

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	26/04/2019 14:54
Date Of Accident	26/04/2019 09:40
Exact Location Of Accident	ALONG AYE TWDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF6298H
Insured/Policyholder	
Name Of Registered Owner	CHUA SEOK YIN
NRIC No	S1581527B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96184884
Alternative Phone No	OTHERS-96184884

Vehicle Particulars

Manufacturer	VOLVO
Model	XC40-2.0 T4 MOMENTUM (A)
Exact Purpose for which vehicle was being used at time of accident	SOCIAL
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	

Driver

Name of Driver	CHUA SEOK YIN
NRIC No	S1581527B
Date Of Birth	08/07/1963
Occupation	INDOOR
Date Of Driving Pass	30/06/1983
Driving Experience	35 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96184884
Fax Number	
Contact Number	OTHERS-96184884
Email Address	NOEMAIL

Address	11D MOUNT SINAI LANE #05-15
Postcode	277053
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

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
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
Passenger 1	NAME: : NG SOON KAI GENDER: : MALE

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 ATTACH

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	SHD6731T
Vehicle Make/Model/Colour	MERCEDES BENZ / WHITE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHIA KAY BOON
NRIC/Passport Number	S0203015B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: : UNKNOWN
GENDER: :

Accident Sketch Plan Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1581527B



Name
CHUA SEOK YIN
@CHUA XIN BEI
蔡欣蓓

Race
CHINESE

Date of birth
08-07-1963

Country/Place of birth
SINGAPORE

Sex
F

S1581527B

REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Number S1581527B


CHUA SEOK YIN

Birth Date 08 Jul 1963


Issue Date 23 Dec 2009

001515808E

6114700



NRIC No. S1581527B



Date of issue
30-01-2019

Address
BLK 11D MOUNT SINAI LANE
#05-15
SINGAPORE 277053

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 30-Jun 1983

NP 428A

Licence No: S1581527B

11596

SINGAPORE ACCIDENT STATEMENT	
IMPORTANT NOTICE	
1. <u>Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for e-filing.</u> 2. Please report <u>correctly</u> the details of the accident to speed up the claims process. 3. This Form must be <u>completed by the Policyholder and/or the Authorised Driver.</u> 4. 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 repudiate policy liability. 5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies. 6. <u>Any false reporting may be referred to the Traffic Police Department for investigation.</u>	
ACCIDENT STATEMENT	
Date and Time of Accident	Date: 26.04.19 Time: 0840
Exact Location of Accident	Along AYE Road City
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	EMF 6298 H
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	CHUA SEOK YIN @ LTHVAXIN BEI
Personal Identification - NRIC (Singaporean/PR)	S1581527 B
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer Volvo Model XC40 24
Type of Vehicle*	<input type="radio"/> Saloon <input type="radio"/> MPV <input checked="" type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others, _____
Exact Purpose for which vehicle was being used at time of accident	social
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If No, Pls select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	AIG
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	
Motor CI	
DRIVER	<input checked="" type="radio"/> Same as Insured above
Name of Driver	CHUA SEOK YIN @ LTHVAXIN BEI
Personal Identification - NRIC (Singaporean/PR)	S1581527 B
- FIN/Passport Number	
Date of Birth	08 dd/ 07 mm/ 63 yy.
Driving Date Pass	30 dd/ 06 mm/ 83 yy
Year of Driving Experience	Year(s) Month(s)
Occupation	Director <input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	96184884

Accident Sketch Plan Pg. 1

Address of Driver	11D Mount Sinai Lane #05-15	
	Glentrees	Postcode (277053)
Email Address	alacei@yahoo.com	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	owner	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	little swipe	
Weather Conditions	<input type="radio"/> Clear <input checked="" type="radio"/> Raining <input type="radio"/> Others, _____	
Road Surface	<input type="radio"/> Dry <input checked="" type="radio"/> Wet <input type="radio"/> Others, _____	
OTHER INFORMATION		
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No N9 9006 Kai (m)	
Was there any video captured by Car Camera?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Number of Passengers (Including Driver)	02	
DETAILS OF POLICE ACTION		
Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name		
Police Station Address		
Police Station Contact	Tel No.	Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)	
DETAILS OF OTHER VEHICLE / PROPERTY 1		
Vehicle Registration Number	SHD 6731 T	
Vehicle Make/ Model/ Colour	Mercedes Benz white	
Details of Properties		
Name of Driver	Chia Kay Boon	
Personal Identification - NRIC (Singaporean/PR)	S0203015B	
- FIN/Passport Number		
Contact Number		
Address		
Name of Insurance Company		
Nature of Damage		
No. of Passenger (Including Driver)	2	
(Note - Please use page 6 if you need to add more vehicles)		

Accident Sketch Plan Pg. 1

SKETCH PLAN

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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.

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' law yers/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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or
- (v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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.



Policyholder's Signature / Date & Time

26/4/19

Sketch Plan

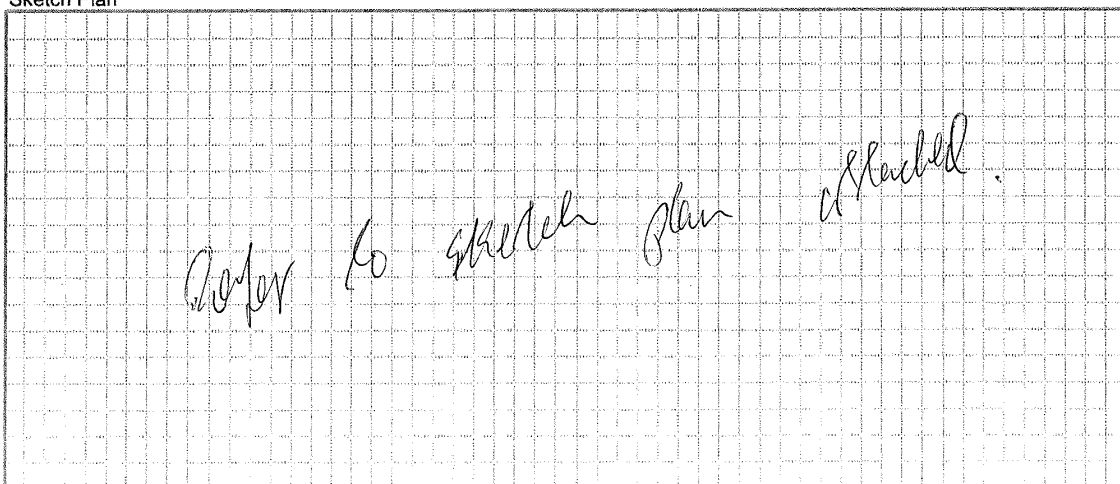


Driver's Signature (if driver is not the policyholder) / Date

& Time

26/4/19

Witnessed by Reporting Centre Personnel



Accident Sketch Plan Pg. 1

Describe Circumstance of the Accident

Refer to statement attached

IMPORTANT NOTE

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

Declaration

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



Policyholder's Signature / Date & Time

26/4/19



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

26/4/19.

Witnessed by Reporting Centre Personnel

Accident Sketch Plan Pg. 1



- Traffic was moderately heavy and
 Name: I was driving at speed commensurate with traffic conditions. Slow.
 Index No.:

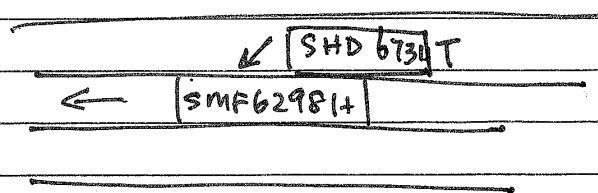
ACS (International)

Subject/Paper:

Class:

Nothing is to be written in this margin.

- At about 9:40 am today, 26/4/2019, I was driving on lane 2 of the AYE expressway, when I heard a loud sound & felt the impact of being hit by another car.
- The car that hit me was a white Mercedes Benz cab, SHD 6731T driven by a Mr Chia Kay Bann Sog 03015B.
- we drove to the shoulder of the AYE, where we exchanged details and he admitted that he was in the wrong.
- He told me he had pax in the car and he wanted to drive pax to the destination.
- It was raining lightly when the accident happened, visibility was good.



