

## 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	12/12/2017 15:49
Date Of Accident	03/12/2017 21:30
Exact Location Of Accident	ALONG CIQ JB CUSTOM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE964Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAU HOW TIANG
NRIC No	S7076553E
Email Address	KENTLAU1888@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97584742
Alternative Phone No	Office-97584742

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 RSZ (A)

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	2100406474-02000
Cover Note Number	

### Driver

Name of Driver	LAU HOW TIANG
NRIC No	S7076553E
Date Of Birth	26/03/1970
Occupation	INDOOR
Date Of Driving Pass	06/12/1994

Driving Experience	22 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97584742
Fax Number	
Contact Number	OFFICE-97584742
EMail Address	KENTLAU1888@GMAIL.COM
Address	
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 - CHANGE/CROSS LANE
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.	NO
Number of Passengers (Including Driver)	2

#### 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 SKETCH PLAN.

#### 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	SGE7435Z
Vehicle Make/Model/Colour	TOYOTA WISH
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

## 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 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)**

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:

12/12/12

Driver's Signature

(If driver is not the policyholder)

Date & Time:

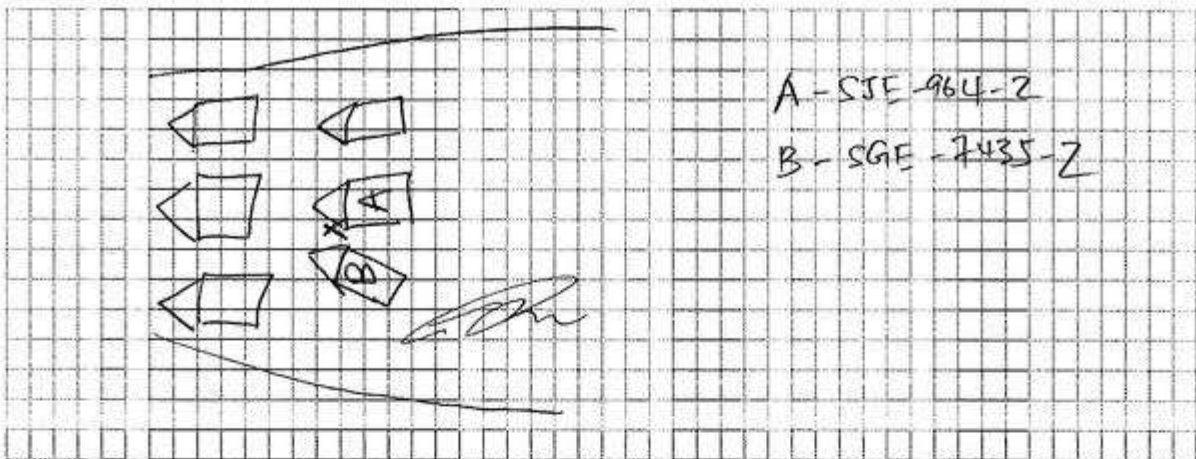
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Toh Khar Kian

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03 Dec 17 about 9.20pm when heading back to Singapore in queue at JB C10 custom main entrance, A vehicle SGE 7435-Z coming from left and squeezed in my front then caused scratch on my front left panel.

*[Signature]*

<b>Important:</b> You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.	<input checked="" type="checkbox"/>	- Reporting Only
	<input type="checkbox"/>	- Claim OD
	<input type="checkbox"/>	- Claim TP
	<input type="checkbox"/>	- Claim OD/ TP at other workshop

## DECLARATION

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

*[Signature]*

Policyholder's signature

Date & Time 12/12/17

Driver's Signature

(if driver not the policyholder)

Date & Time

*[Signature]*

Reporting Centre Personnel's Signature

Name:

Nric/Fin No. Toh Khar Kian



HOTLINE TEL: (65) 6419 3000  
FAX: (65) 6415-3723

## 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)

M.X.1

AUTO VALUE

CERTIFICATE NO. 2100406474-02000

OWN DAMAGE EXCESS S\$600.00 (1)  
WINDSCREEN EXCESS S\$100.00

(for policies with effect from 1st November 2002)

SUM INSURED Market Value  
INSURING WITH COE/PARF No

1) VEHICLE REGISTRATION NO.

