

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	18/11/2019 17:25
Date Of Accident	15/11/2019 21:00
Exact Location Of Accident	BUFFALO ROAD TO RACE COURSE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMG2146J
Insured/Policyholder	
Name Of Registered Owner	LOO SHEK PENG
NRIC No	S2649373J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96181786
Alternative Phone No	Others-96181786

Vehicle Particulars	
Manufacturer	VOLVO
Model	XC40-2.0 T5 R-DESIGN (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?	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	1800146863
Cover Note Number	

Driver	
Name of Driver	LOO SHEK PENG
NRIC No	S2649373J
Date Of Birth	09/05/1967
Occupation	INDOOR
Date Of Driving Pass	12/09/1998
Driving Experience	21 YEARS AND 2 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-96181786
Fax Number	
Contact Number	OTHERS-96181786
EMail Address	NOEMAIL
Address	20 CANBERRA DRIVE #02-01
Postcode	768425
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 - 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)	2
Passenger 1	Name: : DOMENICO BALASSI 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 ATTACHMENT.

Attachment(s)

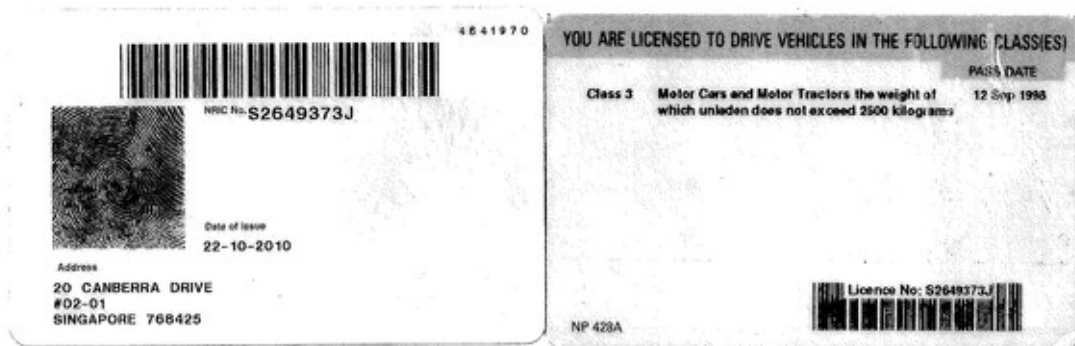
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD495P
Vehicle Make/Model/Colour	TRANSCAB RED
Details Of Properties	
Vehicle Category	TAXI

Name of Driver	TAY JOO SOON
NRIC/Passport Number	S1292579D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan



Accident Sketch Plan

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for e-filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
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. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident	Date: 15/11/2019 Time: 2100hrs.
Exact Location of Accident	Buffalo Road to Race Course Road.
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMG 2146J
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	LOO Shek Peng
Personal Identification - NRIC (Singaporean/PR)	S2649373J
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer Volvo Model XC40 T4 ED
Type of Vehicle*	<input type="radio"/> Saloon <input checked="" type="radio"/> MPV <input 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 checked="" type="radio"/> Yes <input type="radio"/> No (If No, Pls select: <input 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 *	Alfa
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	1800146863
Motor CI	
DRIVER	<input type="radio"/> Same as Insured above
Name of Driver	LOO Shek Peng
Personal Identification - NRIC (Singaporean/PR)	S2649373J
- FIN/Passport Number	
Date of Birth	09 dd/ 05 mm/ 1968 yy
Driving Date Pass	12 dd/ 09 mm/ 1998 yy
Year of Driving Experience	Year(s) Month(s)
Occupation	<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.	9618 1786

Address of Driver	20 Canberra Drive #02-01		Postcode (768425)
Email Address			
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)	Minor / Major		
Weather Conditions	<input checked="" type="radio"/> Clear	<input type="radio"/> Raining	<input type="radio"/> Others, _____
Road Surface	<input checked="" type="radio"/> Dry	<input 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	Domenico Balassi (M)
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	
Was there any video captured by Car Camera?	<input type="radio"/> Yes	<input checked="" 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	8HD 495P		
Vehicle Make/ Model/ Colour	Transcab (Taxi) Red.		
Details of Properties			
Name of Driver	Tay Joo Som		
Personal Identification - NRIC (Singaporean/PR)	S129259D		
- FIN/Passport Number			
Contact Number			
Address			
Name of Insurance Company			
Nature of Damage			
No. of Passenger (Including Driver)			
(Note - Please use page 6 if you need to add more vehicles)			

Describe Circumstance of the Accident

On 15th Nov 2019 (FRIDAY), as I was driving out from BUFFALO road toward RACE COURSE Road (with a passenger in my car), I stopped at the T-junction of BUFFALO road keeping on the RIGHT side ~~in the~~ and intended to ~~the~~ make a right turn. Along the side of RACE COURSE road, there were a ~~few~~ number of cars parked illegally ~~on the~~ along RACE COURSE road (towards CITY direction); I took a look on my RIGHT, then LEFT, and then RIGHT again, and moved forward to turn RIGHT myself.

A taxi came unexpectedly which both ~~me~~ and my ~~the~~ passengers did not see it coming. (It could have come from behind the illegal parked cars).

The taxi and my car had a ^{collision} ~~brushed against~~ the FRONT LEFT of my vehicle ~~with~~ ^{hit} the taxi's ~~pass~~ LEFT FRONT and BACK passenger doors. From the damage, it looks like the taxi had travelled and past my car about 3/4 metre before the collision.

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.


2019.11.18
Policyholder's Signature / Date & Time
10.29 AM

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

Witnessed by Reporting Centre Personnel

SKETCH PLAN

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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

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 firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

2019.11.18

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

& Time

Witnessed by Reporting Centre Personnel

Sketch Plan



taxi: trans cab
SHD0495P

SMG 2146J

Accident Sketch Plan



COVER NOTE

WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder	: LOO SHEK PENG	Vehicle No.	:
Period of Insurance	: 10 Dec 2018 to 09 Dec 2019	Cover Note No.	: 1800146863
Engine No.	: B4204T472806316	Endorsement No.	:
Chassis No.	: YV1XZACADK2087696	Issued Date	: 07 Dec 2018

ABOUT THE COVER

Make/Model	: VOLVO XC40 T4 R-Design	Sum Insured	: Market Value	First Year of Registration	: 2018
Engine Capacity/Tonnage	: 1,969.00 CC	Off Peak Car	: No	Insuring with COE/PAF	: Yes
Driver Restriction	: NA				

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.

Loss of Use 2000cc

* 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 - \$1000 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and EXCESS (where applicable)
LOO SHEK PENG - \$1000 (Own Damage)

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

1. Wearn's Automotive Pte Ltd Add: 249 Alexandra Road Singapore 159935 64304899 63789350

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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

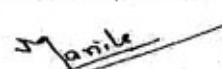
IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OVERSEA-CHINESE BANKING CORPN LTD

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.
We hereby certify that this Cover Note 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). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of Insurance.

0503485771
WEARNES AUTOMOTIVE - VV (V)
45 LENG KEE ROAD
SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.


AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

Stanley Low

The Singaporean Way 407-16 AIG Building 507-120-11188 63789350 www.aig.com.sg

AIG Asia Pacific Insurance Pte. Ltd.

Identification Card



Accident Photo



Driving License



Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card



Accident Photo



Accident Photo



Accident Photo



Accident Photo

