### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

**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 ins ont to the ort at the

Date Of Accident 17/04/2019 18:40  Exact Location Of Accident CROSS ST AFTER CECIL ST Country/State of Loss SINGAPORE    DETAILS OF OWN VEHICLE	7. By the lodgement of this report to the insurers, you hereby consequences aforesaid. $ \\$	ent to the archiving of this report at the centre and to copies of the report being made available
Date Of Accident 17/04/2019 18:40  Exact Location Of Accident CROSS ST AFTER CECIL ST Country/State of Loss SINGAPORE    DETAILS OF OWN VEHICLE		ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss SINGAPORE  DETAILS OF OWN VEHICLE  Wehicle Registration Number SMF8451T  Insured/Policyholder  Name Of Registered Owner Name Of Name Of Name No Note-1.2 CVT (A)  Note-1.2 CVT (A)  Exact Purpose for which vehicle was being used at time of accident Very Owner Owner Name Of Name Of Insurance Owner Name Of Insurance Company Name Of Insurance Company Alia ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage OoMPREHENSIVE Fleet Policy No Policy Number 1800142489 Cover Note Number 27/11/2018 - 26/11/2019  Driver Name of D	Date Of Report	18/04/2019 11:31
Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number  SMF8451T  Insured/Policyholder  Name Of Registered Owner NRIC No S9305936J  Email Address ADENGBX@GMAIL.COM Mobile Phone No (LOCAL) +65-97770337  Alternative Phone No Other-97770337  Vehicle Particulars  Manufacturer Missan Model NOTE-1.2 CVT (A)  Exact Purpose for which vehicle was being used at time of accident time of accident Vehicle Patien your own insurance policy for repair to your vehicle?  If No, Please state action to be taken REPORTING ONLY Vehicle Category Name of Insurance Company Name of Insurance Company  AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage Fleet Policy NO Policy Number Cover Note Number Driver  NIG BAO XIAN, ADELINE (HUANG BAOXIAN) NRIC No S9305936J	Date Of Accident	17/04/2019 18:40
Vehicle Registration Number  SMF8451T  Insured/Policyholder  Name Of Registered Owner NRIC No S9305936J  Email Address ADENGBX@GMAIL.COM Mobile Phone No (LOCAL) +65-97770337  Alternative Phone No Others-97770337  Vehicle Particulars  Manufacturer NISSAN Model 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?  If No, Please state action to be taken REPORTING ONLY Vehicle Category Name of Insurance Company Name of Insurance Company  Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage Fleet Policy No Policy Number Cover Note Number 1800142489 Cover Note Number NRIC No S9305936J	Exact Location Of Accident	CROSS ST AFTER CECIL ST
Nemicle Registration Number  Insured/Policyholder  Name Of Registered Owner  NRIC No  S9305936.J  Email Address  ADENGBX@GMAIL.COM  Mobile Phone No  (LOCAL) +65-97770337  Alternative Phone No  Others-97770337  Vehicle Particulars  Manufacturer  Manufacturer  Missan  Model  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?  If No, Please state action to be taken  Vehicle Category  Private Care  Insurance Company  Name of Insurance Company  Type Of Coverage  CowPREHENSIVE  Fleet Policy  No  Policy Number  1800142489  Cover Note Number  Driver  Name of Dri	Country/State of Loss	SINGAPORE
Insured/Policyholder Name Of Registered Owner Name Of Registered Owner NRIC No S9305936.J Email Address ADENGBX@GMAIL.COM (LOCAL.) +65-97770337 Alternative Phone No Others-97770337  Vehicle Particulars  Manufacturer Missan Model NOTE-1.2 CVT (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? If No, Please state action to be taken Vehicle Category PRIVATE CAR  Insurance Company Name of Insurance Company Alf ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage Fleet Policy No Policy Number 1800142489 Cover Note Number Driver NG BAO XIAN, ADELINE (HUANG BAOXIAN) NRIC No S9305936.J		DETAILS OF OWN VEHICLE
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NRIC No S9305936J Email Address ADENGBX@GMAIL.COM Mobile Phone No (LOCAL) +65-97770337 Alternative Phone No Others-97770337  Vehicle Particulars  Manufacturer NISSAN Model NOTE-1.2 CVT (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?  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 1800142489 Cover Note Number 27/11/2018 - 26/11/2019  Driver NAME OF DIVIVER (HUANG BAOXIAN) NRIC NO S9305936J	Insured/Policyholder	
Email Address ADENGBX@GMAIL.COM Mobile Phone No (LOCAL) +65-97770337 Alternative Phone No Others-97770337  Vehicle Particulars  Manufacturer NISSAN Model NOTE-1.2 CVT (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?  If No, Please state action to be taken REPORTING ONLY Vehicle Category RIVATE CAR  Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 1800142489 Cover Note Number 27/11/2018 - 26/11/2019  Driver Name of Driver NG BAO XIAN, ADELINE (HUANG BAOXIAN) NRIC NO S9305936J	Name Of Registered Owner	NG BAO XIAN, ADELINE (HUANG BAOXIAN)
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Name of Driver NG BAO XIAN, ADELINE (HUANG BAOXIAN) NRIC No S9305936J	Cover Note Number	27/11/2018 - 26/11/2019
NRIC No S9305936J	Driver	
	Name of Driver	NG BAO XIAN, ADELINE (HUANG BAOXIAN)
Date Of Birth 05/02/1993	NRIC No	S9305936J
	Date Of Birth	05/02/1993
Occupation INDOOR	Occupation	INDOOR
Date Of Driving Pass 27/05/2017	Date Of Driving Pass	27/05/2017

