

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	02/12/2019 11:55
Date Of Accident	29/11/2019 14:00
Exact Location Of Accident	ALONG WOODLANDS AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC2282T
Insured/Policyholder	
Name Of Registered Owner	HENG LEE PENG
NRIC No	S0166255D
Email Address	DANIELHENG31@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96210350
Alternative Phone No	Others-96201350

Vehicle Particulars

Manufacturer	VOLVO
Model	XC90 T5 R-DESIGN
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	2100441786/02
Cover Note Number	

Driver

Name of Driver	HENG LEE PENG
NRIC No	S0166255D
Date Of Birth	31/08/1946
Occupation	OUTDOOR
Date Of Driving Pass	07/10/1969
Driving Experience	50 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-96210350
Fax Number	
Contact Number	OTHERS-96201350
EMail Address	DANIELHENG31@GMAIL.COM
Address	BLK 755 WOODLANDS AVENUE 4 #07-297
Postcode	730755
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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?	
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

Please refer to sketch plan.

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	SLT3449Y
Vehicle Make/Model/Colour	HYUNDAI ELANTRA / RED
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RICHARD SEAH-OWNER
NRIC/Passport Number	
Contact Number	81828083

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

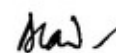
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8. Consent under the Personal Data Protection Act (PDPA)

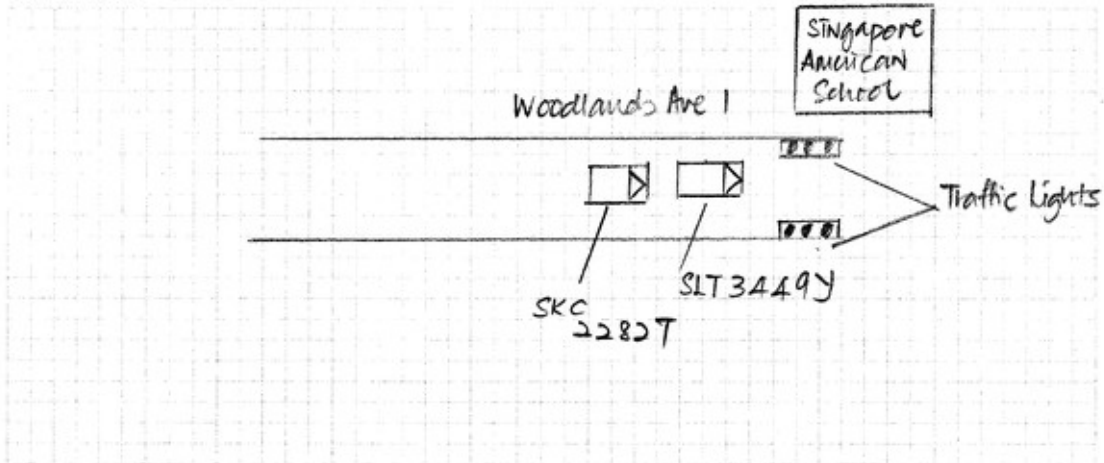
I understand, acknowledge, agree and consent that:

- (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: **2 DEC 2019**
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The incident happened on Friday 29/11/2019 at around 3pm. It was raining heavily, road was wet and visibility affected.

I was driving along Woodlands Avenue 1 when the vehicle in front (SLT 3449Y) slowed down. Due to the weather condition, I could not see clearly and did not notice that SLT 3449Y had slowed down; As such, I collided lightly into the back of SLT 3449Y.

No one suffered any injuries.

DECLARATION

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

Policyholder's Signature: *[Signature]*
 Date & Time: 2 DEC 2019

Driver's Signature: *[Signature]*
 (If driver is not the policyholder)
 Date & Time:

Reporting Centre Personnel's Signature: *[Signature]*
 Name: Deborah Lai
 NRIC/FIN No.:



CERTIFICATE OF INSURANCE

WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

Name of Policyholder : HENG LEE PENG
 Period of Insurance : 02 Feb 2018 To 01 Feb 2019
 Engine No. : B5254T4665615
 Chassis No. : YV1CT2457E1685021

Vehicle No. : SKC2282T
 Policy No. : 2100441786-02
 Endorsement No. :
 Issued Date : 09 Jan 2018

ABOUT THE COVER

Make/Model	VOLVO XC90 T5 R-DESIGN				
Engine Capacity/Tonnage	2 497.00 CC	Sum Insured	Market Value	First Year of Registration	2015
Driver Restriction	NA	Off Peak Car	No	Insuring with COE/PAFF	Yes

Persons or Classes of Persons Entitled to Drive

1. The insured is entitled to drive the vehicle under the following conditions:
 (a) The insured is a Singaporean citizen or a permanent resident of Singapore.
 (b) The insured is at least 21 years old and below 70 years old at the time of driving.
 (c) The insured is a holder of a valid Singaporean driving licence for the vehicle.

Age condition: 40 years old and above

Exclusions to be used

1. This insurance does not cover any loss or damage to the vehicle caused by fire, theft, burglary, robbery, hijack, piracy, kidnapping, ransom, extortion, terrorism, civil unrest, riot, strike, strike-related activities, sabotage, war, civil war, rebellion, revolution, insurrection, military or armed conflict, or any other cause of a similar nature.

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

1. The insured must report any loss or damage to the vehicle to the nearest approved reporting centre or authorised repairer within 24 hours of the occurrence of the loss or damage.

IMPORTANT NOTES

1. The insured must read the policy document carefully before signing it.

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Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Smile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

Third Party Vehicle No. SLT 3449Y



Accident Photo



Accident Photo



Accident Photo



Chassis Number

