Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 16/04/2019 17:29

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 <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

 By the lodgement of this report to the insurers, you hereby conse aforesaid. 		
	ACCIDENT STATEMENT	
Date Of Report	16/04/2019 17:24	
Date Of Accident	14/04/2019 00:40	
Exact Location Of Accident	YISHUN STREET 51	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJM952R	
Insured/Policyholder		
Name Of Registered Owner	ER BOON HUA	
NRIC No	S0534916H	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-87504184	
Alternative Phone No	Office-87504184	
Vehicle Particulars		
Manufacturer	SUZUKI	
Model	SWIFT SPORT	
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	1800102232	
Cover Note Number		
Driver		
Name of Driver	KOH SHI FENG JASON	
NRIC No	S9708035F	
Date Of Birth	01/03/1997	

INDOOR

09/07/2018

0 YEAR AND 9 MONTH

Gender **MALE**

Mobile Number (LOCAL) +65-87504184

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 627 YISHUN ST 61 #12-73

Postcode 760627

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - GRANDSON

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**

2

NO

NO

NO

2

NO

NO

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

Was any body injured in the Accident?

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)

Passenger 1 Name: : ELICIA

> Gender: : Female

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

VEHICLE B JAM BRAKE DUE TO SUDDEN CHANGE OF TRAFFIC LIGHT TO AMBER THEN RED. I ALSO BRAKE BUT CAN'T STOP IN TIME AND REAR ENDED VEHICLE B.

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 SJW1473H

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B Vehicle Category PRIVATE CAR 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

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- 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.

Paliadaldar's Signa

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

		A DOMAGE
DEPENDE OFFICE	CES OF THE ACCIDENT	6 11 1
Vehide B	jan brake due	to sudden change
of traf	tic light to am	to sudden change ber then red. clop in time and
I also	brake but can't	elop in time and
rear end	ed vehicle B.	
		4. 4.
		1
DECLARATION I/We declare the foregoing par	rticulars are true in every respect.	
Li	A,	
9	//	7
Policyholder's Signature Date & Time:	Oriver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

Date & Time:

NRIC/FIN No.:



11,100

0+ 08-09-1994

APT BLK 627 YISHUN STREET 61 #12-73 SINGAPORE 2776

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0534916H

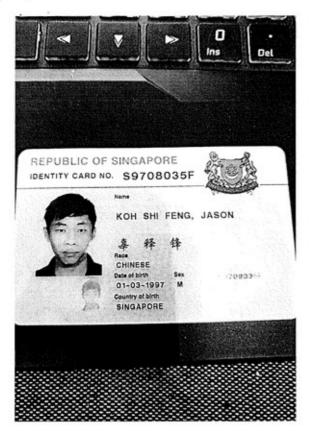


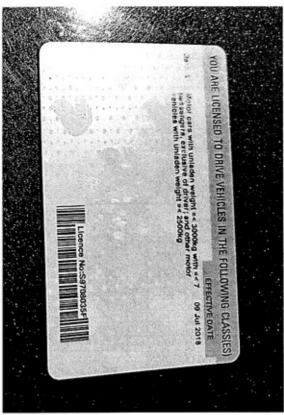


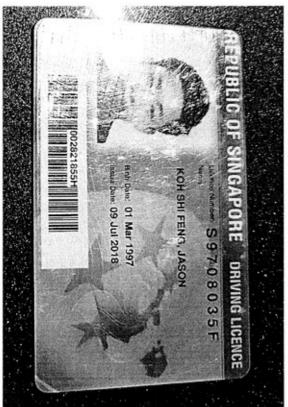
ER BOON HUA

余文革 Face CHINESE

Date of Birth Sex 14-01-1953 M Country of Birth SINGAPORE









Policy No.

: 1800102232

Period of Insurance : 26 Aug 2018 to 25 Aug 2019

Issued Date : 24 Aug 2018

ABOUT THE POLICYHOLDER

Name of Policyholder

: ER BOON HUA

Address

: APT BLK 627 YISHUN STREET 61

#12-73

SINGAPORE 760627

Occupation/Nature of Business: Stallholder/Shop Assistant/Hawker

ABOUT THE VEHICLE

Registration No. : SJM952R

: ZC31S207655

Seating Capacity: 5

: SUZUKI SWIFT SPORT Make/Model

First Year of Registration : 2008

Hire Purchase Company/Employer's Loan : INDEX CREDIT PTE LTD

Engine Capacity/Tonnage: 1,586.00 CC

Engine No.

: M16A1389848

Body Type

: Sedan

ABOUT THE COVER

Chassis No.

Sum Insured : Market Value

Off Peak Car

: No

Driver Restriction

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive :

It is Policy will indemnify the Policyholder's order or with his/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 and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 arthun 2 years' driving experience.

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, driving fusion, driving lest, racing, pace-major 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.

Other Key Policy Benefits:

Act of God, PA to Authorised Driver / Unnamed Passengers-\$10000, PA Insured-\$20000, Strike, Riots and Civil Commotions, AIG Authorised Workshops, Key Replacement Cover Optional-Sist Car Camera Excess Waiter, NCD Protector

EXCESS

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

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver ER BOON HUA

PREMIUM

Premium GST (7%)

: \$:\$ 1 040 38 72.83

Total

:5

1,113.21

Your Premium includes the following discount(s): Safe Driver Discount - 5.00%. No Claim Discount - 50%

















