

## 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 Actual 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 Submission .....	22/02/2023 16:26 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	17/02/2023 07:25 (SGT)
Exact Location of Accident .....	Still Rd & E Coast Rd, Singapore
Additional Location Information .....	JUNCTION OF STILL ROAD AND EAST COAST ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNF1027U
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TEO SHEN-RU
NRIC No .....	S7923801E
Email Address .....	SHENRU15@GMAIL.COM
Mobile Phone No .....	(Phone) +65-99971067
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mini
Model .....	COUNTRYMAN
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Reporting only
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1499

#### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	7220064918

#### DRIVER

Name of Driver .....	TEO SHEN-RU
NRIC No .....	S7923801E
Date Of Birth .....	15/08/1979
Occupation .....	Indoor

Date Of Driving Pass .....	07/06/1999
Driving experience .....	23 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-99971067
Alt. Phone Number .....	-
Email Address .....	SHENRU15@GMAIL.COM
Address .....	8 LORONG H TELOK KURAU #03-02
Address complement .....	-
Postcode .....	425991
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	PC5353T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
Name of Driver .....	BRAR KULWINDER SING
Passport No/FIN .....	G6952815K

Contact Number .....	(Phone) +65-85437142
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

SKETCH PLAN

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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.
6. This report will be forwarded by the insurers to 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.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

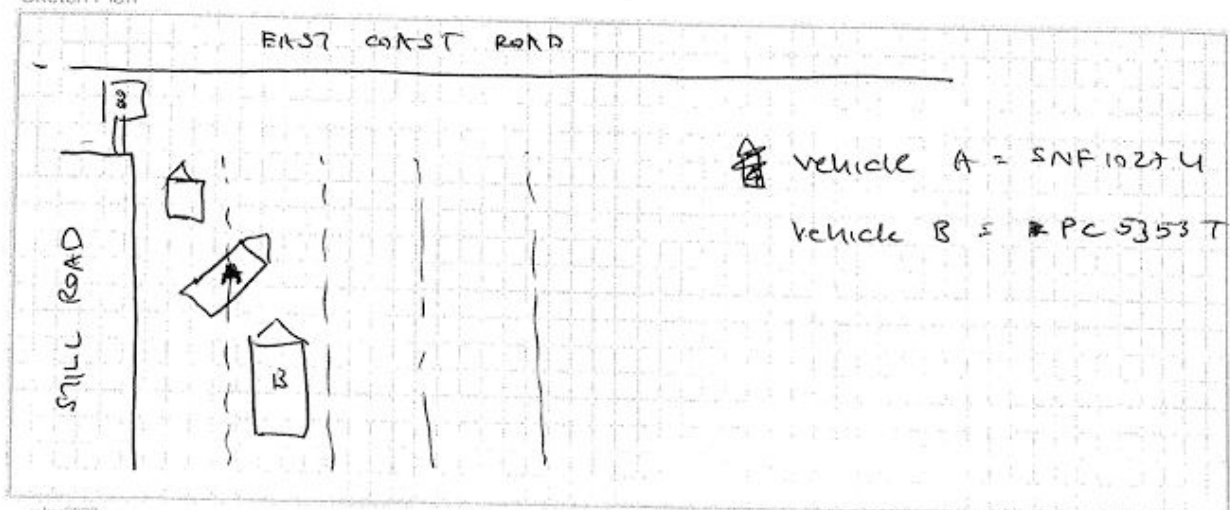
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 the negligence;
  - (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 cited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time  
 22/02/23 11:30 am

Actual Driver's Signature (if driver is not the policyholder) / Date & Time  
 24/02/23 11:39 am

Witnessed by Reporting Centre Personnel  
 (Name and NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

At around 7:25pm on 17 Feb 2023, I was driving in the extreme ~~left~~ left lane of Hill Road and became ~~stuck~~ stationary at the junction of East Coast Road and Hill Road due to a red light. There was no vehicle in front of me.

