Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 29/11/2017 16:53

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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 ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policyliability 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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	29/11/2017 16:22
Date Of Accident	16/11/2017 14:00
Exact Location Of Accident	HOUGANG AVE 5 BLK 328 OPEN CP
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJA9006B
Insured/Policyholder	
Name Of Registered Owner	UNG EUGENE
NRIC No	S2105161F
Email Address	MERIDIANMEDCTR@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98159884
Alternative Phone No	Office-98159884
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
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	2100055719-09
Cover Note Number	
Driver	

Name of Driver
UNG EUGENE
NRIC No
S2105161F
Date Of Birth
Occupation
INDOOR
Date Of Driving Pass
23/06/1976

Driving Experience 41 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98159884

Fax Number

Contact Number OFFICE-98159884

EMail Address MERIDIANMEDCTR@YAHOO.COM.SG

Address Postcode

BLK 121 POTONG PASIR AVE 1 #03-285 S350121

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident NO COLLISION Weather Conditions **RAINING** WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO Was any body injured in the Accident? NO Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED REPORT (NO PHOTOS TAKEN DURING REPORTING)

Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

Was there any audio recorded?

NO NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1 SHA2487R

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Name of Driver NA

NRIC/Passport Number

Contact Number NA

NA Address NA

Postcode NA

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name NA Phone Number NA

Email Address NA

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.

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.:

no Collisien

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

		_						
Plea	Se r	e£	ho a	Hached	1	eport	-	

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

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.:

Dr Eugene Ung 121 Potong Pasir Ave 1 #03-285, Singapore 350121 29th Nov 2017

AIG No. 2100055719-09 NRIC No. S2105161F

To,

Whom it may concern

Alleged accident involving vehicles SJA9006B(mine) and City Cab no. SHA 2487R on 16th Nov 2017 in the open-air carpark between Blocks 327 and 328, Hougang Avenue 5.

Dear Sirs,

I am responding to a traffic accident report made by the driver of SHA 2487R which is unfounded and possibly spurious arising out of an altercation between myself and him that day. It was raining heavily around 2 pm. I had stopped my car, turned on the hazard light and was proceeding to make a right reverse turn into a vacant car lot between two other vehicles when I heard loud horning. The driver of SHA 2487R had driven into the driveway as I was making the turn and had come very close to the left side of my car. There was no contact between the vehicles. He was very irritated by me obstructing his way and seemed to be in a hurry. He probably expected me to give way to him but I had the right of way. I temporarily stopped my car thereby obstructing him and indicated to him by hand gestures that I was parking my car. He reluctantly then reversed his car a bit to allow me space to complete my parking. He stopped his taxi in the driveway for some time and made aggressive gestures towards me, he himself thereby obstructing two other cars following behind him. Neither he nor I got out of the car because of the heavy rain. After a few minutes he drove off further into the car park. Later on, when the rain had stopped, I made a close inspection of the whole left side of my car. There was no sign of any contact damage at all. There was no trace of yellow paint which was the colour of the cab. I remember looking at the front and the right side of the taxi as it drove off. There was no damage to the other vehicle at all. Sketch map is attached. No whole was laken because there was no damage Seew.

Yours faithfully,

Dr Eugene Ung



CERTIFICATE OF INSURANCE

TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Ung Eugene

Period of Insurance : 26 Dec 2016 To 25 Dec 2017

: 1AZE071114 Engine No.

Chassis No. : MR053BK4107020692 Vehicle No. : SJA9006B

: 2100055719-09 Policy No. : 000000000148553 Endorsement No.

Issued Date : 30 Sep 2017

ABOUT THE COVER

: TOYOTA CAMRY 2.0 Make/Model

Engine Capacity/Tonnage: 1,998.00 CC Sum Insured : Market Value First Year of Registration : 2007 Insuring with COE/PARF : Yes Off Peak Car : No : NA Driver Restriction

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder to) 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 he/she insets the specified age condition.

You have to pay an additional sum of \$50,000 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 than 2 years' driving expenses. This additional sum does not apply if your policy is a Named Driver policy.

Age Condition : All Age Condition

Limitation as to use* :

Use only for social, demestic and pleasure purposes and for the Policyhelder's business. This Policy does not cover use for hire or reward, driving furtier, driving test, racing, pace-making, rehability final or speed-lesting, the camage of goods other than samples in connection with affect than samples in connection with a sample than samp

Loss of Use 1500cc - 1600cc

* Lieutabons rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Ricks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1997 (Malaysia), are not to be included under these headings.

Section 1 Fire - S0 Own Damage - S500 Thelt - S0 Flood Cover - S0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Ung Eugene - \$500 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1.Inchcape Bodycare Centre (Toyota) Add 2 Pandan Crescent Singapore 120462 66311180

For other Approved Reporting Centres/N/G Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 6333 6200. Atternatively, you may refer to A/G website www aig comisg or A/G SG Mohite App. Simply search and download *A/G SG* from iTunes or Geogle Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

tWe hereby certify that the policy to which this Certificate of Insurance rolates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Componsation) Act (Cap. 189), Part IV of the Road Transport Act, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0030210034

AIG - AUTO DIRECT

78 SHENTON WAY #07-16 AIG BUILDING

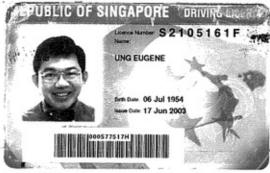
SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE SSCFKJ

100043701







PASS DATE