## SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

**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 truthful and accurate 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	08/10/2020 18:13
Date Of Accident	08/10/2020 10:40
Exact Location Of Accident	OUTSIDE 5 GREENMEAD AVENUE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKP8868X
Insured/Policyholder	
Name Of Registered Owner	TOH KONG AI
NRIC No	S0029733Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97319880
Alternative Phone No	Others-97319880
Vehicle Particulars	
Manufacturer	VOLVO
Model	XC60-2.0 T5 (A)
Exact Purpose for which vehicle was being used at time of accident	SOCIAL
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	2100378000-06
Cover Note Number	
Driver	
Name of Driver	TOH KONG AI
NRIC No	S0029733Z
Date Of Birth	04/09/1954
Occupation	INDOOR

02/05/1979

41 YEARS AND 5 MONTHS

Gender **FEMALE** 

Mobile Number (LOCAL) +65-97319880 Fax Number (LOCAL) +65-97319880 **Contact Number** OTHERS-97319880

**EMail Address NOEMAIL** 

**5 GREENMEAD AVENUE** Address

Postcode 289398 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 - MAJOR/MINOR RD

**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 NO

ambulance?

YES

NO

NO

Was any other material or property damaged?

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

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**

### REFER TO ATTACHMENT.

# Attachment(s)

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

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

Vehicle Registration Number SJA189R Vehicle Make/Model/Colour **AUDI** 

**Details Of Properties** 

PRIVATE CAR Vehicle Category Name of Driver SOH WEI CHI S7527882I NRIC/Passport Number Contact Number 98374117

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

# **Accident Sketch Plan**

SING ADODE ASSIDENT STATEMEN	.=	
SINGAPORE ACCIDENT STATEMEN	NT	
IMPORTANT NOTICE		
Complete and submit this Form to Allied World's Author     Please report correctly the details of the accident to speed up		
3. This Form must be completed by the Policyholder and/or the		
<ol> <li>Information provided must be as <u>truthful and accurate as positions</u> insurance companies to repudiate policy liability.</li> </ol>	sible. Any wilful misrepresentation or withholding of material facts may allow	
<ol> <li>The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance com</li> <li>Any false reporting may be referred to the Traffic Police Department for investigation.</li> </ol>		
ACCIDENT STATEMENT		
Date and Time of Accident	Date: 08 10 2020 Time: 1041 hvs	
Exact Location of Accident	Outside 3 Greenmend Avenue	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	CKP 8868 X	
INSURED / POLICYHOLDER (OWN VEHICLE)		
Name of Registered Owner (See Insurance Cert.)	Toh Icong A	
Personal Identification - NRIC (Singaporean/PR)	\$ 00297332	
- FIN/Passport Number		
- Not Applicable		
VEHICLE PARTICULARS (OWN VEHICLE)		
Vehicle Make / Model	Manufacturer VOVO Model CC 60	
Type of Vehicle*	Saloon MPV ORV Ovan OLorry	
	O Bus O M/cycle O Others,	
Exact Purpose for which vehicle was being used at time of	Social	
accident Are you claiming under your own insurance policy for repair your vehicle?	Yes No (If No,PIs select: Third Party Reporting)	
Vehicle Category*	Private Commercial Motorcycle	
INSURANCE COMPANY (OWN VEHICLE )		
Name of Insurance Company *	Ala	
Type of Policy	Comphensive	
Fleet Policy	○ Yes 夕 No	
Policy Number	2100378000-06 VI	
Motor CI		
DRIVER	Same as Insured above	
Name of Driver	Toh Kong M	
Personal Identification - NRIC (Singaporean/PR)	800297337	
- FIN/Passport Number		
Date of Birth	04 dd/ 09 mm/ (954)yy	
Driving Date Pass	02 ddi O5 mm/ [979]yy	
Year of Driving Experience	Year(s) Month(s)	
Occupation	Ø Indoor ○ Outdoor	
Gender	○ Male Female	
Contact Number / Mobile Phone / Fax No.	97319 880 .	

Address of Driver	5 (WEEN MEAD AVENUE Postcode (289398)
Email Address	in the last
Was driver an employee of the Insured's Company?	Yes No
If No, Relationship of the Driver with the Insured	Dwner
Vehicle Registration Number of Driver's Own	O Yes Ø No
Vehicle Registration Number of Driver's Own Vehicle (if applicable)	
Insurance Company of Driver's Own Vehicle (if applicable)	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (Eg. Chain collison, Head-On collision, Side Swipe, Front to Rear)	MININ ( Major
Weather Conditions	Clear Raining Others,
Road Surface	Dry Wet Others,
OTHER INFORMATION	
Was any foreign vehicle involved in this accident?	O Yes Ø No
Was any body injured in the accident?	O Yes O No
Was any other vehicle or property damaged?	Yes O No
Was there any video captured by Car Camera?	○ Yes Ø No
Number of Passengers (Including Driver)	01
DETAILS OF POLICE ACTION	
Was the Accident reported to the Police?	Yes No (If Yes, please state which Police Station.)
Police Station Name	
Police Station Address	
Police Station Contact	Tel No. Fax No.
Was notice of intended Prosecution given?	Yes No (If Yes, against whom?)
DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Registration Number	STATSIR.
Vehicle Make/ Model/ Colour	Andi
Details of Properties	
Name of Driver	SON WE CHT 87527882 I
Personal Identification - NRIC (Singaporean/PR)	(75)7682I
- FIN/Passport Number	
Contact Number	9837 4117
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	
(Note - Please use page 6 if you need to add more vehicles )	

### 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>.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to the GIA Records Mangement Centre establised 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 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.

