# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 26/06/2020 14:31

#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 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

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	ACCIDENT STATEMENT	
Date Of Report	26/06/2020 14:01	
Date Of Accident	13/06/2020 09:45	
Exact Location Of Accident	JUNCTION OF BEDOK SOUTH AVENUE 3 & BEDOK SOUTH RD	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SMQ1949M	
Insured/Policyholder		
Name Of Registered Owner	SHAJA MATHEW	
NRIC No	S7187429Z	
Email Address	SHAJAMATHEW@YAHOO.COM	
Mobile Phone No	(LOCAL) +65-91275606	
Alternative Phone No	Others-91275606	
Vehicle Particulars		
Manufacturer	NISSAN	
Model	SYLPHY-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?	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	1900236285	
Cover Note Number		
Driver		
Name of Driver	SHAJA MATHEW	
NRIC No	S7187429Z	
Date Of Birth	15/05/1971	

**INDOOR** 

14/07/2017

2 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91275606
Fax Number (LOCAL) +65-91275606
Contact Number OTHERS-91275606

EMail Address SHAJAMATHEW@YAHOO.COM

30 TANAH MERAH KECHIL ROAD

#03-10

Postcode 465558
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

Address

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

#### **Circumstances of Accident**

SEE ATTACHED SKETCH, SCENE PHOTO AND DAMAGED VEHICLE PHOTO. CUSTOMER FILE ONLINE REPORTING ON 13.06.2020 10:40 AM ONLINE REPORTING REF. NO. WSVC20000929

#### Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SJJ7842U

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver YEOH KAH HENG

NRIC/Passport Number S1434155B

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

93661633

#### Sketch Plan

#### SKETCH PLAN

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- 6. 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.
- 7. 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)
  - (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
- 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

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

AUTOLUTION INDUSTRIAL PTE LTD

X: 68467483

Reporting Ce

Name:

NRIC/FIN No .:

GIARMC SketchPlanForm V3

A - SMQ1949M B - SJJ7842U

S BEDOK SOUTH PD

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DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
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DECLARATION	100 P	AUTOLUTION INDUSTRIAL PTE LTD
	ticulars are true in every respect.	19 UBI ROAD 4 SINGAPORE-408623
PaperalL		TEL: 5490 9666 FAX: 68467483
Policyholder's Signature	Deinarie Signature	Pagarting Contro Degraph (" Signature
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Contre Personnel's Signature Name: ALFONST
	Date & Time:	NRIC/FIN No.: 6xxxxxx241
GIARMC SketchPlanForm_V3		The second secon



# CERTIFICATE OF INSURANCE

#### NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Shaja Mathew
Period of Insurance : 31 Oct 2019 To 30 Oct 2020

Engine No.

Chassis No.

: HR16943113C : MNTBBAB17Z0035934

Vehicle No.

: SMQ1949M

Policy No.

: 1900236285

Endorsement No. Issued Date

: 14 Nov 2019

#### ABOUT THE COVER

Make/Model

: NISSAN SYLPHY 1.6 PREMIUM

Engine Capacity/Tonnage : 1,598.00 CC Driver Restriction

: NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2019

Insuring with COE/PARF : Yes

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 hise or reward, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

#### EXCESS

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Shaja Mathew - \$600 (Own Damage), \$600 (Flood Cover)

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

- 1.TC AutoClinic Add: 29 Leng Kee Road Singapore 159097 67038511 67038512 67038513 2.TC AutoClinic Add: No.1, Skdh Lok Yang Road Singapore 626099 626222212 3. AutoHiston Industrial Add: 19 Ubil Noad 4 Singapore 408623 64999696 4.Tan Chong Motor Sales Add: 913 Bukd Timah Road Singapore 590623 64694091 64694092 64694093 5.Tan Chong Motor Sales Add: 17 Lorong 6 Toa Payoh Singapore 319254 63570753 63570754

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency holline at +65 8338 8200. Alternatively, you may refer to AIG website www.aig.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: DBS BANK LTD

TAN CHONG CREDIT PTE LTD-GBL

AIG Asia Pacific Insurance Pte. Ltd.

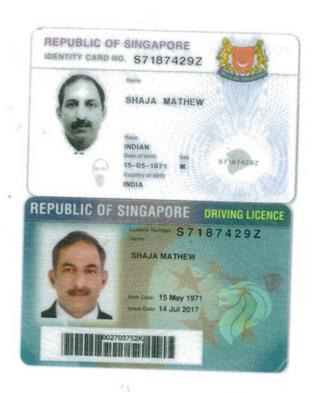
This computer generated document does not require a signature.

913 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

SINGAPORE 589623 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**Identification Card** 































**Accident Photo** 