Before ~~stopping~~ stopping for the red light, I had actually started to ~~switch~~ lanes into the next lane to my right, ~~the bus~~ ~~PC 53537~~ such that half of my vehicle was straddling the extreme left lane, and half of it was in the next lane. Bus PC 53537 was ~~behind~~ diagonally behind me to my right.

When the light turned green, I proceeded to complete the lane ~~switch~~ switch. Out of nowhere, the bus hit my ~~car~~ vehicle. ~~We~~ We stopped and exchanged details. ~~The~~ When asked why and how he did not see my vehicle, the driver said that "he was concentrating on the traffic light".

The front left side of the bus had light scratches. The right side panel of my vehicle suffered a dent (above the right rear tyre) and the right rear tyre is badly scratched.

Declaration

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



Policyholder's Signature / Date & Time

22/02/23 11:39am



Actual Driver's Signature (if driver is not the policyholder) / Date & Time

22/02/23 11:30 am



Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



## COPY OF PROPOSAL FORM

## AUTOPLUS PRIVATE VEHICLE

Statement pursuant to Section 25(5) of the Insurance Act (Cap. 142) (or any subsequent Amendments thereof). You are to disclose in this Proposal Form, fully and faithfully, all the facts which you know or ought to know in respect of the risk that is being proposed, otherwise, the policy hereunder may be void.

Quotation No. : 7220064918 V1  
Issue Date : 09 Jun 2022

Producer Name : ASSURE INSURANCE AGENCY  
Producer Code : 0504641000

## ABOUT THE POLICYHOLDER (FOR VEHICLE REGISTERED OWNER ONLY)

Name as in ID/ROC : TEO SHEN-RU  
Address : 8 LORONG H TELOK KURAU  
#03-02 THE BAILE  
SINGAPORE 425991

ID/ROC No. : xxxxx801E

Nationality : Singaporean

Tel No. (Mobile) : 90671067

Tel No. (Office) :

Tel No. (Home) :

Email :

Is Policyholder driving the vehicle: Yes

Nature of Business : Executive/Admin

## ABOUT THE PRIMARY DRIVER

Name as in ID : TEO SHEN-RU

ID No. : xxxxx801E

Nationality : Singaporean

Gender : Male

Date of Birth : 15 Aug 1979

Marital Status : Married

Relationship to Policyholder : Self

Driving Experience : 22Yrs

Occupation : Executive/Admin

Name of Employer : -

1. Is your employment in the business of night entertainment/gambling establishment? (If yes, please provide details.)

☒ No ☐ Yes

2. Do you have any physical disability or illness that may impair your driving? (If yes, please provide details.)

☒ No ☐ Yes

3. If yes to Question 2, is there any doctor letter certifying you are fit to drive? (If yes, please attach supporting documents.)

☒ No ☐ Yes

## CLAIMS HISTORY (POLICYHOLDER / PRIMARY DRIVER)

At Fault Claim<sup>4</sup> experience in last 3 years (If yes, please provide details below.)

☒ No ☐ Yes

No Claim Discount (NCD)% of Policyholder : 0%

If NCD is nil or 10% with no claims experience, please provide the reason: First time Buying a vehicle

Previous Insurer : NA

Previous Vehicle No./Policy No.:

<sup>4</sup>At Fault Claim refer to claims which result in the reduction of the No Claim Discount (NCD) [including claims where NCD is not affected only due to the NCD Protector benefit].

## REVOKED AND SUSPENDED LICENCE OF PRIMARY DRIVER

Has your driving licence been revoked/suspended in the last 10 years? (If yes, please provide details.) ☒ No ☐ Yes

Date Revoked/Suspended :

Duration of Revocation/Suspension of Licence :

Reason :

Alcohol Limit (in case of drunk driving) : mg/breath or mg/blood

Driving experience before the licence was revoked/suspended :

Any accident leading to licence being revoked/suspended : NCD % before the licence was revoked/suspended :

100558855/ADL Page 1 of 4

















