# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 29/10/2018 16:30

## SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

Occupation

**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 liability.
- 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

<ol><li>By the lodgement of this report to the insurers, you hereby conseaforesaid.</li></ol>	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	29/10/2018 14:33
Date Of Accident	26/09/2018 08:45
Exact Location Of Accident	STAMFORD ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCE400S
Insured/Policyholder	
Name Of Registered Owner	TAKESHI KIYAMA
NRIC No	S2740911C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96649617
Alternative Phone No	Others-NOPHONE
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	RAV4 PREMIUM 2.0CVT
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	REPORTING ONLY
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	2100501515
Cover Note Number	
Driver	
Name of Driver	TAKESHI KIYAMA
NRIC No	S2740911C
Date Of Birth	08/09/1943

**INDOOR** 

06/06/1988

30 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96649617

Fax Number

Contact Number OTHERS-NOPHONE

EMail Address NOEMAIL

Address 11 TANJONG RHU ROAD

#12-04

Postcode 436896 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

\_

NO

NO

1

NO

NO

## **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?

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)

## **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**

-

# 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 GBF7889B

Vehicle Make/Model/Colour

Details Of Properties

V 1 ' 1 O .

Vehicle Category COMMERCIAL VEHICLE

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

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 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:
  - 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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN GBF SCE 4005

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE:	SCE 400S	ACCIDENT DATE & TIME: 26/	109/208 08.4500
CONTACT NUMBER:	8787 9905	E-MAIL ADDRESS:	
LOCATION:	Stanford Road		
head not	lamiler with	accident much den	e of nemorth
in Singer	me . So fust	neputs to police. &	set late
Was Just	to marrie To	Aca	
70/2	10 104 07 1		
	22.2	9.1	
	16.0		
	30 5 3	<u> </u>	<u></u>
	3000 INC		
-1 474750 0000000		2220202	Maria
NOTE: PLEAS	E NOTE THAT YOUR INSUR	ER MAY HAVE 14 DAYS TIME FRAME FO	DR YOU TO SUBMIT AN
OWN DAMAGE O	CLAIM UNDER YOUR OWN P	POLICY. PLEASE CHECK YOUR POLICY F	FOR MORE INFORMATION
Please state:			
( ) Claim Own P	olicy ( ) Claim Third Pa	rty ( ) Claim OD/TP at other workshop	U Reporting Only

DECLARATION

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

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.:





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

1 of 3 Report No. T/20181001/2186

Tel No: 1800-4428999

REPORT	OF A	TRAFFIC	ACCIDENT

Date/Time Report Made: 01/10/2018 23:07			Vide Report No.: E/20180926/0060	Station Diary No.: 102	
Informa	it's Partice	ulars	TO HERE THE PARTY OF THE PARTY		
	Informant: II KIYAMA		Address: 11 TANJONG RHU ROAD #12-04 SINGAPORE 436896		
ID Type NRIC NO	/ ID No.: ) / S27409	11C	Contact No.: Home/Office: Mobile: 96649617		
Nationali JAPANE			Email:		
Sex: Male	Age: 75	Date of Birth: 08/09/1943	Type of Informant: Driver		
Race: Japanese			Language: Institution / School Na English		
Occupation: ENGINEER			Driving Licence Information: Class: 3	Date of Expiry:	

General Inform	mation of the Accide	nt			
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/09/2018 08:4	<b>₽</b> 0	Type of Location: Straight Road
Location: Along Road 1 STAMFORD along Stamfo	ROAD				
Weather: Clear	er: Road Dry			Road	d Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear					one conveyed by ulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBF7889B	Van	FIAT	DOBLO CARGO MAXI 1.6 MTJ 6MT GLAZE	Black		0
SCE400S	Car	TOYOTA	RAV4 PREMIUM 2.0 CVT	Grey	Slightly Damaged	1





2 of 3

Report No. T/20181001/2186

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

## CONTINUATION OF REPORT

Details of V	ehiclejinsurance		Terrorian at the contract of	Constitution of the Consti
Vehicle No.	Insurance Company	Insurance No. 1	Effective	Expiry Date
SCE400S	AIG ASIA PACIFIC INSURANCE PTE.			23/02/2019

## Brief Details.

On 26/09/2018 at about 0840hrs I was sending my wife to her appointment location at Ngee Ann City. I was driving my vehicle SCE400S. I was travelling along Stamford Road. I came to a junction whereby I can choose to take the tunnel or turn right. I slowed down as I am not very familiar with the area. When I decide to turn right, I felt an impact from behind. I then realized that a van has hit onto my vehicle. I then alighted to make a check. The driver of the vehicle shouted at me but I could not understand what is the driver saying. I wanted to exchange particulars with the van driver but he refused. As such we did not exchange any particulars. I saw that the damage was very minor as such I just drove off as I was rushing for time.





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 Tel No: 1800-4428999 3 of 3 Report No. T/20181001/2186

CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the <u>report number</u> as reference.

Signature Of Officer Recording The Report: G / Sgt 2 MAK YIK MENG, EUGENE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/10/2018 23:07
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU-LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	



# CERTIFICATE OF INSURANCE

Endorsement No.

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Tákeshi Kiyama

Vehicle No. : SCE400C Period of Insurance : 24 Feb 2018 To 23 Feb 2019 Policy No. : 2100501515-01

Engine No. : 3ZRB911601

Chassis No. : JTMDEREV20D108429 **Issued Date** : 26 Jan 2018

## ABOUT THE COVER

Make/Model : TOYOTA Rav4 Premium

Engine Capacity/Tonnage : 1,987.00 CC Sum Insured : Market Value First Year of Registration : 2017 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : 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 tris/her permission.
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young additional sum of \$3,000 as "You

: All Age Condition 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 hire or reward, driving tuision, driving test, racing, pace-making, retability 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.

Loss of Use 1500cc - 1600cc Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

### EXCESS

Section 1 Fire - S0 Own Damage - \$1500 Theft - \$0 Flood Cover - \$0

Section 2 Properly Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Takeshi Kiyama - \$1500 (Own Damage)

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

Approved Reporting Centreal AIG Authorised Repairers (For dalms related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's warkshop,
For other Approved Reporting Centres/MO authorised Repairers, please contact our 24-hour accident emergency hotine at +85 6338 6200. 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.

## IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

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 (Cep. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0030210000

AIG ASIA PACIFIC INSURANCE PL 78 SHENTON WAY #07-16 AIG BUILDING SINGAPORE 079120 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

## **Driving License**

























