# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 24/03/2020 18:33

### 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 <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.

	ACCIDENT STATEMENT
Date Of Report	24/03/2020 17:56
Date Of Accident	18/03/2020 12:15
Exact Location Of Accident	EAST COAST PARK OPEN CARPARK
Country/State of Loss	SINGAPORE
•	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLZ6744T
Insured/Policyholder	525.7.1.
Name Of Registered Owner	BARNABY JAMES GROSVENOR
NRIC No	\$7284831D
Email Address	B_GROSVENOR@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97734274
Alternative Phone No	Others-97734274
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	OUTLANDER-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
lf 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	1800051775
Cover Note Number	
Driver	
Name of Driver	BARNABY JAMES GROSVENOR
NRIC No	S7284831D
Date Of Birth	07/08/1972
O	INDOOD

**INDOOR** 

03/12/2004

15 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97734274

Fax Number

Contact Number OTHERS-97734274

EMail Address B\_GROSVENOR@HOTMAIL.COM

Address 415 KEW CRESCENT

SINGAPORE

Postcode 466271
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 COLLIDED INTO PARKED VEHICLE

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?

Was any injured conveyed to hospital by

ambulance?

NO

YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

ΝО

Number of Passengers (Including Driver) 5

Passenger 1 Name: : MARY VARUGHESE GROSVENOR

Gender: : Female

Passenger 2 Name: : ETHAN

Gender: : Male

Passenger 3 Name: : ELLIE

Gender: : Female

Passenger 4 Name: : ISABELLA

Gender: : Female

**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** 

I WAS REVERSING MY CAR INTO A CAR PARK LOT AND I HIT THE PARKED CAR.I LEFT A NOTE ON THE CAR WITH MY CONTACT DETAILS.HE CALLED TO MEET AT THE CAR,MY WIFE WENT TO MEET HIM.SHE DIDN'T UNDERSTAND HIM DUE TO HIS LANGUAGE.SHE DECIDED THAT WE SHOULD SETTLE THIS THROUGH INSURANCE .

Attachment(s)

.,

Was there any video captured by Car Camera? YES Was there any audio recorded? NO

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJL9490C Vehicle Make/Model/Colour MAZDA

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver MR WOO

NRIC/Passport Number

Contact Number 92347554

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
  - 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/ere 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: 24 mer 2525

4.25 pm.

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Obotro Personnel's Signature

Name: NRIC/FIN No.:

GIARMO sketchrium Farm V3

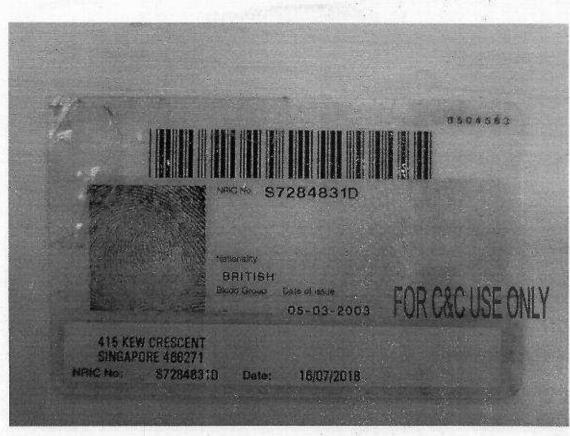
# SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature Driver's Signature Policyholder's Signature Date & Time: Name: (If driver is not the policyholder)

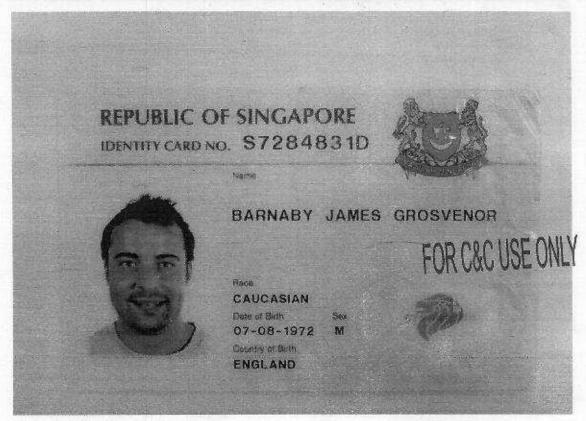
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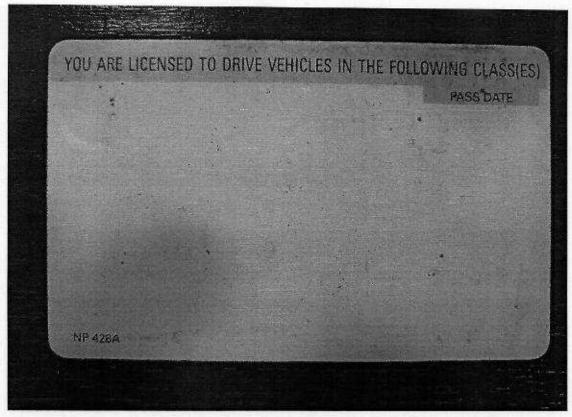
NRIC/FIN No.:

