

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	17/07/2018 10:31
Date Of Accident	16/07/2018 23:45
Exact Location Of Accident	JOO CHIAT PLACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA5511L
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Insured/Policyholder

Name Of Registered Owner	LOW HONG SENG, ANTHONY (LU HONGSHENG)
NRIC No	S8235511A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98537345
Alternative Phone No	Office-98537345

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A180

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?	YES
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If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100460207-02
Cover Note Number	

Driver

Name of Driver	LOW HONG SENG, ANTHONY (LU HONGSHENG)
NRIC No	S8235511A
Date Of Birth	03/11/1982
Occupation	INDOOR
Date Of Driving Pass	16/04/2009
Driving Experience	9 YEARS AND 3 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98537345
Fax Number	
Contact Number	OFFICE-98537345
EMail Address	NOEMAIL
Address	BLK 718 JURONG WEST ST 71 #08-85
Postcode	640718
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 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?	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)	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

WHEN I MAKING A LEFT TURN, CHECKING ON RIGHT FOR ANY TRAFFIC. CAR B INFRONT SUDDENLY DO A JAM BRAKE AND KNOCKING TO THE FRONT OF MY CAR.

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	SHB7639G
Vehicle Make/Model/Colour	TRANS CAB RED
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TOH CHUEN HUI
NRIC/Passport Number	S1208924D
Contact Number	90587437

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

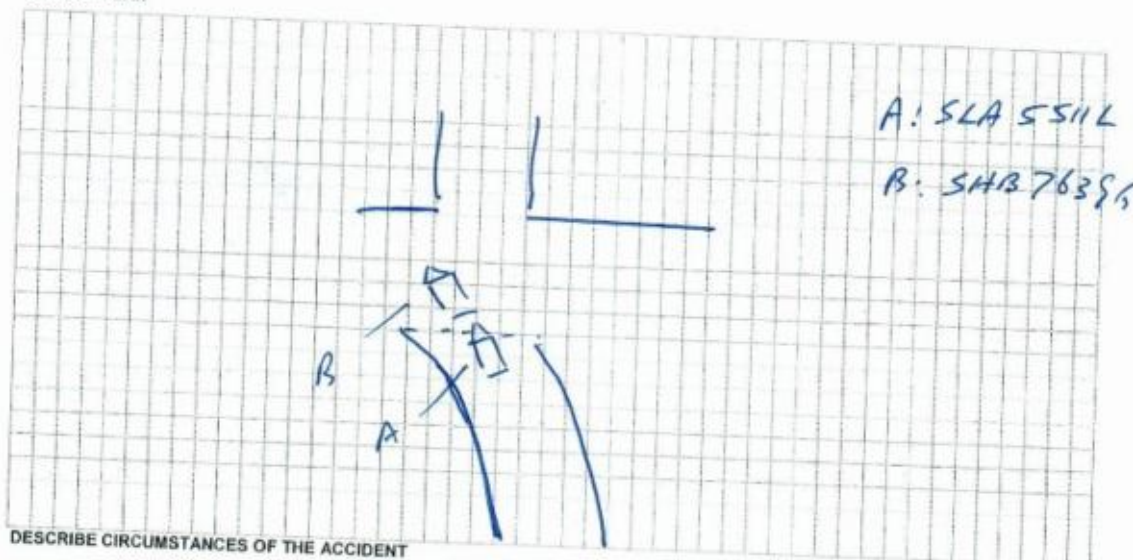
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

17/07/18 09:30am
Policyholder's Signature
Date & Time

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

Vincent Seah
Cycle & Carriage Industries Pte. Ltd.
Body Care & Repair Centre
DID: 6771 4401 HP: 8332 0065 Fax: 6872 1272
Email: vincent.seah@cyclecarriage.com.sg
Reporting Centre Personnel's
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

when making a left turn, checking on right for any traffic.
cab instant suddenly do a jam brake, trying to do a jam brake however vech move to the front of the car.

