

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	07/11/2019 12:49
Date Of Accident	07/11/2019 07:40
Exact Location Of Accident	GALISTAN AVE TO CHOA CHU KANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT3631L
Insured/Policyholder	
Name Of Registered Owner	WOO WENG FOONG
NRIC No	S8376250J
Email Address	GLANDIAL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94237493
Alternative Phone No	Others-96812125

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-1.2 DIG-T CVT ABS 2WD 5DR (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?	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	1700070875-02
Cover Note Number	26/10/2019 - 25/10/2020

Driver

Name of Driver	RUAN QIUYU
NRIC No	S8476184B
Date Of Birth	31/10/1984
Occupation	INDOOR
Date Of Driving Pass	22/04/2010
Driving Experience	9 YEARS AND 6 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-90094586
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 105B BIDADARI PARK DR #12-48
Postcode	S342105
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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

Refer to attached 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	SJW8391D
Vehicle Make/Model/Colour	PERODUA VIVA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KWOK LIANG
NRIC/Passport Number	S1676495G
Contact Number	98345903

Address

Postcode

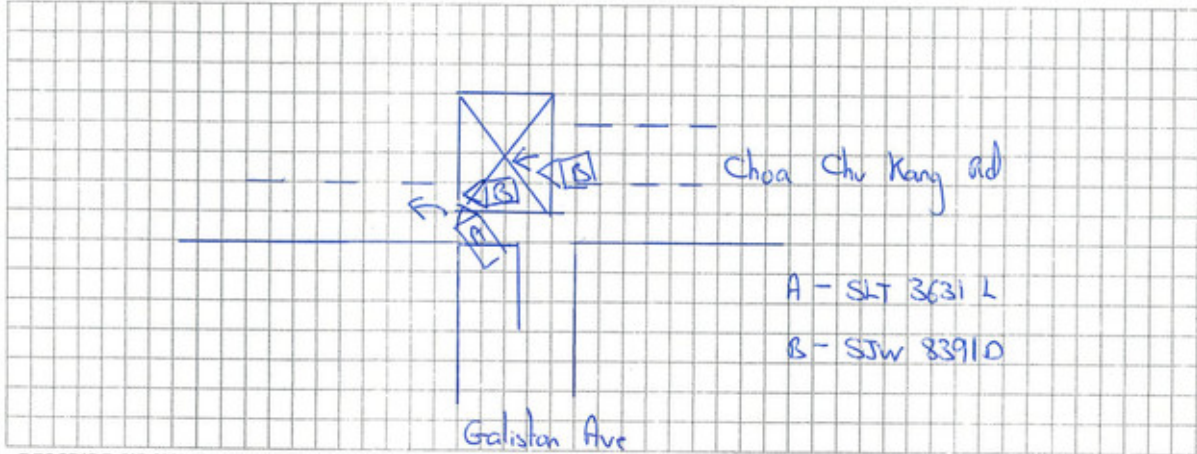
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While 2 wait for first lane clear to turn out from Galistan Ave, after head out the accident happen. The other party ~~from~~ from second lane change to first lane.

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

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



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:

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

Authorization Letter

I, Woo Hong Foong (S8376250), authorize Puan
Gingju (S8476184B) to make accident report on behalf.

**CERTIFICATE OF INSURANCE**

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Woo Weng Fong
Period of Insurance : 25 Oct 2019 To 25 Oct 2020
Engine No. : HRA2453242A
Chassis No. : SLNFEA/J1U2012859

Vehicle No. : 8LT3831L
Policy No. : 1700070875-02
Enforcement No. :
Issued Date : 29 Sep 2019

ABOUT THE COVER

Model/Make: : NISSAN Qashqai 1.2 DIG-Turbo
Engine Capacity/Tonnage: 1,197.00 CC **Stun Insured:** **Marked Value:**
Driver Restriction: : NA **Off Peak Car:** : No **First Year of Registration:** : 2017
Person or Classes of Persons Entitled to Drive*: **Insuring with COE/PANF:** : Yes
 * As per section 16 of the Motor Vehicle Act, 1988.
 * Any other person who is driving on the vehicle shall obtain a valid license to drive.
 * This policy will not be valid if the vehicle is used for any purpose other than the specified usage mentioned.
 * The vehicle must be insured at least Rs.69 as "Third-party liability" coverage with "Owner's Cover" (NCIR) if you are a 1st/2nd/3rd owner (present or intended) and value less than age of 30 months and less than 100000 kms.

Age Condition : All Age Condition

Limitation as to use⁸ :

See entry for *good*, *not* evil, and related expressions, and for the Polyhedron's business.

This listing does not cover use for hire or reward, driving tuition, driving test, racing, passengering, reliability trial or speed testing. The words of all goods other than transport in motor traffic with any person or business or with any purpose to earn money with Motor Traffic.

1. 1995-1996: 1995-1996

*Unintentional Handed Assistance by Statutes 2 of the Motor Vehicles (Third-Party Rules and Compensation) Act (Cap. 150: Section 25 of the Road Transport Act, 1989) similarly; and Road Transport (Compensation) Act (2013), are meant to be included under these two tags.

EXCESS

Book is a 1
Pb. - 80 Card Counters - 5000 Tr. #s - 53 Field Count - 50

Property Charge = \$5

Windscreen : 51 DC

Named Driver and Experts: [Learn more](#)

Value Added is Positive • \$600 (Own Damage)

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

1. TO AIRBORNE: A/c 121 SEV 106 111g ROAD 101 JAPAN 600000 00000000
2. AIRBORNE: A/c 121 SEV 106 111g ROAD 101 JAPAN 600000 00000000
3. TO AIRBORNE: A/c 121 SEV 106 111g ROAD 101 JAPAN 600000 00000000
4. TO CHANG/MAK: A/c 121 SEV 106 111g ROAD 101 JAPAN 600000 00000000
5. TO CHANG/MAK: A/c 121 SEV 106 111g ROAD 101 JAPAN 600000 00000000

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IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

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TAN CHONG CREDIT PTE LTD - CHU
815 BLK 211AH ROAD TAN CHONG MOTOR CENTRE
SINGAPORE 430211
Underwritten by AIG Auto Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Plc. Ltd.
AUTHORISED REPRESENTATIVE

76 Shenton Way #21-10 ADB Building Singapore | T +65 6419 4000 | www.aig.sg

AIG Asia Pacific Insurance Co., Ltd.

1



Identification Card



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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