

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 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	18/01/2017 16:08
Date Of Accident	17/01/2017 20:00
Exact Location Of Accident	BUANGKOK EAST DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ8618X
Insured/Policyholder	
Name Of Registered Owner	WOO MEI LING
NRIC No	S1194280F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93837240
Alternative Phone No	Office-93837240

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 (A)
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	2100495978
Cover Note Number	

Driver

Name of Driver	TEO HOCK MIN
NRIC No	S0180062J
Date Of Birth	03/06/1949
Occupation	INDOOR
Date Of Driving Pass	05/01/1973
Driving Experience	44 YEARS AND 0 MONTHS
Gender	MALE

Mobile Number	(LOCAL) +65-94282571
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 186 PUNGGOL CENTRAL #14-251
Postcode	820186
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	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION- CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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)	2

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

I WAS CHANGING LANE FROM LEFT TO RIGHT. MY VEHICLE WAS 3/4 IN LANE. SUDDENLY, VEHICLE B HIT ONTO MY VEHICLE REAR LEFT.

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	WC2890X
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)
Details of Witness

Name

Phone Number

Email Address

Sketch Plan

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand and 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 insurer/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 investigation relating to the claims;

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 lawyer/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

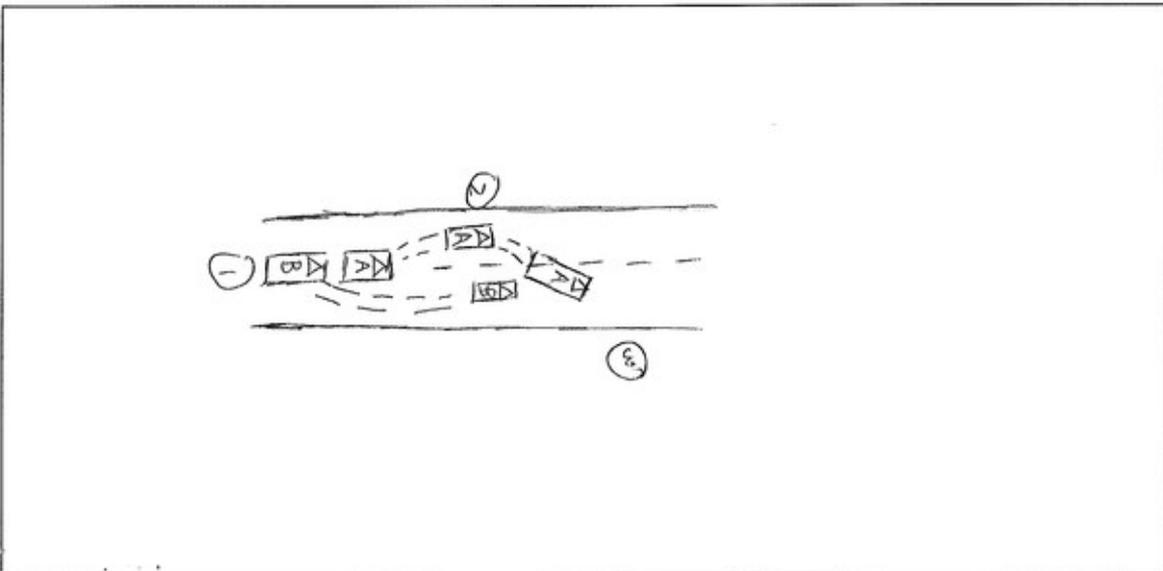
Policyholder's Signature / Date &
Time

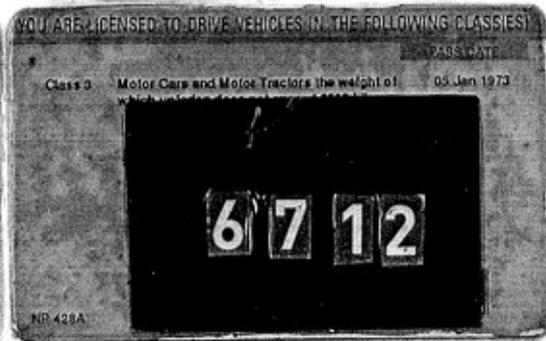
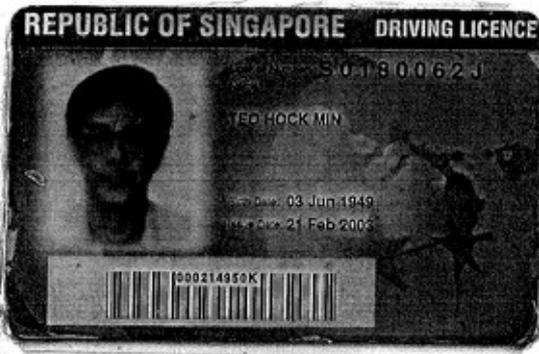
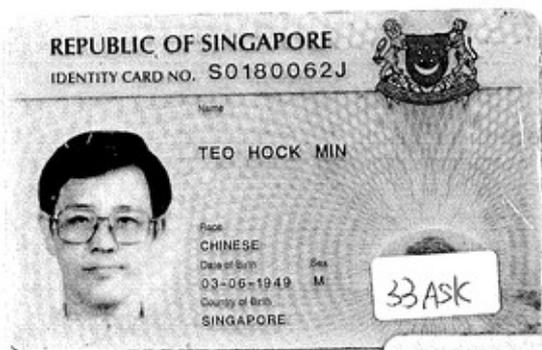


Driver's Signature (If driver is not the policyholder)/ Date
& Time

Witnessed by Reporting Centre
Personal

Sketch Plan





Sketch Plan #4


 HOTLINE TEL: (65) 6418 3000
 FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1990
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

MX.1

MITSUBISHI AUTO PROTECTOR (Insured Not Driving Policy)	OWN DAMAGE EXCESS \$5600.00 (1)
