SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

- 1. Please report <u>correctly</u> 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 insurers, you hereby conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	23/07/2018 16:23
Date Of Accident	21/07/2018 20:05
Exact Location Of Accident	WOODLANDS AVE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR4189B
Insured/Policyholder	
Name Of Registered Owner	TAI PEI WEN
NRIC No	S8119416E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83136106
Alternative Phone No	Office-83136106
Vehicle Particulars	
Manufacturer	KIA
Model	К3
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	1700038662
Cover Note Number	
Driver	
Name of Driver	TAI PEI WEN
NRIC No	S8119416E
Date Of Birth	18/06/1981
Occupation	OUTDOOR
Date Of Driving Pass	10/07/2008

10 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83136106

Fax Number

Contact Number OFFICE-83136106

EMail Address NOEMAIL

Address BLK 401 WOODLANDS ST 41 #06-26

Postcode 730401
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

enicie

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

Was any body injured in the Accident? NO

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

ON THE ABOVE STATED DATE AND TIME, VEHICLE A (SLR4189B) WAS TRAVELLING ON WOODLANDS AVE 1. AS I WAS NEARING THE TURN INTO BLK 371 CARPARK, THERE WAS A TAXI (VEHICLE B) SHF713A ALIGHTING PASSENGER ON THE LEFT MOST LANE WITH IT'S HAZZARD LIGHTS ON. AFTER PASSING THE STATIONARY TAXI, I PROCEED TO TURN LEFT INTO THE CARPARK. THE SAID TAXI MOVED OFF BEFORE CHECKING FOR TRAFFIC OR SIGNALLING HIS INTENTION TO DO SO AND COLLIDED INTO THE LEFT SIDE OF MY VEHICLE.

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 SHF713A

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

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 ladgment of this report to the insurers, you hareby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- S. Consent under the Personal Data Protection Act (POPA)

I understand, acknowledge, agree and consent that:

- (z) 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/jaw 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 daims;
 - (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")
- (a) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, dichase and/or process my Personal information for one or more of the above Purposes; and
- my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers on agents (including their lawyers) aw firms), which may be sited outside of Singapore, for one or more of the chove Purposes.
- my Personal Information will also be collected and used to complex delims history for the purpose of freud detection, investigation and management in present and all future daims.
- (e) the information so collected under (d) above they 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.

Folleyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholois!)

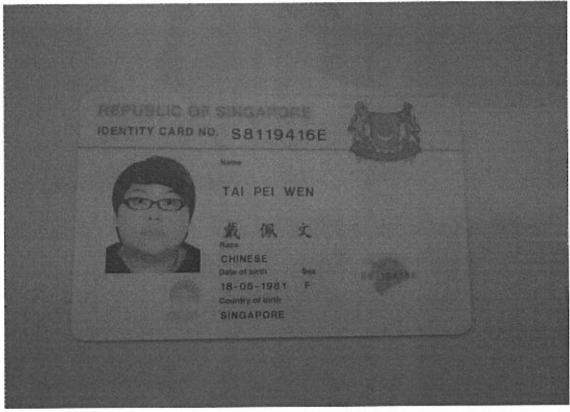
Reporting Centre Personnel's Signature

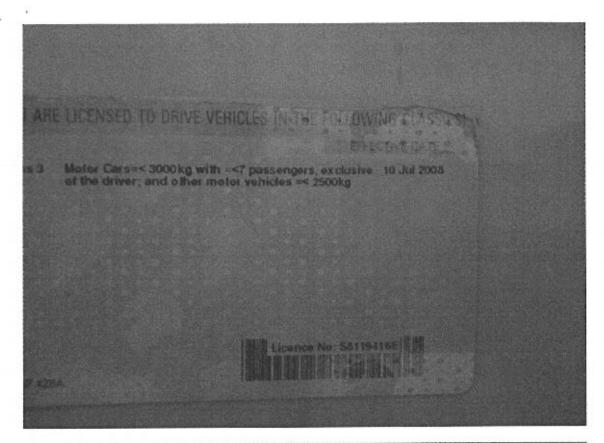
NRIC/FIN No.:

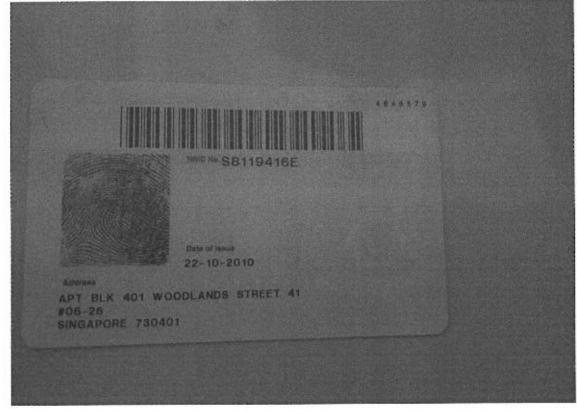
SKETCH PLAN	WOODLAND AVE 1
	VEHA'
	SLR 4189
	THE SERVICE STREET STREET
	VEN B
	SHE 713 A
DESCRIBE CIRCUMSTANC	CES OF THE ACCIDENT
As in the abou	ve stated date and time. I ven "A" car plate num
(SLR4189B) was travelling on Woodland Ave I. As i was
nearing the t	turn into block 371 car park. There land a
taxi ven B	car plate num (SHF 713A) alighting assenger
on the left	most lone with its hozard lights on After
Passing the	Stationary taxi, I proceeded to turn left
into the	carpark! The said taxi moved of the before
checking dor	the tolfic or signaling his intention to
de so and	Collided into the lett side of my vehicle.
, a south of the same of the s	
	A-1000 market
ECLARATION	rticulars are true in everyprespect.
//	11.2.15 pm
//~	23/7/18 [
Reynolder's Signature te & Time:	Oriver (Signature Reporting Control Reporting Co
	Date & Time: NRIC/FIN No.:

