

## 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 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.

### ACCIDENT STATEMENT

Date Of Report	09/02/2019 09:24
Date Of Accident	08/02/2019 08:00
Exact Location Of Accident	SELETAR DAM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF217F
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#### Insured/Policyholder

Name Of Registered Owner	BAO HONGMAN
NRIC No	S7984258C
Email Address	BAOHONGMAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85181093
Alternative Phone No	OTHERS-83186854

#### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 1.5L SDN
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	
Cover Note Number	3100029661

#### Driver

Name of Driver	BAO HONGMAN
NRIC No	S7984258C
Date Of Birth	13/03/1979
Occupation	INDOOR
Date Of Driving Pass	17/01/2015
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85181093
Fax Number	
Contact Number	OTHERS-83186854
Email Address	BAOHONGMAN@GMAIL.COM



Address	19 SEMBAWANG CRESCENT #09-36
Postcode	757052
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	CHAIN COLLISION
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	3
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.	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

REFER TO THE ATTACHED SKETCH PLAN.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB6632G
Vehicle Make/Model/Colour	HYUNDAI, BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SEE ENG HENG
NRIC/Passport Number	S7104261H
Contact Number	96956066
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT AREA
No. Of Passenger (Including Driver)	2



Passenger 1

NAME: :  
GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2	
Vehicle Registration Number	SMD8282A
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIANG JIZHI
NRIC/Passport Number	S8219145C
Contact Number	91463222
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR AREA
No. Of Passenger (Including Driver)	1



## Sketch Plan Pg. 1


### SKETCH PLAN

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

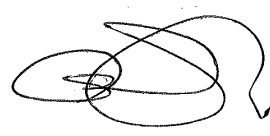
I understand, acknowledge, agree and consent that:

- (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:

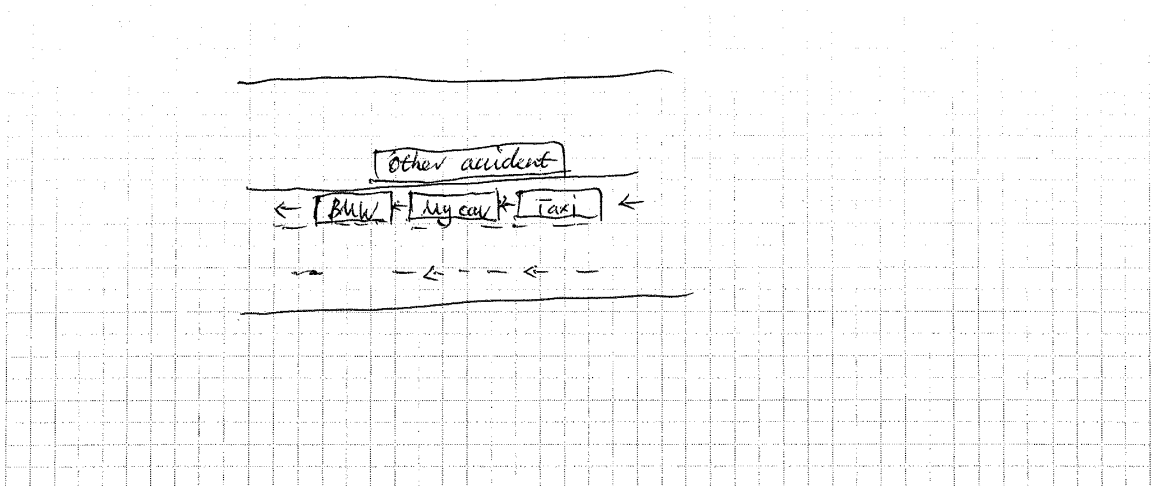
9/2/19 9:02

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

  
Reporting Centre Personnel's Signature  
Name: Catherine Chua  
NRIC/FIN No.: S1449251H



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I was driving along Seletar Dam, the front car stopped, so I stopped my car. While my car was stationary, a taxi hit my car from the back, which pushed my car to move and hit the front car.

DECLARATION

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

Policyholder's Signature  
 Date & Time: 9/2/19 9:02 AM

GIARMC SketchPlanForm\_V3

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

Reporting Centre Personnel's Signature  
 Name: Catherine Chua  
 NRIC/FIN No.: S1449 251 H



ORIGINAL

Co. Reg. No. 201009404M

Hotline: (65) 6419-3000 Fax: (65) 6415-3723

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.