CERTIFICATE NO. 2100495978-00000	WINDSCREEN EXCESS \$5100.00 <small>(for policies with effect from 1st November 2002)</small>
	SUM INSURED Market Value
	INSURING WITH COE/PARF Yes
1) VEHICLE REGISTRATION NO.	SLJ8618X
2) NAME OF INSURED	Woo Mei Ling
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	29 Dec 2016
4) DATE OF EXPIRY OF INSURANCE	28 Dec 2017
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *	
SUBJECT TO AGE CONDITION :All Age Condition	
<small>Any person other than the Insured who is driving on the Insured's order or with his permission. This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions. A Young and/or Inexperienced Driver Excess ("YIDR") of \$53,000.00, in addition to the Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.</small>	
<small>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.</small>	
6) LIMITATION AS TO USE *	
<small>Use only for social, domestic and pleasure purposes and for the Insured's business. The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.</small>	
APPROVED REPORTING CENTRES / MITSUBISHI AUTHORISED REPAIRERS	
<small>1. Cycle & Carriage Pandan Gardens Service Centre - 209 Pandan Gdn (Tel: 6568-4555)</small>	
APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)	
<small>2. ComfortDelgro Engng - 205 Bras Basah Rd (Tel: 63837118) 3. Eibox - 30 Bukit Batok Cres (Tel: 66547777)</small>	
<small>4. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only 5. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560)</small>	
<small>6. Lai Huat (Mong Kee) Motor - 21 Sin Ming Ind (Tel: 64538110) 7. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62721892)</small>	
<small>8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336) 9. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)</small>	
LOSS OF USE	15 Days Replacement Car only for repairs at C & G - Refer to policy wordings for details
NAMED DRIVER	NA
HIRE PURCHASE COMPANY / EMPLOYER'S LOAN	DBS BANK LTD
<small>* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</small>	

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 4 Jan 2017

AIG Asia Pacific Insurance Pte. Ltd.

 500720-777
 CYCLE & CARRIAGE - AKEEM(MIT)
 239 ALEXANDRA ROAD SINGAPORE 159930 ANSP-
 MOTOR

AUTHORISED REPRESENTATIVE

ORIGINAL

SCOPY.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

