MKFS18002851 / Kan Fook Sing Motor Workshop - Defu ENTRY DATE & TIME 06/01/2018 10:57 SUBMITTED BY: Margaret Lee

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 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	06/01/2018 10:57
Date Of Accident	05/01/2018 20:30
Exact Location Of Accident	CTE - AFTER MOULMEIN EXIT
Country/State of Loss	SINGAPORE
	DETALS OF OWN VEHICLE
Vehicle Registration Number	SJP4286M
Insured/Policyholder	
Name Of Registered Owner	GOH HIAN TWEE
NRIC No	S7430505I
Email Address	FRANCO4286@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98414168
Alternative Phone No	Office-98484168
Vehicle Particulars	
Manufacturer	DAIHATSU
Model	MATERIA
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	2100277571-06
Cover Note Number	

Driver

 Name of Driver
 GOH HIAN TWEE

 NRIC No
 \$7430505I

 Date Of Birth
 14/09/1974

 Occupation
 INDOOR

 Date Of Driving Pass
 19/09/1997

Driving Experience 20 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98414168

Fax Number

Contact Number OFFICE-98484168

EMail Address FRANCO4286@GMAIL.COM

Address Postcode

BLK512A PUNGGOL DR #12-807 S821612

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

NO

NO

NO

2

NO

NO

SJZ8823J

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions **CLEAR** DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 Name:

: JOEY SEAH Gender: : Female

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 ATTACHED REPORT

Attachment(s)

Are accident photos available for attachment? YES

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

Vehicle Category PRIVATE CAR Name of Driver **BRYAN KEE**

NRIC/Passport Number

Contact Number 97569019

NA Address NA

Postcode NA

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour **Details Of Properties**

UNKNOWN

Vehicle Category TAXI
Name of Driver NA

NRIC/Passport Number

Contact Number NA
Address NA
NA
Postcode NA

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 sphature Date & Time:

Driver's Signature

(If driver is not the policyholder)

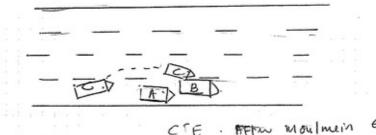
Date & Time: 6 118

ILIS AW

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- 1	I was traveling along CIE towards Scrongorn.
	revice AB infont of me is about 50-60 ms
	away. The vehicle stop suddenly du to the
	next of the variets infant slowed down
_	I was unable to react im time, hence the
	brake time applyed me was not in time.
-	Had a minor tollistan, my left bumper collic
	ionto Vericle B right basic bumper
	Venile C was believe me. To avoid collemen
	with my or, he seve left but unfortunately
	brushee the left side of Venice B.
	Newiche

DECLARATION

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

Policyholder Signature Date & Time:

Driver's Signature (If driver is not the policyholder)
Date & Time: 6 1 18

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

INTERMEW FORM

AIG ASIA PACIFIC INSURANCE PTE LTD

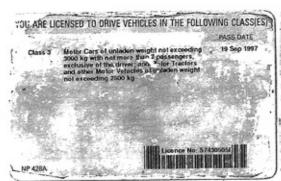
MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: Goh Hian Twee.	
VEHICLE NUMBER	: SJP 4286 M	
DATE/TIME OF ACCIDENT	: 5/1/2018 .	
PLACE OF ACCIDENT	: CTE .	
THIRD PARTY VEHICLE (IF ANY)	:_ SJZ 8823	
我会有我会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会会	*****	****
WHERE DID YOU START YOUR JOUR BEFORE THE ACCIDENT?	RNEY AND WHERE WAS THE INTE	NDED DESTINATION
Sento sa	- Upp Boon Keng	Dc)
WHAT IS THE TYPE OF COLLISION VEHICLES INVOLVED?	AND THE EXTENSIVENESS OF THE	DAMAGES TO ALL
Front to	Read	
WERE YOU OR YOUR PASSENGER/S TAKEN TO THE TRAFFIC POLICE FO		SPITAL? WERE YOU
Name:		

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











Chassis No.

CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : GOH HIAN TWEE

Engine No.

Period of Insurance : 24 Sep 2017 To 23 Sep 2018

: 2159423 : JDAM402S001013178 Vehicle No.

: SJP4286M : 2100277571-06

Policy No. Endorsement No.

Issued Date

: 31 Aug 2017

ABOUT THE COVER

Make/Model

: DAIHATSU DAIHATSU MATERIA

Engine Capacity/Tonnage : 1,495.00 CC Driver Restriction : NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2009 Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

a) The Palicyholder b) Any other person who is driving on the Policyholder's order or with its interpermission. Tass Policy will indomnify the Policyholder or any authorised driver only if helste ments the specified age condition.

You have to pay an additional sum of \$2,000 as: "Inequationed Driver Excess" ("IDR") if You are or Your Authorised Driver innamed or unnamed that less than 2 years' driving expensions.

Age Condition

: 35 years old and above

Limitation as to use* :

Und only for social domestic and pleasure purposes and for the Policynoider's business. This Policy does not cover use for him or reward, driving tunion, driving test, racing, puce-moting, reliability mild or spendideding, the carrage of goods other than samples in connection with any trade or business or use for any purpose in connection with Mater. Trade.

Loss of Use 1500cc - 1600cc Optional

* Limitations conferred inoperative by Section 8 of the Flotor Volucles (Third-Party Rehs and Componsations Act (Cap. 189) and Section 95 of the Poart Transport Act. 1997 distally sins, are not to be included under these liceatings.

EXCESS

Section 1 Fire - S0 Own Dannage - S600 Thoft - S0 Floori Cover - S0

Section 2 Property Damage - S0 Windscreen: \$100

Named Driver and Excess (where applicable)

GOH HIAN TWEE - \$600 (Own Damage)

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

Approved Reparaing Centrols AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Whitin the first 3 years of the first registration of the Vehicle in Singapore. You have the option of having the accident repairs control out at the Sola Agent's workshop.

For other Approved Repairing Centrolstift Authorised Repairers, please contact our 24-hour accident emergency hollins at +65 6339 6209. Alternatively. You may refer to AIG isobsite www.aig.com.sg. or AIG SG Mobile App. Simply search and download: AIG SG from stems or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: POST OFFICE SAVINGS BANK

1We have by certify that the policy to which this Certificate of Insurance rolates is issued in accordance with the provisions of the Motor Vehiclas Third Party Risks and Compensation) Act (Cap. 189). Part If of Since Road Transport Act. 1997 (Malaysia) and Motor Vehiclas (Third Party Risks Rules. 1999 (Malaysia) 10003446560

0504342000

INSURANCE WORKZ AGENCY PTE LTD 106 BISHAN STREET 12 #02-226 SINGAPORE 570106

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE





