SJE964Z

2) NAME OF INSURED

LAU HOW TIANG

3) EFFECTIVE DATE OF THE COMMENCEMENT  
OF INSURANCE FOR THE PURPOSES OF THE ACT

15 Apr 2017

4) DATE OF EXPIRY OF INSURANCE

14 Apr 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE \*  
SUBJECT TO AGE CONDITION :40 years old and above

a) The Insured.

b) Any other person who is driving on the Insured's order or with his permission.

A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00, in addition to the Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

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.

6) LIMITATION AS TO USE \*

Use only for social, domestic and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

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

1. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118)
2. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only
3. Ethos - 30 Bukit Batok Cres (Tel: 66547777)
4. DPS Body & Paint (Subsidiary of C & C) - 209 Pandan Gardens (Tel: 65684501)
5. Kam Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560)
6. Lai Hui (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)
7. Nova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892)
8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)
9. SME Motor - 1 Kaki Bukit Ave 6 Bld D (Tel: 67476106)

LOSS OF USE Not Included

NAMED DRIVER NA

HIRE PURCHASE COMPANY NA  
EMPLOYER'S LOAN

\* Limitations rendered inoperative by Section 6 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.

I / 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).

Issued At Singapore 17 Mar 2017

AIG Asia Pacific Insurance Pte. Ltd.

060064-009  
DIRECT CLIENTS 014.95  
AIG BUILDING  
78 SHENTON WAY #07-16  
SINGAPORE 079120

AUTHORISED REPRESENTATIVE

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Identity Number: S7076553E

Name: LAU HOW TIANG

Birth Date: 26 Mar 1970

Issue Date: 09 Jan 2003

000127205E



**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. S7076553E



Name: LAU HOW TIANG

劉 嘯 天

Race: CHINESE

Date of Birth: 26-03-1970 Sex: M

Country of Birth: MALAYSIA

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

Class 2B Motorcycles not exceeding 200 cc

Class 0 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

06 Dec 1994

06 Dec 1994

NP 4254

Licence No. S7076553E

83480

S7076553E

NPIC No. S7076553E

Nationality: MALAYSIAN

Blood Group: O+ Date of issue: 10-02-2000

Address: APT BLK 836 JURONG WEST STREET 81 #03-01 SINGAPORE 640836








Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 6256431

Our Ref: CC6/AIG17023090/Uua3

07<sup>th</sup> December 2017

LAU HOW TIANG  
BLK 836 JURONG WEST  
ST 81 #03-61  
SINGAPORE 640836

Dear Sirs,

**ACCIDENT INVOLVING SJE 964Z AND SGE 7435Z ON 03/12/2017 ALONG / AT  
MALAYSIA CUSTOM TOWARDS SINGAPORE**

We, LKK Auto Consultants Pte Ltd has been appointed to act on the behalf of your insurer, AIG Asia Pacific Insurance Pte Ltd (AIG) to settle a THIRD PARTY claim against you for an accident which happened on the above-mentioned date and location.

Kindly proceed to lodge your GIA report within five (05) working days of receipt of this letter, giving the version of the accident amongst other things related to the accident. The GIA report can be lodged at any of AIG reporting centres. You may refer to your Certificate of Insurance for the list of the reporting centres.

If you have any information to add or any amendments to make, please contact the undersigned within five days from the date of this letter.

Please note that the standing of your insurance policy such as NCD, premium & etc would be affected.

Yours faithfully,

Thin Thin

Claims

Tel : 6841 2360

Fax: 6741 4108

Email : [thinthin@lkkauto.com](mailto:thinthin@lkkauto.com)

c.c. Claims Manager  
AIG Asia Pacific Insurance Pte Ltd  
(Motor Claims Dept)

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





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