# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 18/08/2020 15:06

### 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

foresaid.	
	ACCIDENT STATEMENT
Date Of Report	18/08/2020 14:57
Date Of Accident	15/08/2020 20:55
Exact Location Of Accident	BUKIT BATOK HDB
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMN3443H
Insured/Policyholder	
Name Of Registered Owner	ABUNDANT LIFE PLANNERS PTE LTD
Co Reg No	198703814E
Email Address	SPALPS@AIA.COM.SG
Mobile Phone No	
Alternative Phone No	Office-97912346
Vehicle Particulars	
Manufacturer	LEXUS
Model	ES300H-2.5 (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
f No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Гуре Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900133344-01
Cover Note Number	
Driver	
Name of Driver	LAWRENCE EE BOON PENG
	01000507.1
NRIC No	S1202527J

**INDOOR** 

01/07/1974

46 YEARS AND 1 MONTH

Gender **MALE** 

Mobile Number (LOCAL) +65-97912346

Fax Number

**Contact Number** 

**EMail Address** LW3212333@HOTMAIL.COM Address 363 HOLLAND RD #01-06

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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?

NO

Was any injured conveyed to hospital by

ambulance?

YES

I have been approached by unknown person(s)

Was any other material or property damaged?

soliciting/offering accident claims assistance.

NO

1

Number of Passengers (Including Driver)

### **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 ATTACHED SKETCH PLAN AND 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

Vehicle Make/Model/Colour

**Details Of Properties** 

NA/UNKNOWN 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

### SKETCH PLAN

### 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.
- 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/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.

ABUNDANT LIFE PLANNERS PTE LTD

Policyholder Signature ·····

------ Driver's Signature

Date & Time:

18

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	AS INAS REVERSING FROM A LOT
/	SUDDENDLY HEARD A SMALL BANG.
	& I REALISED THERE WAS A
	CAR BEHIND ME.
	BECAUSE IT WAS HIT
	UNDER THE FRONT.
	BECAUSE HE PERSISTED THA
/	WAS WRONG & # 17 CAUSED
	MASSIVE JAMMED.
	I SMS HIM I HIT HIS CAR
1	HE WAS A GRAB DRIVER HE TOLD
	ME. AS IWAS OBSTRUCTION MA
1/	EHICLES & THEY WERE HORNING M
	IE I DROVE FERLIARD & HIT THE CURE
	OD AT MY VEHICLE FRONT.

DECLARATION

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

ABUNDANCA Policyholder's Stendaure Date & Time:

RS PTE LTD Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



### AUTOPLUS PRIVATE VEHICLE

Policy No. : 1900133344-01

Period of Insurance : 01 Aug 2020 to 31 Jul 2021 Issued Date : 16 Jun 2020

### ABOUT THE POLICYHOLDER

Name of Policyholder : ABUNDANT LIFE PLANNERS PTE LTD

Address : 363 Holland Road

#01-06 Allsworth Park SINGAPORE 278638

Occupation/Nature of Business: Professional, Administrative & Support Services Activities (eg Audit/ Law firm)

### ABOUT THE VEHICLE

Registration No. : SMN3443H Engine Capacity/Tonnage : 2,487.00 CC Chassis No. : JTHB21B1X02058473 Engine No. : A25AN083269 Body Type : Sedan

Seating Capacity: 5 First Year of Registration : 2019 Make/Model : LEXUS ES 300H

Hire Purchase Company/Employer's Loan : HONG LEONG FINANCE LTD

### ABOUT THE COVER

Sum Insured : Market Value Off Peak Car · No Insuring with COE/PARF : Yes Driver Restriction : NA

### Person or Classes of Persons Entitled to Drive :

Any person who is driving on the Policyholder's order or with their permission.
This Policy will indemnify the Policyholder or any authorised driver only if herish meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or inexpenenced 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, domastic and preasure purposes and for the Policyholder's business.
This Policy does not cover use for his or reward, chiving tusion, driving lest, racing, pace-making, reliability trial or speed-testing, the camage of goods other than samples in connection with him trade or business or use for any purpose in connection with him or Trade

### ther Key Policy Benefits :

Act of God, Dealer (First 3 years from original registration) + AIC Authorised Workshops, Waiver of Excess, PA to Authorised Criver / Univaried Plassongers- 510000 PA Insured. \$50000, Key Replacement Cover- 5800, Strike, Riots and Civil Commotions, Loss of Use 1500cc - 1600cc Optional In-Cer Camera Excess Waiver. INCD Protector. New For Old (56 excessible)

Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800 Section 2 Property Damage - \$0	Premium \$ 1,424.33 GST (7%) \$ 99.70	
Windscreen: \$100	Total ; \$ 1,524.03	
Named Driver Ee Boon Peng Liwrence - \$800 (Own Damage), \$800 (Flood Cover)	Your Premium includes the following discount(s): Loyalty Discount - 5.00%, No Claim Discount - 50%	

PREMIUM

No 201000464M | Copyright G 2019 8 3

3

EXCESS















































