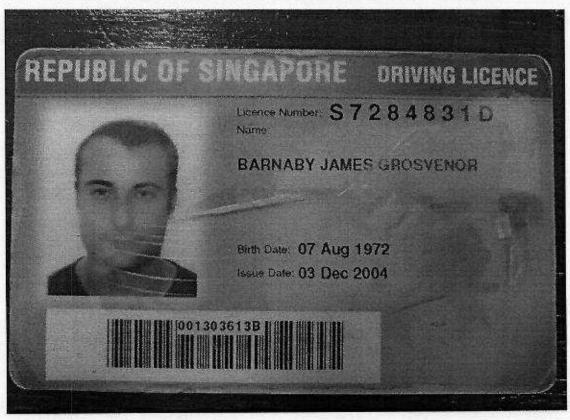
24mor 2020

SLANUK SketchPlanForm\_V3 4:25 pm











# CERTIFICATE OF INSURANCE

### CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : BARNABY JAMES GROSVENOR Period of Insurance : 15 May 2018 To 14 May 2020

Engine No. : 4J11XK6168 Chassis No. : GF7W0401035

Vehicle No.

: SLZ6744T : 1800051775

Policy No. Endorsement No.

Issued Date

: 21 May 2018

ABOUT THE COVER

Make/Model : MITSUBISHI Outlander 2.0 Elegance/Sports

Engine Capacity/Tonnage : 1,998.00 CC

Sum Insured : Market Value

First Year of Registration : 2018

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

Driver Restriction

: NA

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 heishe meets the specified age condition.

You have to pay an additional sum of \$5,000 six "Young another inexperienced Driver Excess" ("YIDR") if You are or Your Authorises Driver (named or unnamed) is under the age of 23 another has loss than 2 years' driving experiences.

Off Peak Car : No

Age Condition

: All Age Condition

Limitation as to use\* :

Use only for excipt, demestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for him or revent, driving typic, driving test, racing, pace-making, reliability trial or speed-feeting, the carriage of goods other frein semples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

\* Limitations rendered inspersive by Section 8 of the Motor Vehicles (Trind-Party Risks and Compensation) Act (Cop. 188) and Section 85 of the Road Transport Act, 1887 (Malaysia), are not to be included under these headings.

### **EXCESS**

Section 1 Fire - \$0 Den Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2 Property Demage - \$0

Windscreen: \$100

Named Driver and Excess where and rable

BARNABY JAMES GROSVENDR - \$600 (Own Damage)

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

1.Cycle & Carriage Authorised Service Centre: Add. 20 Long Kee Rd Singapore 198084 64703686 2.Cycle & Carriage Authorised Service Centre (For windscreen claim only): Acd: 330 Util Rd 3 Singapore 403850 67461000 3.Cycle & Carriage Body & Paint Centre: Add: 209 Pandan Gerdens Singapore 606039 65864601

For other Approved Reporting Centres/AIC Auditorised Repairers, please contact our 24-hour accident entargency holding of +85 6538 6200, Alternatively, you may refer to AIC website www.sig.com.sg or AIC SG Nobile App. Simply search and download "AIC SG from ITunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Standard Chartered Bank (Singapore) Limited

(Nith hereby cardity that the policy to which this Certificate of Insurence relates, is issued in accordance with the provisions of the Motor Vehicles [Third Perty Risks and Comparisation] Act (Cap. 186), Part IV of the Road Transport Act, 1867 (Maleysia), and Motor Vehicles (Third Perty Risks) fluids, 1869 (Maleysia).

0504620202

C&CMICP2 - AL 239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

