

## 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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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	16/09/2020 13:20
Date Of Accident	15/09/2020 17:15
Exact Location Of Accident	ALONG HILLVIEW AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	EL202L
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### Insured/Policyholder

Name Of Registered Owner	CHUA SEW WAH
NRIC No	S1140107D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97843191
Alternative Phone No	Office-97843191

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY

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
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If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800113539-01
Cover Note Number	

### Driver

Name of Driver	NG HOCK THEOW
NRIC No	S0143767D
Date Of Birth	23/08/1951
Occupation	INDOOR
Date Of Driving Pass	29/07/1976
Driving Experience	44 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-97627893
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 555 JURONG WEST ST 42 #03-371
Postcode	640555
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	COLLISION - CHANGE/CROSS LANE
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?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
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

WHILST UPON COMPLETING A RIGHT TURN AFTER CHECKING CLEAR OF ONCOMING TRAFFIC, SUDDENLY VEHICLE B WHICH WAS EARLIER ON THE SECOND LANE MADE A LANE CHANGE AND GRAZED AGAINST MY LEFT HAND FRONT PORTION.

#### 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	SMB3043S
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

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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 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:
  - (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 / 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:

Chen Saw Wah

16/9/20

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

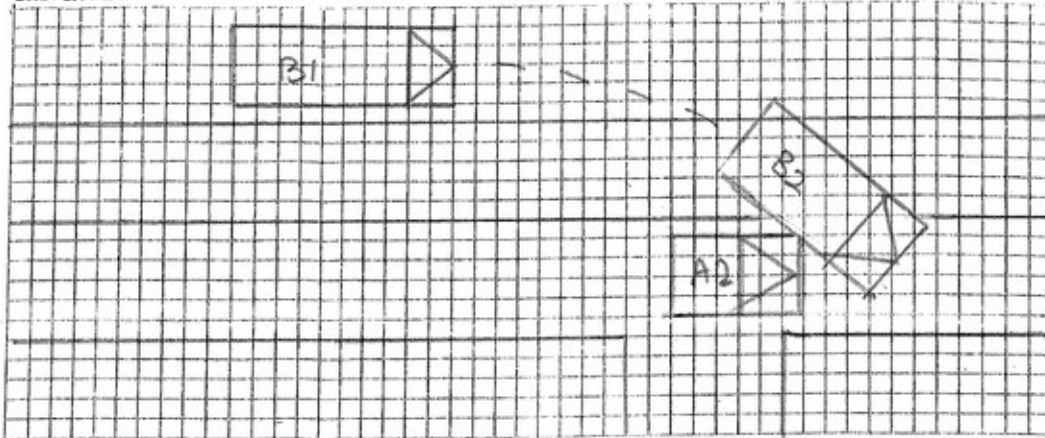
*[Signature]*

Reporting Centre Personnel's Signature  
Name  
NRN / S/N No

VERVIZ MOTOR

A - FL202L  
B - SMB 3043S

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Whilst upon completing a right turn after checking clear for on-coming traffic, suddenly Veh B which was earlier on the 2nd lane made a lane change and grazed against my left hand front portion.

DECLARATION

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

Chua Saw Wah

Policyholder's Signature  
Date & Time:

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

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

Identification Card

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1140107D



Name

CHUA SEW WAH

蔡秀華

Race

CHINESE

Date of birth

02-01-1955

Country/Place of birth

SINGAPORE

Sex

F

S1140107D

Usage for Insurance Motor Accident Reporting  
and Claims Purposes Only

Vehicle no:

BL 202 L

Date of Accident:

15/09/20

00YCY7D



NRIC No. S1140107D



Date of issue

03-01-2019

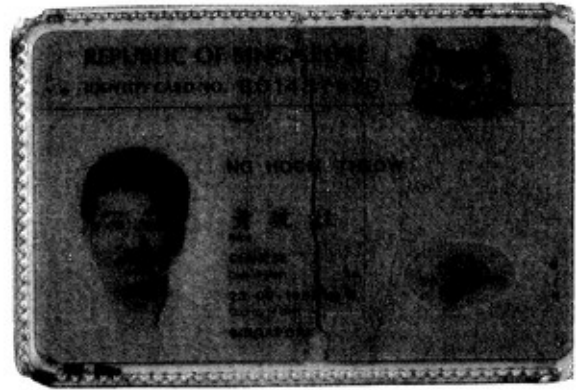
Address

APT BLK 555 JURONG WEST STREET 42

#03-371

SINGAPORE 640555

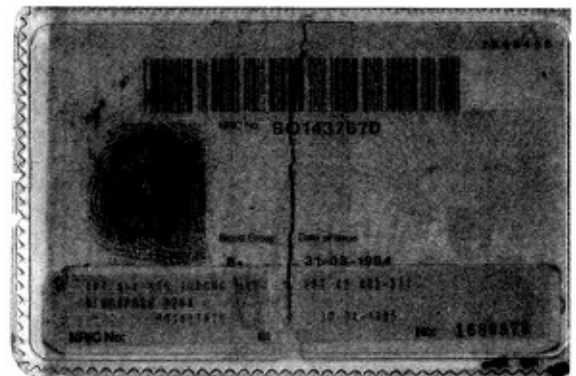
Identification Card



Usage for Insurance Motor Accident Reporting  
and Claims Purposes Only

Vehicle no: BL 202L

Date of Accident: 15/09/20



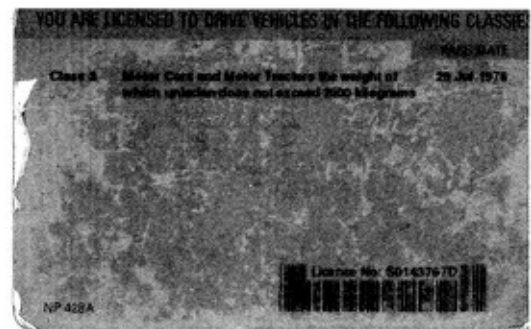
Driving License



Usage for Insurance Motor Accident Reporting  
and Claims Purposes Only

Vehicle no: BL 202 L

Date of Accident: 15/09/20







## CERTIFICATE OF INSURANCE

### AUTOVALUE PRIVATE VEHICLE

**Name of Policyholder** : CHUA SEW WAH  
**Period of Insurance** : 15 Oct 2019 To 14 Oct 2020  
**Engine No.** : 2AZC267415  
**Chassis No.** : ACV403134941

**Vehicle No.** : EL202L  
**Policy No.** : 1800113539-01  
**Endorsement No.** :  
**Issued Date** : 27 Aug 2019

#### ABOUT THE COVER

**Make/Model** : TOYOTA CAMRY 2.4  
**Engine Capacity/Tonnage** : 2,362.00 CC  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2007  
**Insuring with COE/PAF** : Yes

#### Person or Classes of Persons Entitled to Drive\*

Any person other than the Policyholder who is driving on the Policyholder's order or with his/her permission. This Policy will indemnify any authorised driver other than the Policyholder 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" ("YIDRE") 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 hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

\* 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

##### Section 1

Fire - \$0 Own Damage - \$1000 Theft - \$0 Flood Cover - \$0

##### Section 2

Property Damage - \$0

**Windscreen** : \$100

#### Named Driver and Excess (where applicable)

NG HOCK THEOW - \$1000 (Own Damage)

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.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: Autotrust Credit Pte. Ltd.

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504629000

CH AUTO SOLUTION  
BLK 17 EUNOS CRESCENT #12-2885  
SINGAPORE 400017

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

CH Auto Solution

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