AIG

AUTO PROTECTO

Cover Note: 3100029661

The following risk described in the Schedule below is hereby covered subject to the applicable terms and conditions of AIG's policy issued to the Policyholder. The Policy to which this Cover Note relates to 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).

**Schedule** (please circle where applicable)

Policyholder/Insured <u>BAD HONGMAN</u>		Policy Period	<u>25/10/2012</u> to <u>24/10/2023-59</u>
Age Condition	1 <u>All Age</u>	Registration Number	
	2 30 Years Old and Above	Make/Model	<u>MAZDA 3 1.5 SDN R/D</u>
	3 35 Years Old and Above	CC/Tonnage	<u>1496</u>
	4 40 Years Old and Above	Engine Number	<u>PJ20550529</u>
	5 Named Driver Basis	Chassis Number	<u>JM6BN22A8K0251238</u>
Policy Type	<u>Comprehensive</u>	Year of Registration	<u>2012</u>
	Third Party Fire and Theft	Hire Purchase Company	<u>HONG LEONG FINANCE LTD</u>
	Third Party only	Excess	SS <u>500</u> (Section I/II Both) SS <u>100</u> (Windscreen excess)

Please note that acceptance of the risk is subject to our final acceptance and the terms and conditions applicable to the policy. For important notes and applicable laws and regulations, please refer to the reverse page.

Issued in Singapore

23/10/2012

Date of issuance



Authorised Representative

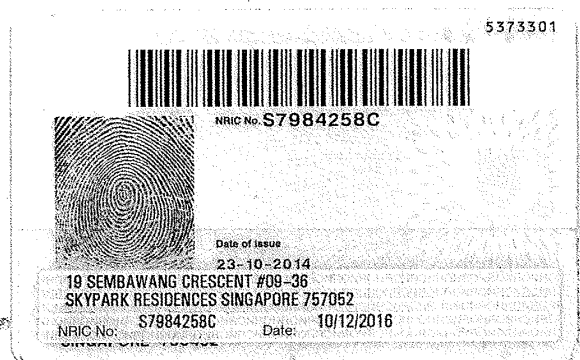
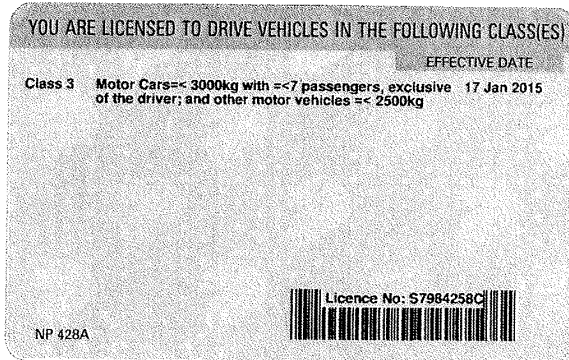
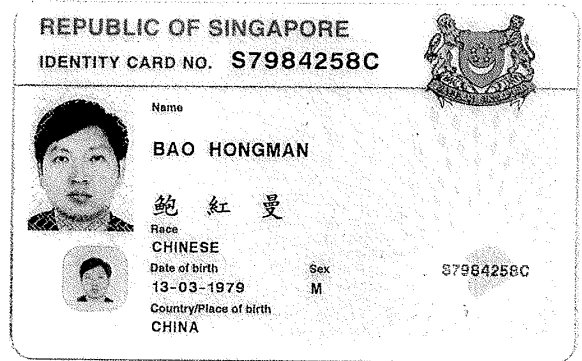
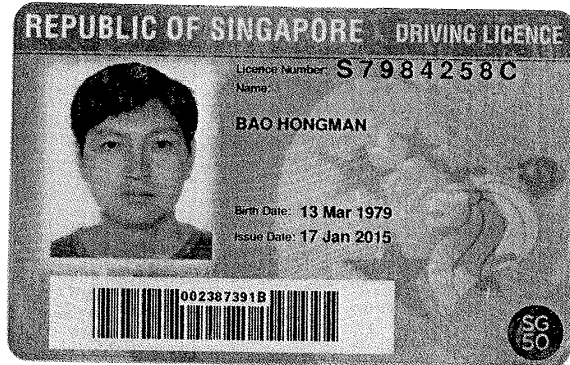
503599-190

Agent Code

Manik Bucha, Personal Insurance

This insurance is underwritten by AIG Asia Pacific Insurance Pte. Ltd.







