# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 17/08/2020 12:35

#### 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 aforesaid.

ACCIDENT STATEMENT					
Date Of Report	17/08/2020 11:44				
Date Of Accident	05/08/2020 19:00				
Exact Location Of Accident	HDB CARPARK 506A SERANGOON NORTH AVE 4				
Country/State of Loss	SINGAPORE				
	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SMP1762P				
Insured/Policyholder					
Name Of Registered Owner	VICKRAM NAIR				
NRIC No	S8236331I				
Email Address	VIK.R.NAIR@GMAIL.COM				
Mobile Phone No	(LOCAL) +65-97106004				
Alternative Phone No	Office-NOPHONE				
Vehicle Particulars					
Manufacturer	SUBARU				
Model	FORESTER-2.0 I-S EYESIGHT AWD CVT SR (A)				
Exact Purpose for which vehicle was being used at time of accident	PERSONAL / LEISURE				
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	1900161965				
Cover Note Number					
Driver					
Name of Driver	QIU LI				
NRIC No	S8462587F				
Date Of Birth	13/09/1984				
Occupation	INDOOR				

**INDOOR** 

27/11/2012

7 YEARS AND 8 MONTHS

Gender **FEMALE** 

Mobile Number (LOCAL) +65-98237555

Fax Number

**Contact Number** 

**EMail Address** LINDA.QUILI@GMAIL.COM

Address APT BLK 506A SERANGOON NORTH AVENUE 4 #11-446

NO

2

NO

NO

NO

1

NO

NO

NO

Postcode

Was driver an employee of the Insured's Company NO

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

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?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

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. 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** 

PLEASE REFER TO THE ATTACHED DOCUMENTS

Attachment(s)

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

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SH8772K Vehicle Make/Model/Colour **HYUNDAI** 

**Details Of Properties** FRONT LEFT HEADLIGHT AND FRT LEFT DOOR

**TAXI** Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

ESCRIBE CIRUMSTANCES OF THE ACCIDENT  LIVER I PLAN TO SEVERSE and park, my car's: rear fender hit the left front light of the Taxi and caused crark on the front had light.  When I adjust and move forward do severce again it het the taxi door, and caused a scretch on the car.  VEH P. : SMP1762P  VEH B: SH 8772K							
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		VEIT	5 . 311	01121			
DECLARATION 3	DECLARATION		3				1 1
/We declare the foregoing particulars are true in every respect.  Polleyholder's Signature  Driver's Signature  Reporting Centre Personnel's Signature		egoing particulars are	true in every respec			1.4	11
Date & Time: (If driver is not the policyholder) Name: DANIEL JUDE	Polleyholder's Sign	ature	Driver's Signal	ure	Renn	rting Centre Person	Monel's Signature

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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 insurers"), 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 I 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.

Policyho der's Signatuse

Date & Time

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

Date & Time:

Reporting Centre Personnel's Signature
Name: DANIEL JUDE

NRIC/FIN NO. SXXXXX518D





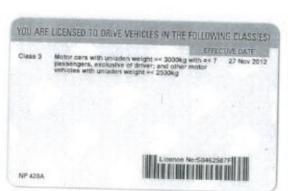








Country/Place of birth CHINA







# CERTIFICATE OF INSURANCE

#### SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Vikram Nair

Period of Insurance

: 13 Sep 2019 To 12 Sep 2020

Engine No.

: FB20YG73396

Chassis No.

: JF1SK7KL5KG013888

Vehicle No.

: SMP1762P

Policy No.

: 1900161965

Endorsement No.

Issued Date

: 25 Sep 2019

#### ABOUT THE COVER

Make/Model

: SUBARU Forester 2.0i-S Eyesight

Engine Capacity/Tonnage: 1,995.00 CC

: NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2019

Insuring with COE/PARF : Yes

Driver Restriction 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 heishe 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 then 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 him or reward, driving testion, driving test, racing, pace-making, reliability trial or speed-busing. 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 1500cc - 1600cc

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Purty Risks and Compensation) Act (Cap. 189), Section 85 of the Road Transport Act, 1987 (Makeyeis) and Road Transport (Amendment) Act 2019, see not to be included under these headings.

#### EXCESS

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

Windscreen: \$100

Named Driver and Excess (where applicable)

Vikram Nair - \$800 (Own Damage), \$800 (Flood Cover)

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

1 Motor Image Enterprises Pte Ltd. Add: 19 Lorong 8 Top Payoh Singapore 319255 64170100

For other Approved Reporting Centres/A/G Authorised Repairers, please contact our 24-ho or A/G SG Mobile App. Simply search and download "A/G SG\* from Trunes or Google Play. ect our 24-hour accident emergancy hotina at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.ag

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

We hereby certify that the policy to which this Certificate of insurance relates is issued in accompance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cep. 189). Part ty of the Road Transport Act, 1987 (Maleysia).

0500619207

TAN CHONG CREDIT SUBARULANT

913 BUKIT TIMAH ROAD

SINGAPORE 569623

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.









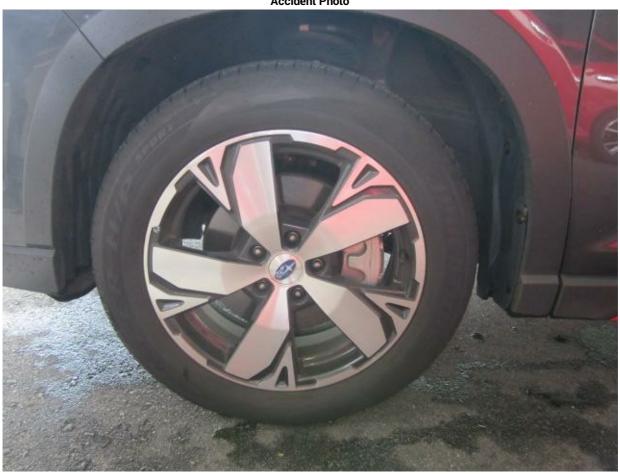




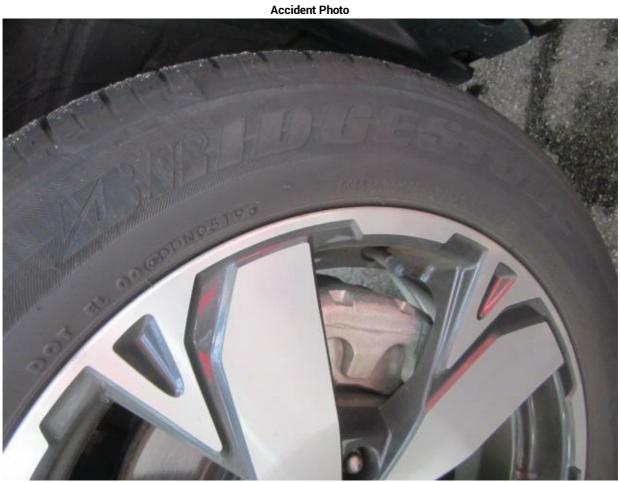














**Accident Photo** 

























