

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	27/08/2019 12:52
Date Of Accident	27/08/2019 01:15
Exact Location Of Accident	JALAN TECK WHYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW229G
Insured/Policyholder	
Name Of Registered Owner	SEE KOK WEE
NRIC No	SXXXX193G
Email Address	SKUPLANNER@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97382928
Alternative Phone No	Others-NOPHONE

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180K
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?	Yes
If No, Please state action to be taken	
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	1800083541
Cover Note Number	

Driver

Name of Driver	SEE KOK WEE
NRIC No	SXXXX193G
Date Of Birth	22/09/1965
Occupation	Indoor
Date Of Driving Pass	24/08/1984
Driving Experience	35 Years And 0 Months
Gender	Male
Mobile Number	(Local) +65-97382928
Fax Number	
Contact Number	Others-NOPHONE
Email Address	SKUPLANNER@YAHOO.COM.SG

Address	2 PETIR ROAD #17-12
Postcode	678265
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 - Cross Junction
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
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)	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

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	SHB1854R
Vehicle Make/Model/Colour	
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)	

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:

GIANC Sketch Plan Form V3

Driver's Signature

(If driver is not the policyholder)

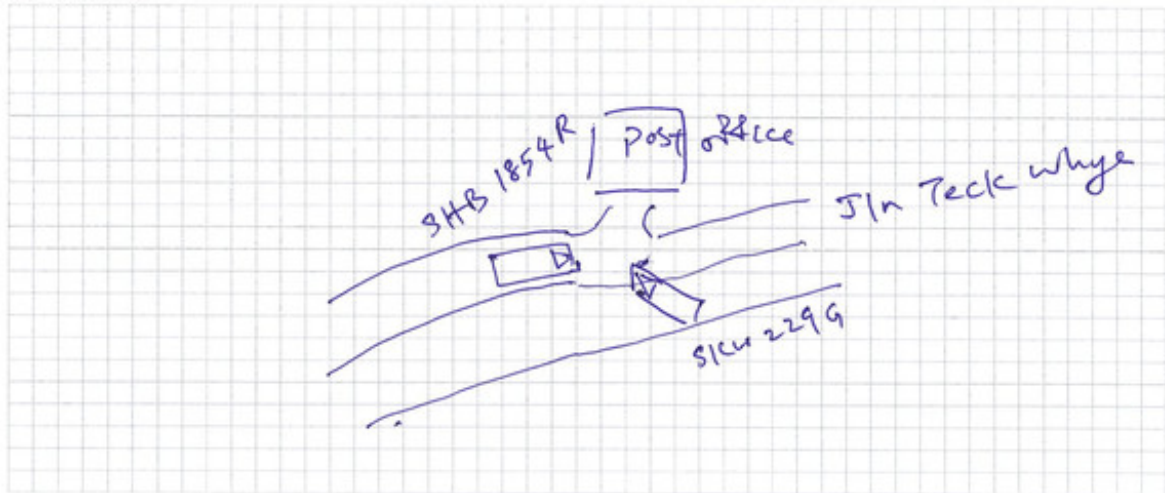
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE:	SKW 229G	ACCIDENT DATE & TIME:	1.15am 27/8/19
CONTACT NUMBER:	97382928	E-MAIL ADDRESS:	skwplanners@pchoo.com.sg
LOCATION:	Jalan Teck Whye		
<p>I was travelling at Jalan Teck Whye, turning into Post Office car park, I saw a fast moving taxi turning the bend, I horn at him but was too late, I quickly trying to steer left to avoid the accident, but it still hit my right lower bumper area.</p>			
<p>This is what I have to report.</p>			
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION</p>			
<p>Please state:</p>			
<p><input checked="" type="checkbox"/> Claim Own Policy () Claim Third Party () Claim OD/TP at other workshop () Reporting Only</p>			

DECLARATION

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

Policyholder's Signature

Date & Time:

GAMVIC Sketch Plan Form

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

27/8/19
12.50pm

[Signature]

AUTOPLUS PRIVATE VEHICLE

Policy No. : 1800083541-01

Period of Insurance : 08 Aug 2019 to 07 Aug 2020

Issued Date : 07 Aug 2019

ABOUT THE POLICYHOLDER

Name of Policyholder : See Kok Wee
 Address : 2 Petir Road
 #17-12
 SINGAPORE 678265
 Occupation/Nature of Business : Executives

ABOUT THE VEHICLE

Registration No. : SKW229G Engine Capacity/Tonnage : 1,597.00 CC
 Chassis No. : WDD2040452A490004 Engine No. : 27191031342383
 Seating Capacity : 4 First Year of Registration : 2011 Body Type : Sedan
 Make/Model : MERCEDES BENZ C180 (1.6)
 Hire Purchase Company/Employer's Loan : DBS BANK LTD

ABOUT THE COVER

Sum Insured : Market Value Off Peak Car : No
 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 he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDER") 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, 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.

Other Key Policy Benefits :

Act of God, Dealer (First 3 years from original registration) + AIG Authorised Workshops, PA Insured- \$50000, Strike, Riots and Civil Commotions, In-Car Camera Excess Waiver, Key Replacement Cover- \$800, Loss of Use 1500cc - 1600cc Optional, Waiver of Excess, PA to Authorised Driver / Unnamed Passengers- \$10000, NCD Protector

EXCESS

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

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver
 See Kok Wee

PREMIUM

Premium : \$ 783.76
 GST (7%) : \$ 54.86

Total : \$ 838.62

Your Premium includes the following discount(s):

Safe Driver Discount - 5.00%, Agent Privilege Discount_35 - 35.00%, Loyalty Discount - 5.00%, No Claim Discount - 50%

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