Name: NRIC/PIN No.:











CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : TAI PEI WEN

: 15 Aug 2017 To 14 Aug 2018

Period of Insurance : G4FGHH679052

Engine No. Chassis No. : KNAFJ411MJ5739723 Vehicle No. Policy No.

Issued Date

: SLR41895 : 1700038362

Endorsement No.

: 23 Aug 2017

ABOUT THE COVER

Driver Restriction

Maker/Model

: KIA FORTE K3 1.6 A EX

Engine Capacity/Tonnage : 1,591.00 CC

Sum Insured : Market Value

First Year of Registration : 2017

Off Peak Car : You

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

a) The Holleshouter bit A by After Senson who is offering an the Pelicyhodien's order or with hadrat permanent. This Policy with informally the Policy of wind in your Colocil Selection between the Holleshouter (as you find age condition.)

You have to say an additional summed on the summed of the properties of the properties of the summer of the summer

Age Condition

; All Age Candition

Limitation as to use" :

Use only for some themselvens planeter proposes and for the Michael consumer.
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Less of the 1500cc - 1600cc

"under a smill regulate by Serice 3 or the Vide Videous (funding Pressure Components) An 10%, 189, and Sodies Said the Read Turisted Act, 1997 (but by all defended in the Pressure).

EXCESS

Section 1 Fire - 50 Own Damage - \$600 That: - \$0 Piece Cover - \$0

Seution 2 Properly Camago - \$0

Windspreen: \$100

Named Driver and Excess points applicate;

TA FELWEY \$600 (Own Damage)

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

LOyde & Cantage Body & Petro Comps. And 200 Pare an Cacione Si guides 6/3395 6569/164. 2.Oyde & Cantage Customer Sendre Contro (Ter Windomers dein, may Aud. 24) Alban die Road Singepre 184531 et 2/380 m 3.Oyde & Cantage Customer Sendre Contro. Petronisteroen dam prty. Add. 250 till 251 Singapore 4/3650 6/461609

Ferral er Appraved Reporting Certman (S. Ambunteut Reporting passers and a Lander agricult programs) to a 105 MBM 5619. Alterdamy you may rate to Albertaille www.alg.com.org.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MERCEDES-BENZ FINANCIAL SERVICES (S) LTD

VAV. hereby destly that the pulls to which the Carrieses of insummer attack in issued in accordance with the profession of the Meta. Vehicles/Third Pory Yorks are Compression, Act (Cop. 188), Part Violet and Act (187) Metaphole and Mater Violatios (Thire Porty Ricks Tables). UNS (Metaphole and Mater Violatios (Thire Porty Ricks Tables).

0500709317

DYGLE & CARRIAGE - CRITAN(RIA) 239 ALEXANDRA ROAD SINGAPORE 159850 ANSP-MOTOR

Underwritten by AJG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

Accident Photo



Accident Photo

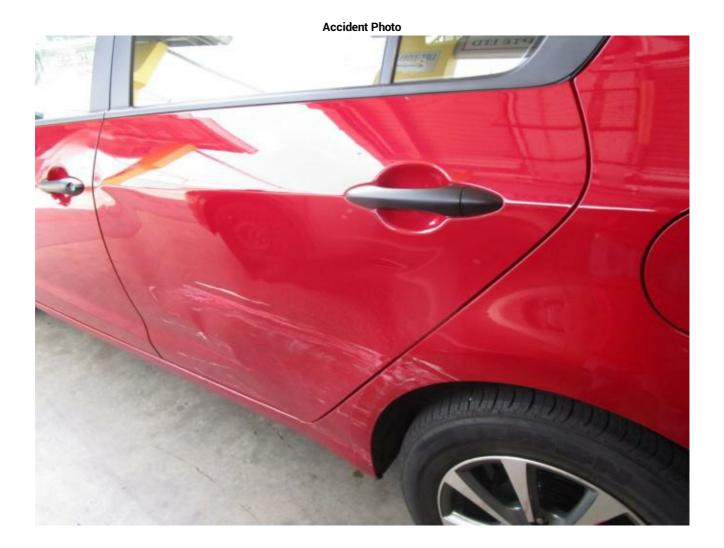












Accident Photo



