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 <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 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

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	ACCIDENT STATEMENT
Date Of Report	19/12/2017 16:24
Date Of Accident	19/12/2017 06:40
Exact Location Of Accident	SLIP RD FROM LOYANG AVE TO PASIR RIS DR 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKT3258T
Insured/Policyholder	
Name Of Registered Owner	CHEONG FEI KONG
NRIC No	S1444425D
Email Address	CHEONGFK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98513334
Alternative Phone No	OTHERS-98513334
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY-1.6 CVT ABS D/AIRBAG 2WD 4DR (A)
Exact Purpose for which vehicle was being used a time of accident	t
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	2100414621-02000
Cover Note Number	30/05/2017 - 29/05/2018
Driver	
Name of Driver	CHEONG XI QIAN, JORDAN
NRIC No	S9246595J
Date Of Birth	11/12/1992

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MALE

INDOOR

16/12/2015

2 YEARS AND 0 MONTHS

(LOCAL) +65-94567551

Fax Number

Gender

Occupation

Date Of Driving Pass

Driving Experience

Contact Number

Mobile Number

EMail Address JORDANCHEONGXQ@GMAIL.COM

Address 35 PASIR RIS DR 3 #08-06

Postcode S519493

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident SIDE SWIPE
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.
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 sketch plan.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLE4592M
Vehicle Make/Model/Colour MAZDA

Details Of Properties

Name of Driver BOO CHOON HUNG, ALOYSIUS

NRIC/Passport Number S8930867D Contact Number 91729044

Address BLK 189 PASIR RIS ST 12 #04-62

Postcode S510189

Insurance Company Name FWD SINGAPORE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number Email Address

Sketch Plan Pg. 1

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 :
 - 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 Pg. 2

A: SKT 3258T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This marring, 19/12/17, at approximately 0635 hours, venice (SLE 4592m)
collided into my venice (SKT 3258T). The impact is on the left near of
my relieve, and the right front side of his vehicle.
This happened along Loyang Avenue, towards the Pasir Dis Drive I exit. I was
tithering out to the Pasir Ris Anie 1 exit when the venite struck me from
the near. My remicie was every inside and written the left most
land when the incident occurred, the impact is seen from on
the left near end of the vehicle as a left town is being made.
After the collision. Algoring and I seepped out to take pritimes of the
damage before pulling soide to a clear road to extunge details.
the other driver, Moysing, is aware and has admitted that he is
represente for the collision. He also agreed that any dainy will be 344thed
by live as his designand we could
in conclusion, the left take was clear and my returne has been within
the lane when the collision happened. The other driver may not have
been been aware that my venicle has entered the lane.
A (1977)

DECLARATION

 $\ensuremath{\mathrm{I/We}}$ declare the foregoing particulars are true in every respect.

1

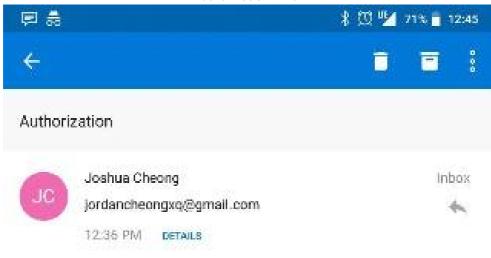
Policyholder's Signature Date & Time:

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

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

2

Authorization Email



Hi Sir.

I, Cheong Fei Kong, S1444425D, hereby authorize my son, Jordan Cheong XI Quan, S9246595J, to undertake all reports, statements and signing conditions on my behalf. I am currently oversess and am therefore unable to attend to this matter. Thanks,

Regards, Cheong





HOURS HEAVEN AND A 748-750-910-1004

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY BISICS AND COMPENSATION) ACT (CHAPTER 188). VOTOR VEHICLES (THIRD-PORTY RISKS AND COMPENSATION) NOT FIR, 1990 ROAD THANSPORT ACT, 1897 (MALAYSIA) NOT OR REHICLES (LEIGHLE ON IN BIRK) NUMER, 1998 (PAT AYSIA)

RESAMANDO FORTOCO DE

CERTIFICATE NO. 2100/14821-02000

OWN DAMAGE EXCESS FS400.00 (1) WINDSCREEN FXCESS 55100.00

SUM INSURED Market Value INSURING WITH COEPARE NO

1 | VEHICLE REGISTRATION NO.

21 NAME OF INSURED

Oreging Fel Kong

31 EFFECTIVE DATE OF THE COMMENCEMENT. OF INSURANCE FOR THE PURPOSES OF THE ACT

30 May 2017

SKT3258T

4) DATE OF EXPIRY OF INSURANCE

29 May 2018

6) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

SUIL BOTTONGE CONDITION: 34 Age Covers of

1) A policy property to a dwarp of the proof of the credit of permission.
The construction of the removal of any orthogonal discount in Province resistances.
5 Young case, hengelesses. Local traces. (741,671 of \$50.011 fit) in arithmetic field.

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6 | LIMITATION AS TO USE:

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Loss of Use: Loss of Use 16 Cays (1600 - 1000cc) - Refer to jeckly wordings for details.

*NAMED DRIVER THAT WHILE IN

HIGE PORCHASE COMPANY - SINCAPURA FIRM 10E LTD - REPLYCER'S LOWIN - SINCAPURA SINCAPURA FIRM AND SINCAPURA SINCAPURA FIRM AND S

I i We hereby Confly that the policy to which this Continue to introduce a relative and choose with the provident of the Mater Welester (Deed Carte: Fishs and Compensation) Act (Chapter 103) and Part IV of the Road Technology Act, 1992 (Malays at

lexuad in Singapore 18 May 2017.

500610-418 TAN CHONG CREDIT IN EUROPYK 9: 1 BUKIT TIMAH ROAD TAN CHOMB MOTOR CENTRE SINGA 20181 359622 ANSIMMOTOR.

AIG Asia Pacific Insurance Pts. Ltd.

AUTHORISED REPRESENTATIVE

ORIGINAL

997 Dec.

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YARD WHILE THE BE INTURBED 1910, USE

























