

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	12/01/2018 11:47
Date Of Accident	11/01/2018 14:30
Exact Location Of Accident	CARPARK AT BLK 19 MARSILING LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG964P
-----------------------------	---------

Insured/Policyholder

Name Of Registered Owner	ANG KHOON
NRIC No	S7710230B
Email Address	MALVINANG_GMR@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97951131
Alternative Phone No	Others-97951131

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER 2.4 CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	2100483408-01
Cover Note Number	

Driver

Name of Driver	ANG KHOON
NRIC No	S7710230B
Date Of Birth	17/04/1977
Occupation	INDOOR
Date Of Driving Pass	15/12/1997
Driving Experience	20 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97951131
Fax Number	
Contact Number	OTHERS-97951131
E-Mail Address	MALVINANG_GMR@HOTMAIL.COM

Address	BLK 471B FERNSVALE STREET #13-113
Postcode	792471
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	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

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG821L
Vehicle Make/Model/Colour	NISSAN VAN
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

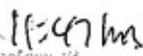
IMPORTANT NOTICE

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.
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 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.



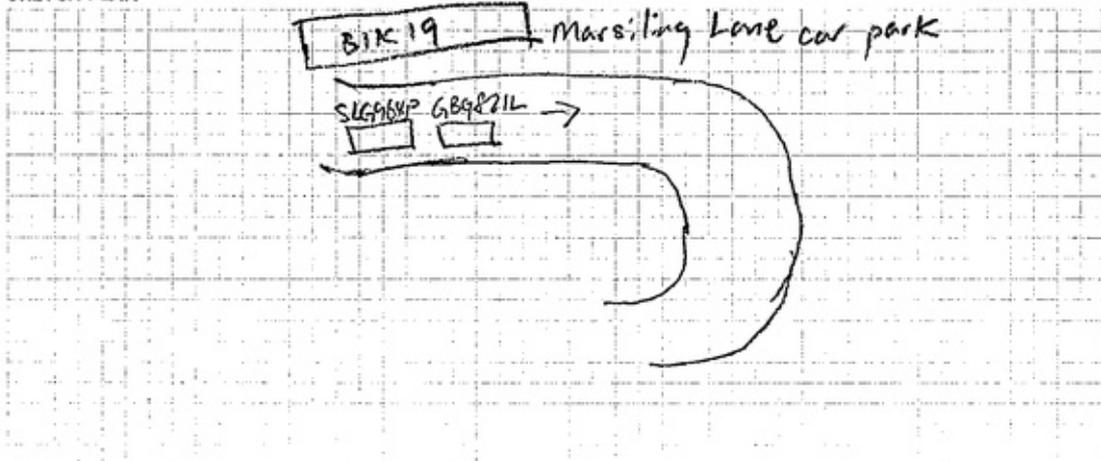
Policyholder's Signature
Date & Time:
12 JAN 2018


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



Reporting Centre Personnel's Signature
Name: Poh Kwee Choo
NRIC/FIN No.: S6840583A

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I'm Owner of SLG 96YP, On the 11/01/18 around 2.32 pm at Marsiling Lane car park. In front me is a Nissan van car no: GBG21L brake in a sudden. And I not ^{time to} ~~brake~~ ^{brake} in that sec and hit his back. The weather is wet that day.

DECLARATION

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


Policyholder's Signature
Date & Time: 12 JAN 2018

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


Reporting Centre Personnel's Signature
Name: Poh Kwee Choo
NRIC/FIN No.: S6840583A



CERTIFICATE OF INSURANCE

MITSUBISHI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder	: Malvin Ang Sheng Siang	Vehicle No.	: SLG964P
Period of Insurance	: 21 Sep 2017 To 20 Sep 2018	Policy No.	: 2100483408-01
Engine No.	: 4B12RT7320	Endorsement No.	:
Chassis No.	: JMYXTGF3WGW004422	Issued Date	: 16 Aug 2017

ABOUT THE COVER

Make/Model	: MITSUBISHI OUTLANDER 2.4 CVT	Sum Insured	: Market Value	First Year of Registration	: 2016
Engine Capacity/Tonnage	: 2,360.00 CC	Off Peak Car	: No	Insuring with COE/PARF	: Yes
Driver Restriction	: NA				

Person or Classes of Persons Entitled to Drive* :

a) The Policyholder
 b) Any other person who is driving on the Policyholder's order or with his/her permission.
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

* Limitation as to use* :

is only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

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

EXCESS

Section 1
 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Malvin Ang Sheng Siang - \$600 (Own Damage)

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

1. Cycle & Carriage Customer Service Centres (For windscreen claim only) Add: 20 Leng Kee Rd Singapore 150004 64700688
2. Cycle & Carriage Customer Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000
3. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500720777

CYCLE & CARRIAGE - AKEEM(MIT)
 239 ALEXANDRA ROAD
 SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSPDAC

DRIVER NRIC & DRIVING LICENCE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7710230B**

Name: **ANG KHOON**

Birth Date: **17 Apr 1977**

Issue Date: **28 Mar 2017**

002669841H




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7710230B**

Name: **ANG KHOON**

洪 坤

Race: **CHINESE**

Date of birth: **17-04-1977**

Country/Place of birth: **SINGAPORE**

Sex: **M**

S7710230B




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

Class	Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg	15 Dec 1997

NP 428A



5712572

Barcode

UID No: **S7710230B**

Date of issue: **11-03-2017**

Address: **APT BLK 471B FERVALE STREET #13-113 SINGAPORE 792471**





Dated this 27th day of February 2017

DEED POLL

OF

ANG KHOON (洪坤)

Ref: WO.DP.17-ak(jl)

M/s Alpha Law LLC
Advocates & Solicitors
Block 190 Lorong 6 Toa Payoh
#04-508A Singapore 310190
Tel: 65384727
Fax: 65384728

BY THIS DEED, I, the undersigned **ANG KHOON (洪坤)** (NRIC No. S7710230B) of Blk 471B Fernvale Street #13-113 Singapore 792471 or lately called **MALVIN ANG SHENG SIANG (洪晟翔)** do hereby for myself as from the date hereof absolutely and entirely renounce relinquish and abandon the use of my former name and in lieu thereof do assume the name of **ANG KHOON (洪坤)**.

AND in pursuance of such change of name as aforesaid, I hereby declare that I shall at all times hereafter in all records, deeds and instruments in writing and in all actions and proceedings and in all dealings and transactions and upon all occasions whatsoever use sign and subscribe the said name of **ANG KHOON (洪坤)** as my name in lieu of the said **MALVIN ANG SHENG SIANG (洪晟翔)** so renounced as aforesaid to the intent that I may hereafter be known and distinguish not by my former name of **MALVIN ANG SHENG SIANG (洪晟翔)** but by the name of **ANG KHOON (洪坤)**.

I hereby authorise and request all persons at all times to designate, describe me by such assumed name of **ANG KHOON (洪坤)** only.

IN WITNESS WHEREOF I have hereunto set my hand and seal this 27th day of February 2017.

SIGNED, SEALED and DELIVERED)
by the abovenamed)
ANG KHOON (洪坤))
in the presence of:)







Scene Photo Pg 1



Scene Photo Pg 1



Scene Photo Pg 1



Accident Photo



Accident Photo



Accident Photo



CHASSIS NUMBER

