

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	20/08/2018 18:58
Date Of Accident	18/08/2018 11:50
Exact Location Of Accident	UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKS1886Z
Insured/Policyholder	
Name Of Registered Owner	KOH CHEN WEI
NRIC No	S7716319J
Email Address	SILENTSC77@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91174081
Alternative Phone No	Office-NOPHONE

Vehicle Particulars	
Manufacturer	SUBARU
Model	IMPREZA-2.5 WRX STI 6MT (M)
Exact Purpose for which vehicle was being used at time of accident	LEISURE / PERSONAL
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	2100407161-03
Cover Note Number	

Driver	
Name of Driver	KOH CHEN WEI
NRIC No	S7716319J
Date Of Birth	17/06/1977
Occupation	INDOOR
Date Of Driving Pass	01/12/2001
Driving Experience	16 YEARS AND 8 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-91174081
Fax Number	
Contact Number	OFFICE-NOPHONE
EEmail Address	SILENTSC77@GMAIL.COM
Address	69 LORONG TANGGAM
Postcode	798757
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 - CHANGE/CROSS LANE
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)	3
Passenger 1	Name: : 1 Gender: : Male
Passenger 2	Name: : 2 Gender: : Female

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

PLEASE REFER TO ATTACHED DOCUMENTS

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

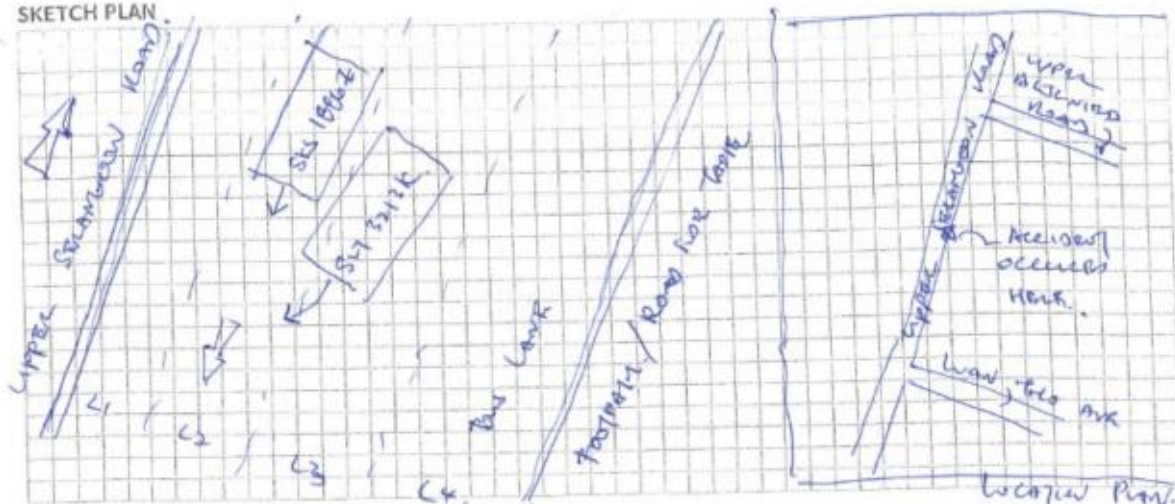
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT3213K
Vehicle Make/Model/Colour	BMW 2 SERIES
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	ANG SHOE WEE
NRIC/Passport Number	
Contact Number	90228303
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG UPPER SERANGOON ROAD TOWARDS THE CITY, AFTER THE JUNCTION OF UPPER ALBUVIA ROAD, WHEN SLT 3213K COLLIDED WITH MY VEHICLE.

I WAS BEHIND THE SLT 3213K ~~WHEN HE~~ ALONG L2 WHEN HE CHANGED LANE TO L3. AS HE HAD CLEARED L2, I DROVE FORWARD BUT AS I CAME ALONG SIDE SLT 3213K, HE SUDDENLY SWERVED BACK INTO L2 AND WE HAD A ~~THE~~ SIDE IMPACT TO SIDE IMPACT COLLISION.

~~Before I managed to react in time.~~ THERE WAS NO SIDE TO SIDE (BODY) CONTACT AS HE MANAGED TO REACT IN TIME. (I THOUGHT OF HIM WHEN I SAW HIM START TO CHANGE DIRECTION TOWARDS L2).

I PASSED HIM AFTER THE CONTACT AND HE STOPPED IN FRONT ALONG THE BUS-STOP BECAUSE WAS TOO FAR TO EXCHANGE CONTACT DETAILS.

DECLARATION

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

IP

Policyholder's Signature

Date & Time: 18 Aug 2016
1450H.

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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.


Policyholder's Signature

Date & Time: 16 Aug 2018
1450H

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


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



Name of Policyholder : Koh Chen Wei
Period of Insurance : 30 Mar 2018 To 29 Mar 2019
Engine No. : EJ25E604252
Chassis No. : JF1VAFKH3FG005020

Vehicle No. : SKS1886Z
Policy No. : 2100407161-03
Endorsement No. :
Issued Date : 23 Mar 2018

Make/Model	SUBARU WRX 2.5 STI 4 DOOR MT		
Engine Capacity/Tonnage	2,457.00 CC	Sum Insured	Market Value
Driver Restriction	Named Driver Basis	Off Peak Car	No
		Insuring with COE/PARF	Yes

5) Any person who is named as a "named driver" under this Policy.

Age Condition : Not Applicable

Only use for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving school, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

* Limitations rendered imperative by Section 2 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 188) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

Section 1
Fire - 50 Own Damage - \$2600 Theft - 50 Flood Cover - 50

Section 2
Property Damage - 50

Windscreens : \$100

Named Driver and Excess *(where applicable)*

Koh Chen Wai - \$2800 (Own Damage)

1. Moby Image Enterprises Pte Ltd. Add: 18 Lorong 8 Toa Payoh Singapore 319255 Tel: 70100

For other Approved Repairing Centres/AIG Authorised Repairs, please contact our 24-hour accident emergency hotline at +65 6339 8208. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

Hire Purchase Company/Employer's Loan: HL Bank

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1999 (Malaysia).

0503619010

TAN CHONG CREDIT - SUBARU PA
911 BUKIT TIMAH ROAD
SINGAPORE 580622 ANSP-MOTOR

Underwritten by AXI Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

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Accident Photo



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