

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	21/08/2018 15:21
Date Of Accident	21/08/2018 08:15
Exact Location Of Accident	HOUGANG CENTRAL TO UPP SERANGOON TRAFFIC JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFN9186T
Insured/Policyholder	
Name Of Registered Owner	HO SOO GHIM GRACE
NRIC No	S6801430A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92376528
Alternative Phone No	Office-92376528

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA200
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	2100353642
Cover Note Number	

Driver

Name of Driver	HO SOO GHIM GRACE
NRIC No	S6801430A
Date Of Birth	11/01/1968
Occupation	OUTDOOR
Date Of Driving Pass	25/06/1996
Driving Experience	22 YEARS AND 1 MONTH

Gender	FEMALE
Mobile Number	(LOCAL) +65-92376528
Fax Number	
Contact Number	OFFICE-92376528
EMail Address	NOEMAIL
Address	BLK 950 HOUGANG ST 91 #02-308
Postcode	530950
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 ON COLLISION
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?	YES
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

ON THE STATED DATE AND TIME, I WAS DRIVING MY CAR (SFN9186T) ALONG HOUGANG CENTRAL WITH THE INTENTION TO TURN RIGHT ONTO UPPER SERANGOON ROAD. AS I WAS APPROACHINNG THE TRAFFIC LIGHT, IT TURNED RED AND I CAME TO A COMPLETE STOP. AFTERWHICH, THE TURNING RIGHT GREEN ARROW APPEARED. HENCE, I PROCEED TO TURN RIGHT ONTO UPPER SERANGOON ROAD. SUDDENLY, I SAW A FAST APPROACHING MOTORCYCLE, VEHICLE B (FBD2593Y) RIDING TOWARDS ME AND ALMOST IMMEDIATELY, IT COLLIDED RIGHT ONTO MY FRONT BUMPER. I WISH TO STATE THAT I AM CERTAIN THAT THE TURNING GREEN ARROW HAVE APPEARED BEFORE I MADE THE RIGHT TURN.

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	FBD2593Y
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	MOTORCYCLE

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

DETAILS OF INJURED PERSON 1

Name UNKNOWN
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan

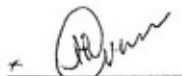
SKETCH PLAN

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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.:

AUTOWEREE

[illegible]

On the stated date and time, I was driving my car (Veh A: SFN9186T) along Hougang Central with the intentions to turn right onto Upper Serangoon Road. As I was approaching the traffic light, it turned red and I came to a complete stop. After which, the turning right green arrow appeared hence I proceeded to turn right on Upper Serangoon Road. Suddenly, I saw a fast approaching motorcycle (Veh B: FBD 25939) riding towards me and almost immediately, it collided right onto my front bumper. I wish to state that I am certain that the 'Turning Right Green Arrow' have appeared before I made the right turn.

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

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

[illegible]

INSURANCE



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Ho Soo Ghim, Grace
 Period of Insurance : 14 Oct 2017 To 13 Oct 2018
 Engine No. : 27091030250738
 Chassis No. : WDD1173432N035739

Vehicle No. : SFN9188T
 Policy No. : 2100353642-04
 Endorsement No. :
 Issued Date : 18 Sep 2017

ABOUT THE COVER

Make/Model : MERCEDES BENZ CLA200 BE
 Engine Capacity/Tonnage : 1,595.00 CC Sum Insured : Market Value First Year of Registration : 2013
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive*

a) The Policyholder
 b) Any other person who is driving on the Policyholder's order or with his/her permission.
 This Policy will indemnify the policyholder or any authorized driver only if he/she meets the following condition:
 Yes, I/we agree to pay an additional sum of \$5,000 as "Transportation Costs Excess" (TDR) if I/we as the Driver involved in an accident, has less than 2 years' driving experience.

Age Condition : 40 years old and above

Limitation as to use*

Exclusively for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, participation in reliability trials 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.

Loss of Use 20000.

*Limitations exclude, in addition to Section 5 of the Motor Vehicle (Third Party Rules and Compensation) Act (Cap. 184) and Section 85 of the Road Transport Act, 1987 (Malaysia), and not to be included on the third party's liability.

EXCESS

Section 1
 Fire - \$0 (Own Damage) - \$1000 (Theft) - \$0 (Third Party) - \$0

Section 2
 Property Damage - \$0

Warranty - \$100

Named Driver and Excess (with appropriate)

Ho Soo Ghim, Grace - \$1200 (Own Damage)

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

1. Claims Service Centre (For accident reporting only) Add: 100 Hui Road S Singapore 408800 04112588
 2. Porsche Casa Service Center - Body Care & Repair (For accident repair & accident reporting) Add: 100 Raffles Lane Singapore 108375 07775388

For other Approved Reporting Centres/Authorised Repairers, please contact our 24 hour accident emergency hotline at +65 6388 3200. Alternatively, you may report to AIG website www.aig.com.sg or AIG 30 Mobile App. Simply search the keyword "AIG 30" on iTunes or Google Play.

IMPORTANT NOTES

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

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicle (Third Party Rules and Compensation) Act (Cap. 184), Part V of the Road Transport Act, 1987 (Malaysia) and Motor Vehicle (Third Party Rules) Rules, 1989 (Malaysia).

0520420409

CYCLE & CARRIAGE - MINIMIN

230 ALEXANDRA ROAD

SINGAPORE 119900 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

AIG Asia Pacific Insurance Pte. Ltd.

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Accident Photo



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