SMF217G



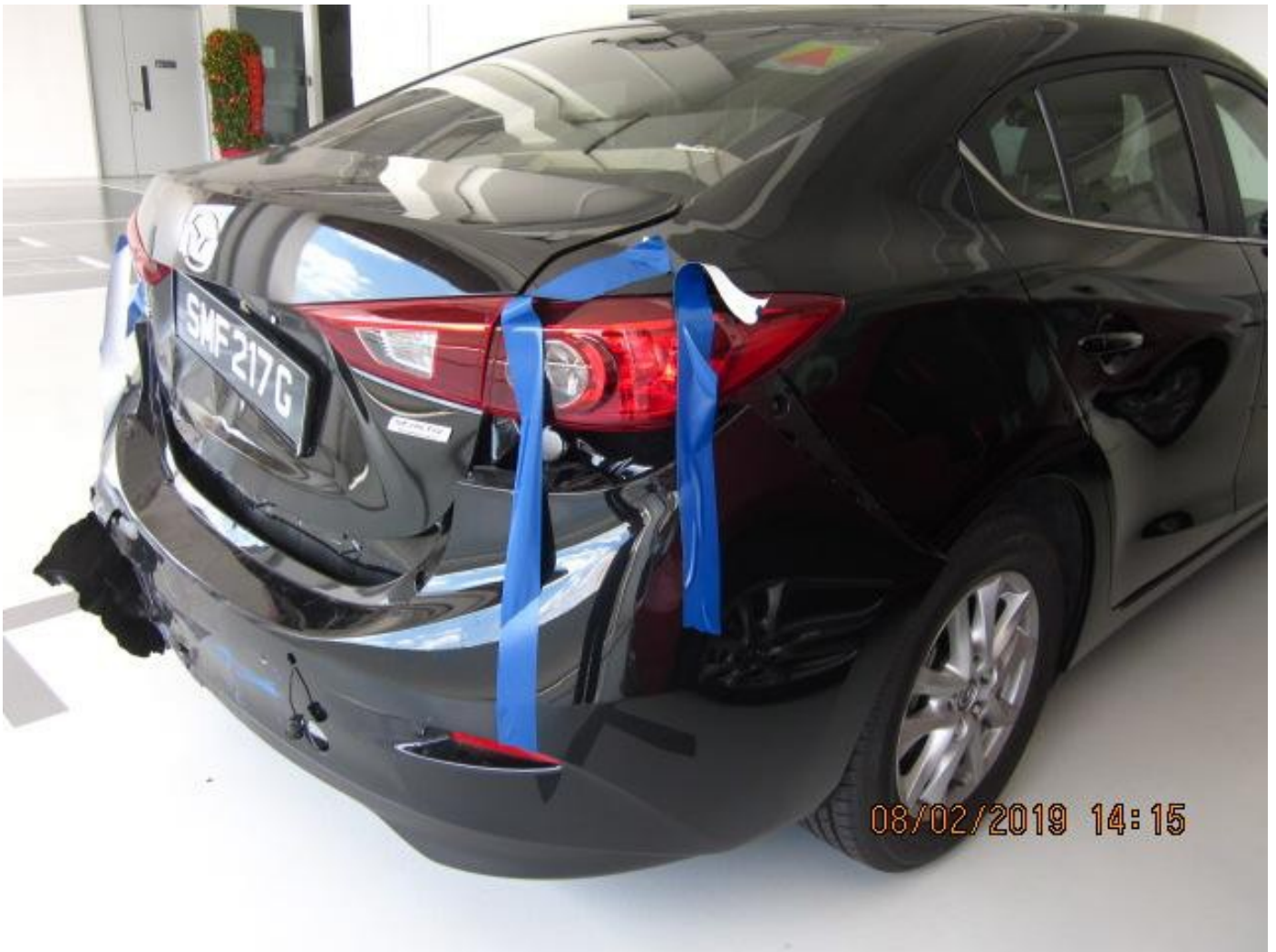


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08/02/2019 14:16



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