Driver Excess ("YIDR") of \$\$3,000.00, in additional to the Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not dequalitied by order of a Court of Lew or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE\*

Use only for social, domestic and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or rewards, fultion, driving test, racing, pecersaking, reliability trial speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

APPROVED REPORTING CENTRES / TOYOTA AUTHORISED REPAIRERS

1. Borneo Motors (S) Pte Ltd - 2 Pandan Crescent (Tel: 6631 1188)

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2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65664501)

4. Ethoz - 30 Bukit Batok Crest(Tel: 65647777) 5. Giass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windsomen only

4. Ethoz - 30 Bukit Batok Crest(Tel: 65647777) 5. Giass-Fix - 52 Ubi Ave 3 (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)

6. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67478560) 7. Lai Heat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 67416336)

8. Move Automotive - 1008 Bukit Merai Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67416336)

10. SME Motor - 1 Kaki Bukit Ave 6 Bik D (Tel: 67476106)

LOSS OF USE Loss of Use 15 Days (1500 - 1600cc) - Refer to policy wordings for details

\* NAMED DRIVER NA

HIRE PURCHASE COMPANY United Overseas Bank Limited

IEMPLOYER'S LOAN

"Limitations rendered enoperative by Section 5 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and

Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

1 / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the previsions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Mataysie)

Issued in Singapore 23 Feb 2017

030210-257 INCHCAPE AUTO TOYOTA - BSTU042 33 LENG KEE ROAD

SINGAPORE 159102

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

**ORIGINAL** 

MASHRO.













