

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 ability.
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 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 16:01
Date Of Accident	27/11/2017 15:35
Exact Location Of Accident	PASIR RIS DRIVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF8981B
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Insured/Policyholder

Name Of Registered Owner	KOH CHYN
NRIC No	S7640088A
Email Address	KOHCHYN@SUBMARINA.COM.SG
Mobile Phone No	(LOCAL) +65-98565155
Alternative Phone No	Others-98565155

Vehicle Particulars

Manufacturer	FORD
Model	MONDEO TITANIUM 2.0 AT 2WD 5DR WAGON
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?	YES
If No, Please state action to be taken	
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	1700012830
Cover Note Number	26/06/2017 TO 25/06/2018

Driver

Name of Driver	KOH CHYN
NRIC No	S7640088A
Date Of Birth	04/12/1976
Occupation	INDOOR
Date Of Driving Pass	22/04/1996
Driving Experience	21 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98565155
Fax Number	
Contact Number	OTHERS-98565155
E-Mail Address	KOHCHYN@SUBMARINA.COM.SG
Address	APT BLK 537 SERANGOON NORTH AVENUE 4 #03-135 (S) 550537

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

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

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) soliciting/offering accident claims assistance.	YES
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

refer with attach.

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	SJF9731P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ZHAO WENLIE, BENSON
NRIC/Passport Number	S8141415G
Contact Number	98266394
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Accident Sketch Plan

SKETCH PLAN

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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:

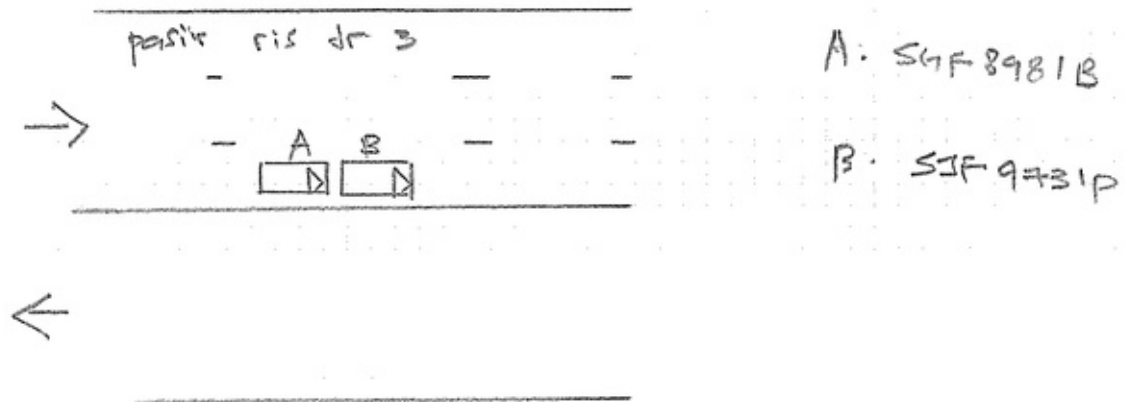


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was travelling on Pasir Ris Drive 3 toward turning right towards T&E/SLE, when a tow truck suddenly jammed brake and the white car behind the tow truck jammed brake too, I did so too but ~~was~~ my vehicle didn't stop in time and collided with the white car in front.

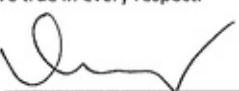
White car SJF 9731P (Vehicle B).


Shortly after accident, the tow truck came out to give his namecards to us.

DECLARATION

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


 Policyholder's Signature
 Date & Time:


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 27/11/17


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

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Koh Chyn
VEHICLE NUMBER : SIF 8981B
DATE/TIME OF ACCIDENT : 27/11/2012 @ 1535hrs
PLACE OF ACCIDENT : pair ris drive 3
THIRD PARTY VEHICLE (IF ANY) : SIF 9731P

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

from pair ris drive to woodstr

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

No

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Head to rear

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No



Name:

I Affirmed The Above Information Is Given To My Best Knowledge.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7640088A**

Name: **KOH CHYN**

Birth Date: **04 Dec 1976**


Issue Date: **30 May 2007**

001501883J




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7640088A




Name: **KOH CHYN**

Race: **CHINESE**

Date of birth: **04-12-1976** Sex: **M**

Country of birth: **SINGAPORE**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars ≤ 3500kg with ≤ 7 passengers, exclusive of the driver, and other motor vehicles ≤ 2500kg

PASS DATE: **22 Apr 1996**

NP 428A



3750211



NRIC No: **S7640088A**



Date of issue: **16-07-2005**

APT BLK 537 SERANGOON NORTH AVENUE 4 #03-135

SINGAPORE 550537

NRIC No: **S7640088A** Date: **26/12/2012** No: **7178652**

certificate of insurance



Name of Policyholder : Koh Chyn
Period of Insurance : 26 Jun 2017 To 25 Jun 2018
Engine No. : CK29435
Chassis No. : WF0GXXGBBGCK29435

Vehicle No. : SGF8981B
Policy No. : 1700012830
Endorsement No. :
Issued Date : 22 Jun 2017

Make/Model	FORD MONDEO 2.0
Engine Capacity/Tonnage	1.999.00 CC
Driver Restriction	NA

Sum Insured	Market Value
Off Peak Car	No

First Year of Registration : 2012
Insuring with COE/PARF : Yes

1. The filii et uxores of the deceased are entitled to the estate of the deceased in the following order of priority:

Age Condition 40 years old and above

This policy is for social, scientific and publicly accessible purposes and for the Policyholder's business. The Policyholder does not share under this or develop, allowing others, giving test, using, processing, reliability and/or speed-testing the collection of goods other than samples as determined with any third party. This policy is not for use for any exercise or commercial or public trade.

Loss of Use (10 days) 1500cc - 1600cc Optional

¹ Guidelines provided by the Federal Motor Vehicle Safety Standards Act (Pub. Law 105-85) and Section 55 of the Road Transport Act 1987 (Australia), are not to be used as a basis for liability.

Section 1
 Eng. 50 Over Quesada - 5/00 High - 50 Flood Cover - 50

Property Name: SA

Windscreen : 5400

Each Case = \$4.00 of Case Expenses

Approved Reporting Centres/ A/Rs (Automated Reporting if or claims related reports)
Any approved reports to the Vehicle must be entered only by one of our Authorised Reporters. Within the first 3 years of the first registration of the Vehicle in Singapore, you have the option of having the accident reports entered at the A/Rs/Agencies' website.
For other Approved Reporting Centres/A/Rs (Automated Reporting), please contact our 24-hour accident emergency hotline at +65 6223 6200. Alternatively, you may refer to A/Rs website www.aig.com.sg or A/Rs Mobile App, search and download A/Rs SG from iTunes or Google Play.

Hire Purchase Company/Employer's Loan: MayBank

INWe hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicle Third Party Rules and Compensation Act (Cap. 169), Part IV of the Road Transport Act, 1997 (Malaysia) and Motor Vehicles (Third Party Rules) Rules, 1999 (Malaysia).

0503249070

KOH WANG WEE ALICIA
16 KEW WALK

SINGAPORE 466021 SP-NELSON-JIMMYWONG
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

2005-04-18

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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