## SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 1. Please report <u>correctly</u> 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 conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	04/09/2019 10:40
Date Of Accident	04/09/2019 07:25
Exact Location Of Accident	ALONG BOON LAY AVENUE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBA4087U
Insured/Policyholder	
Name Of Registered Owner	SANTA BOEKI PTE LTD
Co Reg No	199001656R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-62658560
Vehicle Particulars	
Manufacturer	CITROEN
Model	BERLINGO-1.6 D HDI WITHOUT ABS (M)
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	2100374299-05
Cover Note Number	
Driver	
Name of Driver	KOH CHAI HUEI
NRIC No	S6967291D
Date Of Birth	04/03/1969

**OUTDOOR** 

02/10/2001

17 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91447195

Fax Number

**Contact Number** 

EMail Address NOEMAIL

Address BLK 916 JURONG WEST ST 91 #04-166

Postcode 640916 Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Driver's Own

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?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

NO

Was any other material or property damaged?

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

## **Circumstances of Accident**

KINDLY REFER TO SKETCH PLAN.

## Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

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

Vehicle Registration Number SLJ4992R
Vehicle Make/Model/Colour VOLKSWAGEN

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver UNKNOWN

NRIC/Passport Number

Contact Number 97598634

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

### Sketch Plan

### SKETCH PLAN

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- 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 :
  - (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 daims (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:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, régulators, 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)

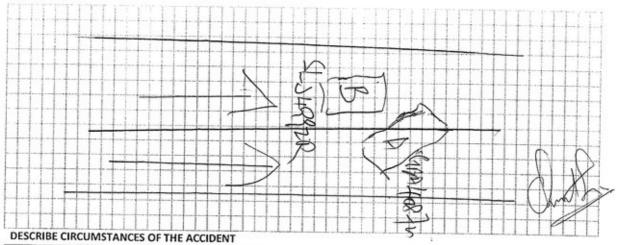
Date & Time:

Reporting Centre Personner's Signature

Name:

NRIC/FIN No.:

dorffit htms://factorin V&



IT WAS BATINING ON ATH SEP 7019 IN THE MORNING. DUR

EMPLOYEE MR. KOH (HAI HUEL WAS DRIVING VEHICLE A

(GBA 4087U) ALONG BOON LAY AVENUE HAD A

COLUSION WITH VEHICLE B (SIL4902R). THE TWO

VEHICLES SUFFERED SCRATCHES WHACE THE FRONT

BUMLER OF THEIR LESCETTWE VEHICLE

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.

- 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

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.



# CERTIFICATE OF INSURANCE

# COMMERCIAL AUTO THIRD PARTY ONLY COMMERCIAL VEHICLE

Name of Policyholder : Santa Boeki Pte Ltd

Period of Insurance : 26 Jun 2019 To 25 Jun 2020 Engine No.

: 10JB793012972 : VF7GC9HWC94327823

Chassis No.

Vehicle No.

Policy No. Endorsement No.

Issued Date

: GBA4087U : 2100374299-05

: 28 May 2019

ABOUT THE COVER

Make/Model

: CITROEN BERLINGO 0.8 ton [Van]

Engine Capacity/Tonnage : 0.8 Tonnage

Sum Insured : NA Off Peak Car : No First Year of Registration : 2007

Insuring with COE/PARF : NA

: NA **Driver Restriction** Person or Classes of Persons Entitled to Drive\* :

a) Any person who is driving on the Policyholder's order or with their permission.
 b) This Policy will indemnify the Policyholder or any authorised driver only if heishe meets the specified age cond.

Age Condition

: All Age Condition

Limitation as to use\* :

Use in connection with the Policyholder's business.
 Use for the carriage of passenger (other than for his ) Use for social, domestic or pleasure purposes. This drawing a traiter except the towing of anyone disabled.

\* 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

Named Driver and Excess (where applicable)

SANTA BOEKI PTE LTD

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

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

TAN HOCK HUAT DICK

BLK 8B BOON TIONG ROAD #21-87

SINGAPORE 165008

Underwritten by AIG Asia Pacific Insurance Pte, Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

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78 Sherton Way #07-16 AIG Building S079120 | T+65 6419 3000 | www.aig.sg







