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature
Date & Time

17/07/18 09:50am

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

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

Vincent Seah
Cycle & Carriage Industries Pte Ltd
Body Care & Repair Centre
Tel: 6771 4401 HP: 8132 0062 Fax: 6771 4401
Email: vincent.seah@cyclecarriage.com.sg



AIG Asia Pacific Insurance Pte. Ltd
AIG Building
78 Shenton Way
#07-16

MOTOR ACCIDENT INTERVIEW FORM

NAME : Low Hong Seng, Anthony (Lu Hong Sheng, Anthony)
VEHICLE NUMBER : SLA 5511 L
DATE/ TIME OF ACCIDENT : 17/07/18 11:44pm
PLACE OF ACCIDENT : Too chat place
THIRD PARTY VEHICLE (IF ANY) : SHB 7689 R

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Pasir Panjang to Too chat place

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?

NA

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Front Portion

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NA

NAME: As Above

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

Accident Sketch Plan

UNDERTAKING

I, Low Hong Seng, Anthony (Lu Hongsheng, Anthony) (NRIC No. S8235511 A), hereby confirm that the Singapore Accident Statement lodged by me on 17/02/18 at 09:50am hours pertaining to the accident involving motor car Reg. No: SLA55114 in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

Signature

:

Name of Insured / Driver

:

Nric No.

:

Date

:

Signature

:

Name of Policyholder

:

Nric No.

:

Date

:

Sketch Plan #4



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Low Hong Seng, Anthony (Lu Hongsheng, Anthony)
 Period of Insurance : 12 Apr 2018 To 11 Apr 2019
 Engine No. : 27081033674259
 Chassis No. : WDD1780422J452948
 Vehicle No. : SLA5511L
 Policy No. : 2100480207-02
 Endorsement No. :
 Issued Date : 19 Mar 2018

ABOUT THE COVER

Make/Model : MERCEDES BENZ A180 BE STYLE
 Engine Capacity/Tonnage : 1,595.00 CC
 Sum Insured : Off Peak Car
 Market Value : No
 First Year of Registration : 2016
 Insuring with COE/PAF : Yes

Persons or Classes of Persons Entitled to Drive*

- 1. The Policyholder
- 2. Any person, who is driving, on the Policyholder's order or with his/her permission
- 3. Any third party, who is driving, on the Policyholder's order or with his/her permission
- 4. Any third party, who is driving, on the Policyholder's order or with his/her permission, provided that the person is not under the age of 21 and not a learner driver

Age Condition

All Age Condition

Limitation as to use*

The Policyholder, driver and passengers are to use the vehicle for business purposes. The Policy does not cover use for hire or reward, driving school, driving test, racing, sports driving, or any other use. The Policyholder is to use the vehicle in accordance with any terms or conditions of use for any business or competition with Motor Trade.

Limit of Insured

The limit of insurance is subject to Section 9 of the Motor Vehicle (Third Party Risk and Compensation) Act (Cap. 140) and Section 92 of the Road Transport Act, 1987 (Singapore), and Part 2, of the Road Transport Act, 1987 (Singapore).

EXCESS

Section 1
 Fire & Theft Excess - \$500
 Flood Damage - \$0
 Road Damage - \$0

Section 2
 Property Damage - \$0

Section 3
 Motor Vehicle - \$0

Section 4
 Motor Vehicle - \$0

Section 5
 Motor Vehicle - \$0

Section 6
 Motor Vehicle - \$0

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Section 54
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Section 55
 Motor Vehicle - \$0

Handwritten signature

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE

Insurance Policy No. 2100480207-02 / 1-25 011 5000 / 1-25 011 5000 / 1-25 011 5000 / 1-25 011 5000

AIG Asia Pacific Insurance Pte. Ltd.



FOR C&C USE ONLY





Accident Sketch Plan



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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