### 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 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

aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	22/04/2019 13:02
Date Of Accident	21/04/2019 00:25
Exact Location Of Accident	BISHAN RD NEAR TRAFFIC LIGHT ANG MO KIO AVE 8
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMD747D
Insured/Policyholder	
Name Of Registered Owner	YAP YIAN HUAT
NRIC No	S0158118Z
Email Address	JIMMYYAP48@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96333387
Alternative Phone No	Others-NOPHONE
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E250 CGI BE
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	1800093617
Cover Note Number	
Driver	
Name of Driver	YAP YIAN HUAT
NRIC No	S0158118Z
Date Of Birth	25/12/1948
Occupation	INDOOR

14/12/1972

46 YEARS AND 4 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-96333387

Fax Number

**Contact Number** OTHERS-NOPHONE

**EMail Address** JIMMYYAP48@GMAIL.COM

161 KILLINEY RD Address

#10-05

Postcode 239569 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 **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

NO

NO

NO

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) 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** 

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

NO

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number **SME928T** 

Vehicle Make/Model/Colour TOYOTA SIENTA

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver MR TAN

NRIC/Passport Number

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

96742178

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

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- 5. Any false reporting may be referred to the Police for investigation.
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- 7. 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:

- 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)
  - (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
- 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:

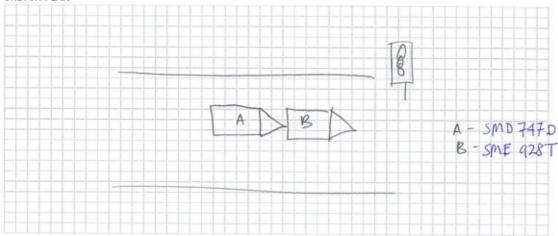
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

### SKETCH PLAN



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LIGHNOF BLATE	SMD 747 D	12 12	at bool or a to
LICENSE PLATE:	10112	ACCIDENT DATE & TIME: 12-23	am April, 21, 2019
CONTACT NUMBER:	96333387	E-MAIL ADDRESS: JIMMY YAP	48@ gmay . com
LOCATION:	Bishan Road Nea		KI. Ave 8
	april 2157 12.	23 Am (see Shotos	attribed)
		1	
	Car SME 928 T	(Toyota Sienta) drive	n by elderly
	MR TAN tel 9	674 2178 - could	be his c
	son's car = jo	innel brates before	raffic lights
	and my cor g	razed his lightly.	0
	No injudies be	th parties	
	No depose to p	my cer at all but (	publ ser
	snall Sent of	his (see total 6	photos)
			'
	I offered to sen	ed his Cor for repairs	at workshop
	that I knew	but he prefixes t	o claim
	insurance.	, @	
NOTE: PLEAS	E NOTE THAT YOUR INSURER!	MAY HAVE 14 DAYS TIME FRAME FOR YO	DU TO SUBMIT AN
OWN DAMAGE	CLAIM UNDER YOUR OWN POLI	CY. PLEASE CHECK YOUR POLICY FOR	MORE INFORMATION
Please state:			
( ) Claim Own F	Policy ( ) Claim Third Party	( ) Claim OD/TP at other workshop	( Reporting Only
DECLADATION			

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.:



# CERTIFICATE OF INSURANCE

### **AUTOPLUS PRIVATE VEHICLE**

Name of Policyholder : YAP YIAN HUAT

Period of Insurance : 31 Jul 2018 To 30 Jul 2019 Engine No. : 27186030437368

Chassis No. : WDD2120472A590499 Vehicle No.

: SMD747D

400-100-100

Policy No. Endorsement No. : 1800093617

Issued Date

: 02 Aug 2018

2) Carlydade

#### ABOUT THE COVER

Make/Model : MERCEDES BENZ E250 CGI BE

Engine Capacity/Tonnage : 1,796.00 CC

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2012

Driver Restriction : NA

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 his/her permission.
 This Policy will indemnify the Policyholder or any authorised driver only if hershe 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 and/or has less than years' driving experience.

Age Condition

: All Age Condition

Limitation as to use\* :

Use only for social, domestic and gleasure purposes and for the Policyholder's business.
This Policy does not cover use for hire or reward, driving tution, driving test, racing, pace-making, reliability 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 - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Yap Yian Huat - \$800 (Own Damage), Yap Hwee Jen - \$800 (Own Damage)

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

Approved repositive value value value repositive value value repositive value value

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

I/We hereby centify 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 (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504629000

CH AUTO SOLUTION

BLK 17 EUNOS CRESCENT #12-2865

SINGAPORE 400017

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