#### 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' law yers/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.

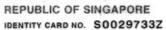
Policycolder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Data Witnessed by Reporting Centre Personnel & Time

Greenmad Arenne A 8KP-886 SY

Creenmad Arenne B P SJA 189 R

No 5

Driver's Signature (if driver is not the policyholder) / Date  Witnessed by Reporting Centre Personnel  & Time	Describe Circumstance of the Acc	
PORTANT NOTE  Inder General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence discovery of damage whether or not to claim under the policy. Please check your policy for more information.  Inderesting the foregoing particulars are true in every respect.  Oriver's Signature (if diner is not the policyholder) / Date  Oriver's Signature (if diner is not the policyholder) / Date  Wirressed by Reporting Centre Personnel  6. Time	Comina or	+ from my home at Greenmeal
PORTANT NOTE  Inder General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence discovery of damage whether or not to claim under the policy. Please check your policy for more information.  Inderesting the foregoing particulars are true in every respect.  Oriver's Signature (if diner is not the policyholder) / Date  Oriver's Signature (if diner is not the policyholder) / Date  Wirressed by Reporting Centre Personnel  6. Time	Avenue I	check for on comy Traffic but
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Driver's Signature (if driver is not the policyholder) / Date  Witnessed by Reporting Centre Personnel  & Time	eclaration	and the in allow record
& Time	ve ouclare ine loregoing particular	s are not in every respect.
& Time	alud 1	
& Time	Z/Mm/	
	licyfigldey's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date Witnessed by Reporting Centre Personnel
P		& Time





Name



CHINESE
Date of birth
04-09-1954
Country/Place of birth
SINGAPORE

× 50029733Z





30-03-2020

5 GREENMEAD AVENUE SINGAPORE 289398 90U ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

O2 May 1279

NP 428A

1)

n

Vehicle Registration No. : SKP8863X Next Period of Insurance : 27 Jun 2020 to 26 Jun 2021

FIRST SECULIAR SECTION

Date : 29 Apr 2020



Scan this QR code to renew online or visit

www.aig.sg/renew

TOH KONG AI 5 GREENMEAD AVENUE

HILLCREST PARK SINGAPORE 289398

### RENEWAL PREMIUM

Premium Payable (Incl. GST): \$1,257.22

# ABOUT THE COVER

Sum Insured

: Market Value

ring with COE/PARF : Yes

Off Peak Car: No

Driver Restriction : NA Age Condition : All Age Condition

: All Age Condition

Key Benefits

Act of God, Strike, Riots and Chil Commotions, Solar Film-\$1150, Key
Replacement Cover Optional-\$2000, PA to Authorised Driver /
Unnamed Passengers-\$10000, PA Insured-\$100000, Future and
Accessories (Cosmetic)-\$5000, Loss of Use 2000cc, Dealer + AlG
Authorised Workshops, Glass Root/ Moon Root/ Sun Root/ Panaromic
Glass Root, Personal Effects-\$1000, In-Car Camera Excess Waiver,
Loan Protection

#### EXCESS

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

Windscreen: \$100

Named Driver TOH KONG At - \$800 (Own Damage), \$800 (Flood Cover)

## CHANGES TO POLICY

Please refer to your existing policy documents for full terms and conditions which will be unchanged unless otherwise state

### IMPORTANT NOTICE

- 1. It is your duty to disclose in this Rinness Notice, killy and faithfully, all the facts which you know or cought to timow in respect of this proposed insurance and to ensure that all information provided auch information Provided auch information Provided auch information includes a change in comparison or nature of business, a change in claim aspectnoe, intermediate includes a change in comparison or nature of business, a change in claim aspectnoe, intermediate invaluation contains the related control of the visit o

- age Concern journey is subject to Criver's Age Condition, we will indemnify you or any authorised driver only if hashe meets the specified age condition. Please raise to the policy larme and or if any accident occurs any time during this merieval notice and the explicy of your current policy neuting in a claim or if AVG increases its claims reserve on an estating claim on or before your current policy, the moreval larme quoted on this notice may be revised or AVG may choose to without this renewal date.

  If you have the NCO Protector banefit, please note that the NCO protected under this benefit is not transferrable to any other insurer and an offer to renew your policy is not guaranteed.

  If you have a comprehensive policy, winduction cover will be automatically reinstated after each winduction claim as no additional promium. Excess applies unless otherwise stated.
- policy is a private car policy, all third party liability incurred by your authorised driver will be settled by AIG, if psymble, even if

- yeard more than one discount applies to your quotation, AIO reserves the right to cap the total discount which will be applied to the quotation.

  odd need test take payment plenethy, your reserved and payment instructions must reach AIO at least. I is working days prior to supey of your current policy. Please do not send the original read.

  AIO will not be responsible for the tose of the read surface or clearly in the most state or to expert of the read surface.

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# **Accident Photo**



# **Accident Photo**









