## 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 <u>truthful and accurate</u> 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 consent to the archiving of this report at the centre and to copies of the report being made available aforesaid

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	28/01/2020 17:22
Date Of Accident	25/01/2020 16:50
Exact Location Of Accident	BKE NEAR EXIT 7
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFW929D
Insured/Policyholder	
Name Of Registered Owner	QUEK SIU SIONG
NRIC No	S1805314D
Email Address	BENNY@DMI.COM.SG
Mobile Phone No	(LOCAL) +65-90900866
Alternative Phone No	OFFICE-93636203
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA-1.6 (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

Cover Note Number

### **Driver**

Name of Driver QUEK TENG TZE DAMIAN

NRIC No S9639154D

Date Of Birth 25/10/1996

Occupation INDOOR

Date Of Driving Pass 23/06/2016

Driving Experience 3 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93636203

Fax Number

Contact Number

EMail Address DAMIANQUACK@GMAIL.COM

Address 19 PUNGGOL FIELD WALK #16-11 SINGAPORE

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

Type Of Accident **CHAIN COLLISION** 

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

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

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** 

SEE ATTACH SKETCH PLAN & STATEMENT

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 SHD9211H

TOYOTA PRIUS RED TAXI Vehicle Make/Model/Colour

**Details Of Properties** 

TAXI Vehicle Category

Name of Driver TEO BAK KA NRIC/Passport Number S6819047I 94767292 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

SHD3893D

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

HYUNDAI IONIQ BLUE

TAXI

#### Sketch Plan

## SKETCH PLAN

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- 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:
  - 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:
  - 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:

I W.

2.40 pm

Driver's Signature (If driver is not the policyholder)

Date & Time:

28/1/20

2-30pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

113		
		PIE
JOODLAND (	SHD 38	3KE 93D SHD9211 H SFN929D
	N	77
	d m	(I AQNAI)
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
was stationery along a	with B&C, waiting to	I moving slowly. Before the collision move off. to Afoliant when the collision but did not manage to Stop in
1170		

Policyholder's Signature Date & Time:

28/1/22-3-8m

Driver's Signature (If driver is not the policyholder) Date & Time: 3-8 (1/140)

2-30pm

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

















## **Driving License**















# CERTIFICATE OF INSURANCE

### AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Quek Siu Siong

Period of Insurance : 23 Sep 2019 To 22 Sep 2020

: G4FGHU778559 Engine No.

: KMHD841CMJU542876 Chassis No.

Vehicle No.

Issued Date

: SFW929D : 1900154130

Policy No. Endorsement No.

: 11 Sep 2019

### ABOUT THE COVER

Make/Model

Driver Restriction

HYUNDAI ELANTRA 1.5 GLS

Engine Capacity/Tonnage : 1,591.00 CC

Off Peak Car : No

Sum Insured : Market Value

First Year of Registration : 2017 Insuring with COE/PARF Yes

Person or Classes of Persons Entitled to Drive":

: NA

a) The Policyholder b) Any other person who is driving on the Policyholder's order or with his/her permission. This Princip will inducedly the Policyholder or any authorised driver only if hatche meets the specified age condition.

You have to pay an editional sum of \$3,000 as "Young entitor inexpersenced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnerself) is under the age of 23 and/or has been

Age Condition

: All Age Condition

Limitation as to use\* :

the only for adole, domestic and pleasure purposes and fur the Policyholder's business. This Policy observed, observed as for him or reward, shiring button, driving test, racing, pace-making, relativity mile or speed-lessing, the carriage of goods other than samples in connection with early purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

\* Limitations rendered inoperative by Section 9 of the Motor Vehicles (Third-Party Ricks and Compensation) Act (Cap. 18th), Section 95 of the Road Transport Act, 1997 (Managers) and Road Transport Act, 1997 (Managers) Act 2019, are not to be included under these feedings.

#### EXCESS

Section 1 Fire - SD Own Damage - \$800 That - SD Flood Cover - SD

Section 2 Properly Damage - 50

Windscreen: \$100

Named Driver and Excess (where applicable)

Quell Siu Siong - \$500 (Own Damage)

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

Approved Reporting Centrest AIG Authorised Repairers (For cleans related repairs)

Any accident reports to the Vehicle must be carried and by one of our Authorised Repairses. Within the first 3 years of the first registration of the Vehicle in Singapore. You have the option of having the accident repairs carried out of all the Soils Agent's workshop.

For other Approved Reporting Centrest-AU Authorised Repairses, preses contact our 24-hour accident emergency bettine at 465 8338 8200. Alternatively, You may refer to AIG settled wow any coming and AIG Soil than Trivers or Google Piley.

## IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Maybank Singapore Limited

trive healty certify that the judicy to which the Certificate of Insurance relates is assued in secondance with the provisions of the Motor Vehicles (Third Perty Risks and Companisation) Act (Cap. 188); Part IV of the Rise Transport Act, 1987 (Malayers), Rose Transport (Amendment) Act 2018 and Motor Vehicles (Third Perty Risks) Ruses, 1989 (Malayers).

0602263000

SAFE HARBOUR ASSURANCE AGENCY

BLK 208 HOLIGANG ST 21 #04-207

SINGAPORE 530208

Underwritten by AIG Asia Pacific Insurance Pts. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE