## 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 insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	29/08/2018 08:46
Date Of Accident	28/08/2018 09:15
Exact Location Of Accident	T-JCT OF COMMONWEALTH AVE & DOVER RISE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCQ7G
Insured/Policyholder	
Name Of Registered Owner	SHENG CHOU
NRIC No	S2530628G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96951656
Alternative Phone No	Office-96951656
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180
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	1800079282
Cover Note Number	
Driver	
Name of Driver	TAY KWANG JIN
NRIC No	S2533596A
Date Of Birth	26/03/1929
Occupation	INDOOR

05/11/1974

43 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91072373

Fax Number

**Contact Number** 

EMail Address NOEMAIL

Address 32 SUNSET VIEW

Postcode 597194
Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company 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?

Was any injured conveyed to hospital by

ambulance?

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) 2

Passenger 1 Name: : RACHEL

Gender: : Female

## **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

# **Circumstances of Accident**

CAR B (SKJ6994J) DRIVEN BY GEETHA D/O KATHIVASEN HIT MY CAR AT THE RIGHT REAR OF THE CAR WHILE SHE WAS ATTEMPTING TO CHANGE LANE. INCIDENT OCCUR AT THE JUNCTION OF COMMONWEALTH AVENUE WEST AND CLEAR WEATHERS.

# 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 SKJ6994J
Vehicle Make/Model/Colour BMW WHITE

**Details Of Properties** 

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)

GEETHA D/O KATHIRASEN \$7204337E

892 UPP. BT. TIMAH RD

#03-21

678187

MSIG Insurance (Singapore) Pte. Ltd.

#### Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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 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 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
  - (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
  - (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 28.08.18 17:20PM

Driver's Signature (If driver is not the policyholder) Date & Time 28.08.18 17:20PM

Toyles of

Reporting Centre Personnel's

Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The other party's vehicle (SK) 6994) driven by Geetha do Kathirakus (S7204337E) hit scata operated by Mr. Tay knowing Jim (S2533596A) at the right hear of the vehicle while she was attemptly to change know included occur at the jewation of communically Avenue were and Dozer kite at around 910am.

Clear weathers.

### 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.

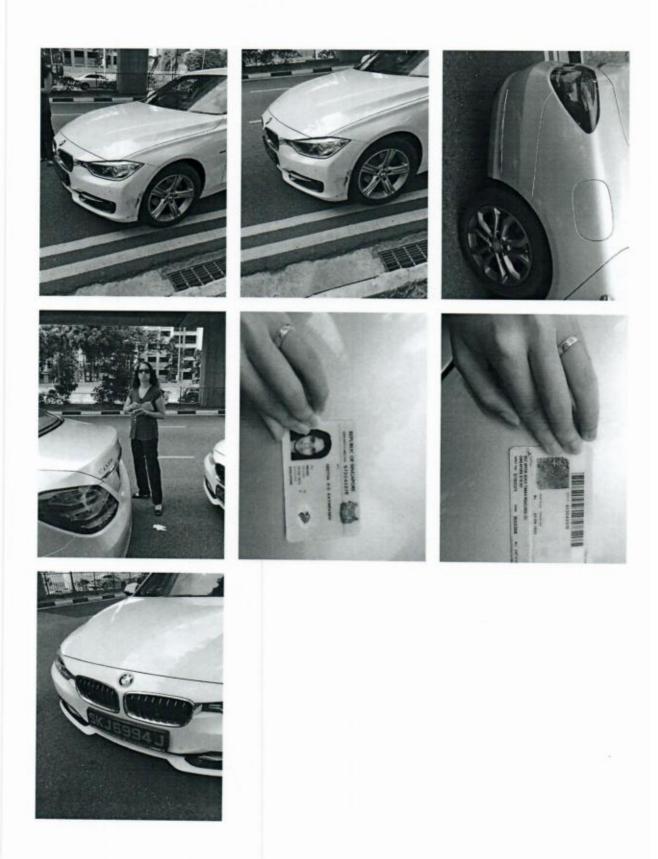
(Please contact your insurance company for any further details)

Policyholder's Signature Date & Time 28.08.18 17:20PM

Driver's Signature (If driver is not the policyholder) Date & Time 28.08.18 17:20PM

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







# CERTIFICATE OF INSURANCE

# MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE Name of Policyholder : Sheng Chou Period of Insurance : 13 Oct 2017 To 12 Oct 2018

Engine No.

: 27491030199181 : WDD2050402F036817

Chassis No.

Vehicle No. Policy No.

: SCQ7G : 2100388493-03

Endorsement No.

Issued Date

: 06 Sep 2017

# ABOUT THE COVER

Make/Model

: MERCEDES BENZ C180 SEDAN AVANTGARDE / EXCLUSIVE

Engine Capacity/Tonnage : 1.595.00 CC

Sum Insured : Market Value

First Year of Registration : 2014

Driver Restriction

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\* :

by The Policyholder by Any other person who is crowing on the Policyholder's order or with Noher permission. The Policy will indetently the Policyholder of stry authorised driver only if heldne theets the specified age condition. The Policy will indetently the Policyholder of stry authorised driver only if heldne though the specified age condition. You have to pay an additional sum of \$3,000 as "Young and/or inexperienced Driver Richard" ("YIDR") If You are or Your Authorised Driver (hamed or unnermed) is under the ege of 25 and/or has less

Age Condition

: All Age Condition

Limitation as to use\* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for live or reward, driving bellion, among test, racing, secondary stall or speed-lineing, the camage of goods other than samples in obtraction with any trace or business or use for any purpose in connection with Motor Trade.

Loss of Use 2000cc

\* Limitations, rendered Properative by Section 6 of the Motor Vehicles (Thirs-Party Risks and Compensation) Act (Cap. 168) and Section 95 of the Road Transport Act, 1967 (Mateyalis), are not to be included under these headings. EXCESS

Section 1 Fire SO Own Damage - \$3300 Thaft - \$6 Flood Cover - \$0

Section 2 Property Damage + \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Sheng Chou - \$3300 (Own Damage)

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

1.Europ Service Center (For accident reporting only). Add. 330 Util Road 3 Singapore 408600 67412388.

2.Pandan Long Service Center – Body Care & Repair (For accident repeir & accident repairing. Add. 186 Pandan Loop Singapore 128378 67778368.

For other Approved Reporting Centrativity Authorised Reparets, please contact our 24-hour accident emergency holistic at +65-6356-6300. Alternatively, you may refer to AUG website wiew arg.com.sq. or AUG 50 Wobile App. Straps search and download "AUG SG" from Puries or Google Play.

# IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

With hereby cartfy that the policy to which the Certificate of Insurance relates is issued in ecocolance with the provisions of the Motor Vehicles (Third Perty Risks and Compensation) Act (Cap. 189), Pert IV of the Road Transport Act, 1987 (Malogaia) and Motor Vehicles (Third Perty Risks and Compensation) Act (Cap. 189), Pert IV of

9500660376

CYCLE & CARRIAGE - CHRISL 239 ALEXANDRA ROAD SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE







