

## 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	08/07/2019 12:02
Date Of Accident	07/07/2019 19:00
Exact Location Of Accident	WEST COAST ROAD TURN TO CLEMENTI AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDZ8000M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHANG SIEW CHOO
NRIC No	S1653659H
Email Address	CHANGSIEWCHOODORIS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97910811
Alternative Phone No	Others-97910811

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1622G5
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	2100471323-02
Cover Note Number	

### Driver

Name of Driver	CHIA SHI YANG
NRIC No	S9317434H
Date Of Birth	19/05/1993
Occupation	INDOOR
Date Of Driving Pass	18/11/2013
Driving Experience	5 YEARS AND 7 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-92209018
Fax Number	
Contact Number	
EMail Address	CHIASHIYANG@GMAL.COM
Address	11A LORONG PISANG RAJA
Postcode	597744
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

KINDLY REFER TO 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	SKK3178M
Vehicle Make/Model/Colour	CITROEN DS 4
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ER KAY HENG
NRIC/Passport Number	S1801977I
Contact Number	90481028

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ER KAY HENG  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SKK3178M  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO

Address  
Postcode

## Sketch Plan


### SKETCH PLAN


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

I understand, acknowledge, agree and consent that:

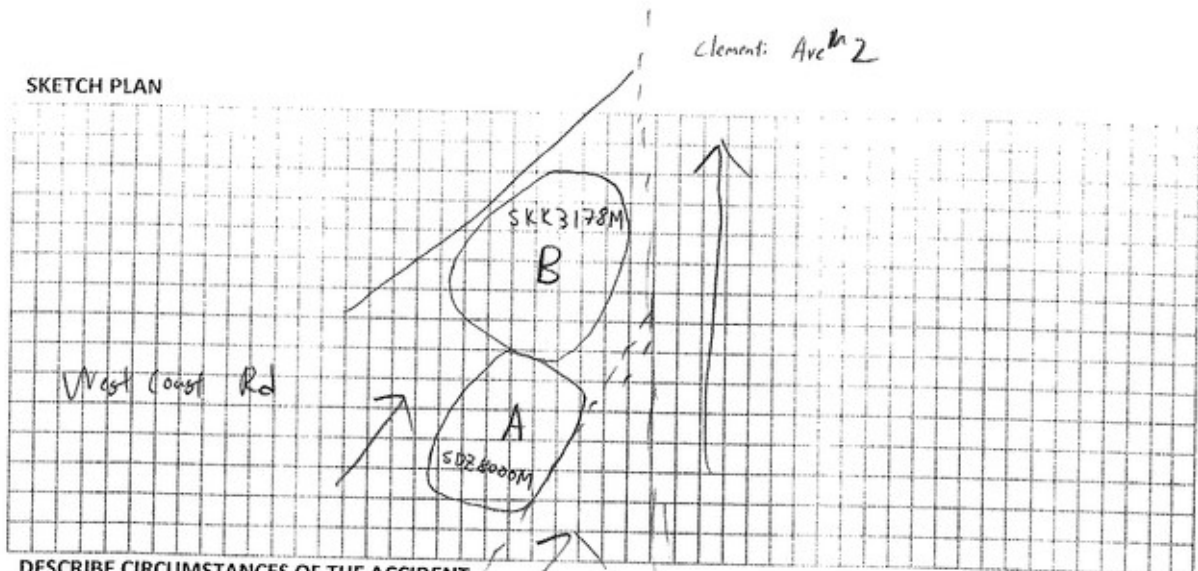
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 8/07/2019

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident happened around 7pm on the 7th of July 2019. My vehicle (A) collided with the claimant's vehicle (B). This occurred on the exit of West Coast Rd to Clementi Avenue 2.

### **Important:**

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.



- Reporting Only
- Claim OD
- Claim TP
- Claim OD/ TP at other workshop

### DECLARATION

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 8/07/2019

Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1653659H



Name  
CHANG SIEW CHOO  
曾秀榮  
Race  
CHINESE  
Date of Birth  
20-10-1964  
Sex  
F  
Country of Birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Number S9317434H  
Name  
CHIA SHI YANG  
Date of Birth  
19 May 1993  
Issue Date  
18 Nov 2013

002246730E

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9317434H



Name  
CHIA SHI YANG  
謝寺洋  
Race  
CHINESE  
Date of birth  
19-05-1993  
Sex  
M  
Country of birth  
SINGAPORE

1354906



NRIC No. S1653659H



Blood Group  
A+  
Date of issue  
20-10-1993

Address  
11A LORONG PISANG RAJA  
SINGAPORE 597744  
NRIC No. S1653659H Date: 24-12-2004 No: 5006612

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

Class	Motorcycles	Effective Date
Class 1B	Motorcycles < 200 CC	15 Aug 2017
Class 3	Motor cars < 3000 kg with < 7 passengers, exclusive of the driver; and motor tractor/trailers < 2500 kg	18 Nov 2013

S9317434H

S / No. 9000269726

NP 428A

Licence No: S9317434H

4225920



NRIC No. S9317434H



Date of issue  
29-05-2008

Address  
11A LORONG PISANG RAJA  
SINGAPORE 597744



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Chang Siew Choo  
 Period of Insurance : 14 Jul 2018 To 13 Jul 2019  
 Engine No. : CAXD95493  
 Chassis No. : WVVZZZ16ZEM029691

Vehicle No. : SDZ8000M  
 Policy No. : 2100471323-02  
 Endorsement No. :  
 Issued Date : 30 Jun 2018

### ABOUT THE COVER

Make/Model : VOLKSWAGEN JETTA 1.4 TSI  
 Engine Capacity/Tonnage : 1,390.00 CC Sum Insured : Market Value First Year of Registration : 2014  
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : No

#### 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 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 and/or has less than 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 tuition, 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.

\* 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 - \$600 Theft - \$0 Flood Cover - \$0

Section 2  
 Property Damage - \$0

Windscreen : \$100

#### Named Driver and Excess (where applicable)

Chang Siew Choo - \$600 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.  
 For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

We hereby certify 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).

0126004000

CHENG KIM HONG SHIRLEY  
 AIG BUILDING 78 SHENTON WAY #07-16  
 SINGAPORE 079120 SP-RICHARDCHIA-AGNESWOON  
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Shirley*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE  
 KIM HONG SHIRLEY CHENG

78 Shenton Way #07-16 AIG Building S079120 | T:+65 6419 3000 | F:+65 6415 3723 | [www.aig.com.sg](http://www.aig.com.sg)

AIG Asia Pacific Insurance Pte. Ltd.

Accident Photo





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