# 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 <u>truthful and accurate</u> 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 aforesaid

aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	04/01/2019 14:47
Date Of Accident	03/01/2019 17:15
Exact Location Of Accident	SLIP RD OF UPP BT TIMAH RD TO DAIRY FARM RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT1592C
Insured/Policyholder	
Name Of Registered Owner	BHUPINDER KAUR D/O HARBAKHSH SINGH
NRIC No	S1106133H
Email Address	GOBS86@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97879351
Alternative Phone No	Office-97879351
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	CRUZE-1.6 (M)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	2100273513-07
Cover Note Number	
Driver	
Name of Driver	HARGOBIND SINGH
NRIC No	S8600338D
Date Of Birth	07/01/1986
Occupation	INDOOR

05/08/2006

12 YEARS AND 4 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-90294913

Fax Number

**Contact Number** 

**EMail Address** GOBS86@GMAIL.COM

**BLK 14 KG KARANG ROAD** Address

#06-43

Postcode 431014 Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN** 

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 (including own vehicle)

involved in the accident

2

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

NO

NO

Number of Passengers (Including Driver) 1

# **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**

STATEMENT RECORDED BY SOO - PROGRESSIVE CAR CARE PTE LTD (6741 5336)

# 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 SLR1865C

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

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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- 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.
- B. 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, raports 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 iswyers/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:
  - 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: Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

KETCH PLAN		
		Vehicle A - SJT 15926
		B-SLR 1865
	B A A	
		Vehicle Motorcycle
ESCRIBE CIRCUMSTANCES		
Refer to police	veport no= 7/20190103/21	6 .
	- III C	1100
DECLARATION  /We declare the foregoing part  Please be advised that your insurer ma  room the day of occurrence. Kindly che	culars are true in every respect.  Thave a fourteen (14) days clause whereby the claim against or  the your policy for more details.	wn policy must be made within the stipe ated timeframe
	V\ *	Reporting Centre Personnel's Signature
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personner's Signature Name:

Date & Time:

NRIC/FIN No.:

Date & Time:





T/20190103/2116

1 of 3

Report No. T/20190103/2116

# Jun Of Origin:

60 Dakota Crescent #01-213 SINGAPORE

390060

Tel No: 1800-3449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2019 19:11		Vide Report No.:	Station Diary No.: 18			
Informa	nt's Particu	ılars				
Name of Informant: HARGOBIND SINGH			Address: APT BLK 14 KAMPONG ARANG ROAD #06-43 SINGAPORE 431014			
ID Type / ID No.: NRIC NO / S8600338D			Contact No.: Home/Office: Mobile: 90294913			
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Age: Date of Birth: Male 32 07/01/1986		Type of Informant: Driver				
Race: Sikh		Language:	Institution / School Name:			
Occupation: SENIOR MILITARY EXPERT			Driving Licence Inform Class:	nation: Date of Expiry:		

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 03/01/2019 17:15	Type of Location Straight Road
UPPER BUK DAIRY FARM	Traveling Toward Ro IT TIMAH ROAD I ROAD AT THE JUNCTION	oad 2		
Weather: Road Surface: Dry			Road Speed Limit:	
Traffic Flow: Dual Carriage	e Way	Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SJT1592C	Car				Slightly Damaged	0
SLR1865C	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Mountbatten NPP 60 Dakota Crescent #01-213 SINGAPORE

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Report No. T/20190103/2116

Tel No: 1800-3449999

CONTINUATION OF REPORT

Driver						
Name	HARGOBIND SINGH		ID No.		S8600338D	
Related Vehicle	SJT1592C (Car)		Conta	ct No.	90294913	
Hospital/Clinic	NIL		Class Driving Licent Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Disc				NIL	
No. of Days granted Medical Leave NIL Degree of		of Injury NIL				
Driver						
Name	JOHNNY LEE		ID No.		S8017060B	
Related Vehicle	SLR1865C (Car)		Contact No.		88260906	
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Disc			harge	NIL	
No. of Days gran				ree of Injury NIL		

# Brief Details.

On the 03/01/2019 at about 17:20hrs, I was driving my vehicle, SJT 1592 C, travelling along the 2nd lane of Upper Bukit Timah. As I was approaching the slip road towards Dairy Farm Road, the vehicle, SLR1865C, in front of me had brake suddenly. I could not brake on time and had collided into the rear of the vehicle. My front bumper had only a small dent and cracked license plate while the other vehicle had a big dent at his rear bumper and rear door. No one was injured from the accident.





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Report No. T/20190103/2116

Police Station Of Origin: Mountbatten NPP 60 Dakota Crescent #01-213 SINGAPORE

Tel No: 1800-3449999

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 report number as reference.

G / Sgt 3 ABDUL KHAIRI BIN ABDUL KADIR	Signature of mormanic
Signature Of Interpreter: Not applicable	Date/Time: 03/01/2019 19:11
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

### **AUTOPLUS PRIVATE VEHICLE**

Name of Policyholder : Bhupinder Kaur D/O Harbakhsh Singh Period of Insurance : 25 Sep 2018 To 24 Sep 2019 Vehicle No. : SJT1592C Policy No. : 2100273513-07

: F16D34539421 Endorsement No. Engine No.

Chassis No. : KL1JF6961AK532029 Issued Date : 09 Sep 2018

#### ABOUT THE COVER

Make/Model : CHEVROLET CRUZE 1.6 AT

Sum Insured : Market Value First Year of Registration : 2009 Engine Capacity/Tonnage: 1,598.00 CC 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 higher permission.
 This Policy will indomnify the Policyholder or any authorised driver only if heishe meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or resperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than

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 hire or reward, thirting fution, driving fast, racing, pace-making, reliability bial 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

\* Unidations 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 handings.

#### EXCESS

Section 1 Fire - \$0 Own Damage - \$600. Theft - \$0 Flood Cover - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Bhupinder Kaur DrO Harbekhsh Singh - \$600 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For dialins 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 Sale Apperts workshop,
For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotize at +65 6336 6200. Alternatively, You may refer to AIG website www.aig.com.sg
or AIG SIG Mobile App. Simply search and download "AIG SIG" from Funes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

We hereby certify that the policy to which this Certificate of Insurance mistes is issued in accordance with the provisions of the Motor Vehicles (Third Parry Risks and Compensation) Act (Cap. 189), Part IV of gifte Road Transport Act. 1987 (Malaysia) and Motor Vehicles (Third Parry Risks) Rules, 1989 (Malaysia).

0348034000

CHEW HASSAN VICTOR CLARENCE AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120 SP-YEH-BRIANTAN

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1106133H



Name

# BHUPINDER KAUR D/O HARBAKHSH SINGH



Race SIKH Cale of birth 08-10-1955

Country/Place of birth SINGAPORE Sex F

5110613311



5989938



мяю № S1106133H



Cate of Haue

13-07-2018

APT BLK 10 JALAN BATU #05-06 SINGAPORE 431010

# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 05 Aug 2006 of the driver; and other motor vehicles =< 2500kg

NP 428A

Licence No: \$8600335D



# **Accident Photo**







**Accident Photo** 



# Accident Photo

