SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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. repudiate policy ability.

- 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.					
	ACCIDENT STATEMENT				
Date Of Report	27/11/2017 13:17 25/11/2017 17:10 CTE TOWARDS AMK (5.1KM) SINGAPORE				
Date Of Accident					
Exact Location Of Accident					
Country/State of Loss	Hamilton Control of the Control of t				
	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SJP8504H				

Insured/Policyholder

WEE AIK KIAT Name Of Registered Owner

S0129246C NRIC No

WEEAKDRAGON@GMAIL.COM **Email Address** (LOCAL) +65-96637557

Mobile Phone No OFFICE-96637557 Alternative Phone No

Vehicle Particulars

TOYOTA Manufacturer CAMRY-2.0 (A) Model

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken

PRIVATE CAR Vehicle Category

Insurance Company

ERGO INSURANCE PTE. LTD. Name of Insurance Company

YES

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

DMPC17S002998 Policy Number

Cover Note Number

Driver

WEE AIK KIAT Name of Driver S0129246C NRIC No 03/01/1953 Date Of Birth OUTDOOR Occupation 10/04/1974 Date Of Driving Pass

43 YEARS AND 7 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-96637557 Mobile Number

Fax Number

OFFICE-96637557 Contact Number

WEEAKDRAGON@GMAIL.COM EMail Address

BLK 335 ANG MO KIO AVE 1

#08-2001

560335 Postcode

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

CHAIN COLLISION Type Of Accident

RAINING Weather Conditions WET Road Surface

Other Information

Address

Was any foreign vehicle involved in this accident? NO NO Was any body injured in the Accident?

YES Was any other material or property damaged?

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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

NO NO

NO

YES

SJV8729U

Was there any video captured by Car Camera? Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

PC9995P

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Sketch Plan Pg. 1

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.
- 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
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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
- 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)

lunderstand, 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)
 - (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")
 - 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
- 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.
- 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

NRIC/FIN No .:

Sketch Plan Pg. 2

SKETCH PLAN

CTE towards
AMK
(5.1 Km)

T

B

T

A: SJP8504H

NPCFBVEZ : 8

C: PC9995P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

					NACONOMICS A		
on 25/11/2	017, at about	17.09 PM,	I was	driving	along C	TE towa	irds
				4.4.	1100 01	4.100 1	M 0
mk (5.1 km). I was at	t the firs	t lane,	out of	the su	aden, t	VIE
						0 3.00	0001
vehicle SJ	v87294 from	n the seco	and lane	(vange	to my lan	ie k bui	noed
into my ·	venicle's rear	LH Side 1	portion.	Hence, (ausing m	y vehicle	10
Swerve to	the left a	nd I 1084	control	of my	vehicle	and	
collided	into the bus	PC 99951	o. That's	911.			
		Programme and the second					
	-						

DECLARATION

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

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

Date & Time:

John JM

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



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE NO. DMPC17S002998

C17064565

Type of CI: Private Vehicle

Cover: Comprehensive

A000588 JETTA INSURANCE AGENCY PTE LTD

1) Registration No. of Vehicle:

SJP8504H

2) Name of Policyholder:

WEE AIK KIAT

3) Commencement Date of Insurance:

14/04/2017

4) Expiry Date of Insurance:

13/04/2018

5) Persons or Classes of Persons entitled to drive

1) WEE AIK KIAT

2) Any other person who is driving on the Policyholder's order or permission

Excess (Section 1): S\$700.00

Unnamed Drivers(Section 1): Additional: \$\$500.00 Non-Auth Workshops (Section 1): Additional: S\$300.00

Windscreen: S\$100.00

Young & Inexp Drivers(Section 1): \$\$3,000.00

6) Name of Finance Company/Hire Purchase Owner: NA

7) Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

- 8) Limitations as to Use
- (1) Use only for social domestic and pleasure purposes (2) Use for Policyholder's business

(1) Use for hire or reward, racing, pace-making, reliability trial or speed-testing (2) Use for the carriage of goods other than samples in connection with any trade or business (3) Use for any purpose in connection with the Motor Trade

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings (for Items 7 & 8).

WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Counter-signed by

JETTA INSURANCE AGENCY PTE LTD

For and on behalf of ERGO Insurance Pte. Ltd.

AUTHORIZED SIGNATURE

a000588/05/04/2017 13:39:44