

## 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	01/09/2018 14:39
Date Of Accident	01/09/2018 09:10
Exact Location Of Accident	JUNCTION OF UBI RD 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFM763S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO CHEE SIA
NRIC No	S1785753C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97905678
Alternative Phone No	Office-97905678

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E300
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
If No, Please state action to be taken	
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	1700051851
Cover Note Number	

### Driver

Name of Driver	HO CHEE SIA
NRIC No	S1785753C
Date Of Birth	06/06/1967
Occupation	INDOOR
Date Of Driving Pass	12/07/1988
Driving Experience	30 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-97905678
Fax Number	
Contact Number	OFFICE-97905678
E-Mail Address	NOEMAIL
Address	BLK 145 LORONG AH SOO #08-135
Postcode	530145
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	
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

MY VEHICLE WAS ACTUALLY STATIONARY. I ACCIDENTALLY LET GO OF MY BRAKE AND KNOCK AGAINST VEHICLE B REAR 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	SJU1376A
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

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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:



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

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

same

ADKWD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was actually stationary, i accidentally let go my brake and knocked against vehicle B rear portion.

*[Handwritten signature]*

DECLARATION

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

*[Handwritten signature]*

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.:

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Ho Chee Sia  
VEHICLE NUMBER : SFM 763S  
DATE/TIME OF ACCIDENT : 01/09/2018 0910am  
PLACE OF ACCIDENT : Junction of Ubi Road 2  
THIRD PARTY VEHICLE (IF ANY) : BJU 1376A

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

Lorong Ah Soo to Raffles boulevard

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 IS THE RESULT?

No

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

Head to Rear

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

No injuries

Name:-

I Affirmed The Above Information Is Given To My Best Knowledge.



INSURANCE



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Ho Chee Sia  
 Period of Insurance : 29 Oct 2017 To 28 Oct 2018  
 Engine No. : 27295231625063  
 Chassis No. : WDD2120542A286184

Vehicle No. : SFM783S  
 Policy No. : 1700051851  
 Endorsement No. :  
 Issued Date : 27 Sep 2017

ABOUT THE COVER

Make/Model : MERCEDES BENZ E300 ESTATE  
 Engine Capacity/Tonnage : 2,996.00 CC Sum Insured : Market Value First Year of Registration : 2010  
 Driver Restriction : NA Off Peak Car : No Insuring with CCE/PARE : Yes

Person or Classes of Persons Entitled to Drive\*

as the Policyholder  
 or Any other person who is being insured by the Policyholder's name or with their permission.  
 This Policy will indemnify the Policyholder in any event of an accident only if he/she meets the specified age condition.  
 You have to pay an additional sum of \$2,000 as "Licensed Driver Excess (LDE)" if You are a "Young Adult" (i.e. you are under 25 years old) when you are driving.

Age Condition : 40 years old and above

Limitation as to Use\*

Use only for local, domestic and foreign purposes and for the Policyholder's business.  
 This Policy does not cover use for hire or reward, off-road use, racing, participation, reliability trials or speed testing, for coverage of delivery of goods or other similar or analogous use for any purpose in connection with Motor Trade.

Limit of Use 1000cc - 1000cc Optional

\* Exclusions covered separately by Section 8 of the Motor Vehicle (Third Party) Risk and Compensation Act (Cap. 156) and Section 95 of the Road Transport Act, 1987 (Singapore) and not to be included under Motor Trade Policy.

EXCESS

Section 1  
 Fire - \$0 Own Damage - \$100 Theft - \$0 Total Glass - \$0

Section 2  
 Property Damage - \$0

Whichever is \$100

Named Driver and Excess (where applicable)

Ho Chee Sia - \$100 (Own Damage)

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

Approved Reporting Centres (ARC) and/or authorised repairers of motor-related repairs.  
 Any accident repairs to the Vehicle must be carried out by one of the Authorised Repairers (AR) in the first 7 days of the first registration of the Motor Vehicle (Singapore). You may find the list of the ARs on our website at the following link: [www.aig.com.sg](http://www.aig.com.sg).  
 For other Approved Reporting Centres (ARC) and/or authorised repairers, please contact our 24/7 helpline immediately following the time of the accident. You may also visit our website at [www.aig.com.sg](http://www.aig.com.sg) for more information about AIG's ARC and/or authorised repairers.

IMPORTANT NOTES

Hire Purchase Company/Employers Loan: Hin Lung Auto Pte Ltd

Please verify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicle (Third Party) Risk and Compensation Act (Cap. 156) of the Road Transport Act, 1987 (Singapore) and Motor Vehicle (Third Party) Risk, Rules, 1986 (Singapore).

650226000

SAFE HARBOUR ASSURANCE AGENCY

SUK 208 HDBUKANG ST 21 934-207

SINGAPORE 530268

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

Accident Photo



Accident Photo



Accident Photo



Accident Photo