Exit to Bukit Merah

Alma Kurni
 26/4/19

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



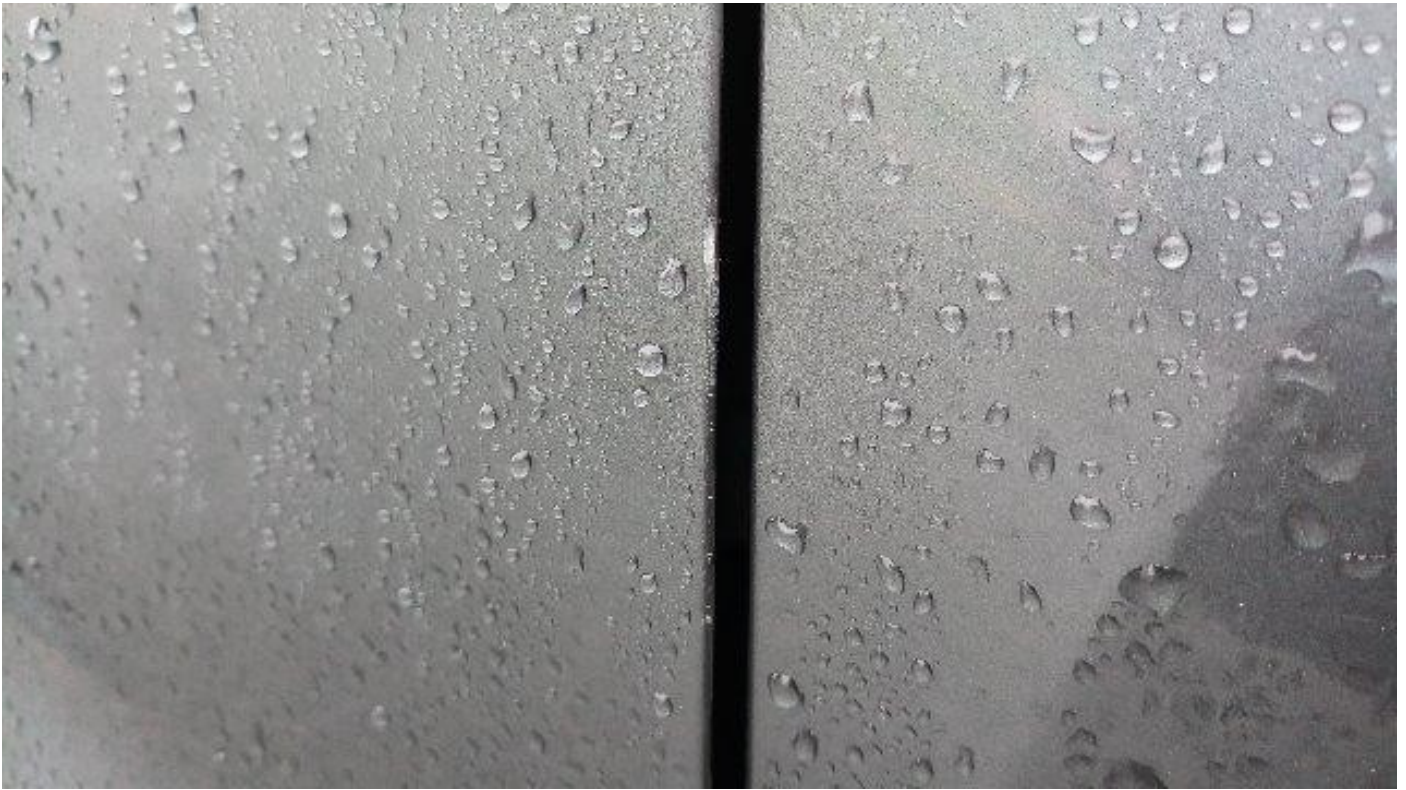
Accident Photo



Accident Photo



Accident Photo



Accident Photo