1 YEAR AND 10 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97770337

Fax Number

Contact Number OTHERS-97770337

EMail Address ADENGBX@GMAIL.COM

Address BLK 112 BUKIT BATOK WEST AVE 6 #12-146

Postcode S650112

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 - CHANGE/CROSS LANE

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

NO

NO

1

YES

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)

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name RIVER VALLEY NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 4 DELTA AVENUE, POSTCODE: 161004, COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-2789999 - **FAX NO**: 62786427

Was notice of intended Prosecution given?

If Yes, against whom?

NO

# Circumstances of Accident

Refer to attached sketch plan

#### Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHC5217Z

Vehicle Make/Model/Colour RENAULT / RED

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

WONG YEW FATT S1486210B

BLK 68 GEYLANG BAHRU #10-3247

S330068

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

Policyholder's signature Date & Time

Driver's Signature (if driver not the policyholder) Date & Time

Reporting Centre Personnel's Signature Name:

Nric/Fin No.

#### SKETCH PLAN

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.

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.:

#### **Authorization Letter**

I, Ng Bao Xian, Adelone NRIC#: 593059367

authorise Ng Cheng Kwee HRIC#: 811526971 to

make a reporting to the AIG Insurance on an

accident that occur and Cross Street, 17/04/2019

around 36.40pm.

### **Notice Of Reporting**

Annex D

#### NOTICE OF REPORTING

This is to confirm that Ng Bao Xian, Adeline, NRIC: S9305936J, Tel: 97770337 has reported to the Police a non-injury traffic accident which occurred along Cross Street on 17/04/2019 about 06:43 pm involving the following vehicle:

Vehicle A (Driver) – SMF-8451-T Driver – Ng Bao Xian, Adeline S9305936J B/112 Bukit Batok West Ave 6 #12-146 Ctt: 97770337

Vehicle B (Driver) - SHC-5217-Z Driver - Wong Yew Fatt S1486210B B/68 Geylang Bahru #10-3247 Ctt: 93716820

- No government property damaged.
   No ambulance or police attended.
   No pedestrian involved.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Truffic Act, Cap 276.

SUVER VALLEY NEIGHBOUR 10000 FOLKE POST BLK 4 DELTA AVENUE #01-02 SINGAPORE 161004

Rank/Name of Issuing Officer: Sgt (2) T150529 Heede
Date: 17/04/2019 Time: 19.36 pm SD: 64
Police Post/Unit: River Valley Neighbourhood Police Post

Original - to be issued to inferenzal Deplicate - to be substituted to Traffic Police

AIG

#### CERTIFICATE OF INSURANCE

### NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Vehicle No. : SMF8451T Policy No. : 1800142489 Endorsement No. : Issued Date : 19 Dec 2018 Name of Policyholder : Ng Bao Xian, Adeline (Huang Baoxian)
Period of Insurance : 27 Nov 2018 To 28 Nov 2019
Engine No. : JW1TAAE1220982450

ABOUT THE COVER

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

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**Accident Photo** 

















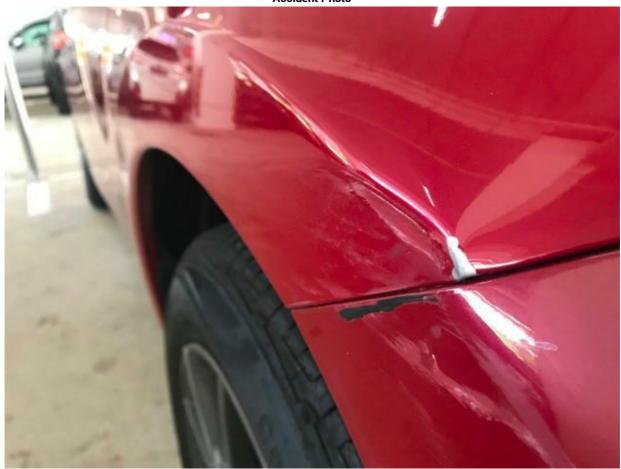
























**Identification Card** 



## **Identification Card**











