## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number EMail Address

- 1. Please report <u>correctly</u> 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

aloresalu.						
	ACCIDENT STATEMENT					
Date Of Report	05/02/2018 14:40					
Date Of Accident	04/02/2018 11:45					
Exact Location Of Accident	KOVAN MARKET OPEN CP					
Country/State of Loss	SINGAPORE					
DETAILS OF OWN VEHICLE						
Vehicle Registration Number	SGR239B					
Insured/Policyholder						
Name Of Registered Owner	LEONG WAI KUEN					
NRIC No	S0152039C					
Email Address	DLEONG99@GMAIL.COM					
Mobile Phone No	(LOCAL) +65-97376144					
Alternative Phone No	OFFICE-97376144					
Vehicle Particulars						
Manufacturer	HYUNDAI					
Model	AVANTE					
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	THIRD PARTY FIRE AND/OR THEFT					
Fleet Policy	NO					
Policy Number	210000942					
Cover Note Number						
Driver						
Name of Driver	LEONG TUCK SUNG					
NRIC No	S8623160C					
Date Of Birth	26/08/1986					
Occupation	INDOOR					
Date Of Driving Pass	03/08/2007					
Driving Experience	10 YEARS AND 6 MONTHS					

MALE

(LOCAL) +65-97304181

DLEONG99@GMAIL.COM

BLK 279B SENGKANG EAST AVE #05-551 S542279 Address

Postcode

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 COLLISION - HEAD TO REAR

Weather Conditions **CLEAR** Road Surface DRY

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 NO ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

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 to attached report

Attachment(s)

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

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SLJ605K

Vehicle Registration Number

**Details Of Properties** 

Vehicle Make/Model/Colour

PRIVATE CAR Vehicle Category

Name of Driver YAU YEE FANG CHIEN

NRIC/Passport Number S7412960I 96851552 Contact Number

NA Address NA Postcode NA

Insurance Company Name

Nature Of Damage

2 No. Of Passenger (Including Driver)

## Accident Sketch Plan Pg. 1

## SKETCH PLAN

## **IMPORTANT NOTICE**

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- 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 .
  - 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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN	4	1	1	Manage of the second	
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	1 B	7 (A)	<b>}</b>		
		1			A , SG R 239B#
					8°. SLJ 605k

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I dove into carpark. I noticed vehicle B was stationary with Hazard light on. There was no traffic behind.  I chove past vehicle B and noticed an empty (of about 20-25 melss alread. Paffer getting into position I proceeded to try to park.
with Hazard light on. There was no traffic behind.
I shove past vehicle B and noticed an empty (of about 20-25 meks
ahead. "After getting into position I proceeded to try to park.
As I proceeded to reverse into the lot suddenly vehicle is came
we collideal.

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# INTERVIEW FORM Pg. 1

# AIG ASIA PACIFIC INSURANCE PTE LTD

## MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: Leong Tuck	Eung	
VEHICLE NUMBER	: SGR 239	3 .	
DATE/TIME OF ACCIDENT	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	11.42	
PLACE OF ACCIDENT	: Kovan Mi	arket Opn	CP-
THIRD PARTY VEHICLE (IF ANY)	: SIJ bosk		
*******	*******	*****	******
WHERE DID YOU START YOUR JOU! BEFORE THE ACCIDENT?	RNEY AND WHERE W	AS THE INTER	NDED DESTINATION
Jlh Selar	selv - kor	ven	
ACCIDENT? IF YES, DID THE TRAFF ON YOU? IF YES, WHAT IS THE RESU WHAT IS THE TYPE OF COLLISION VEHICLES INVOLVED?	LT?	ENESS OF THE	
WERE YOU OR YOUR PASSENGER/S TAKEN TO THE TRAFFIC POLICE FO		D, WHICH HO	SPITAL? WERE YOU
~∘			
Name:			

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

1



# CERTIFICATE OF INSURANCE

## PRIVATE AUTO THIRD PARTY FIRE AND THEFT PRIVATE VEHICLE

Name of Policyholder Period of Insurance

: Leong Wai Kuen

: 30 Jan 2018 To 29 Jan 2019

Policy No.

: SGR239B : 2100000942-11

Engine No.

: G4FC7U109851

Endorsement No.

Chassis No.

: KMHDU41BR7U131154

**Issued Date** 

Vehicle No.

: 10 Jan 2018

## ABOUT THE COVER

Make/Model

: HYUNDAI AVANTE

Engine Capacity/Tonnage: 1,591.00 CC Driver Restriction : NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2007

Insuring with COE/PARF : Yes

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

Age Condition

: All Age Condition

Limitation as to use\* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tution, 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.

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

Section 1

Fire - SO Thoft - SO

Section 2 Property Damage - \$0

Windscreen: NA

Named Driver and Excess (where applicable)

Leong Wai Kuen, Leong Tuck Sung

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

Approved Reporting Centros/ AIG Authorised Repairers (For claims related repairs)
Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).
For Approved Reporting Centros/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 in times or Google Play.

Hire Purchase Company/Employer's Loan: NA

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehiclos(Third Party Risks and Componisation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehiclos (Third Party Risks) Rules, 1959 (Malaysia). 1000713898/

0500581341

KOMOCO TRADING PTE LTD-RWW

253 ALEXANDRA ROAD

SINGAPORE 159936 AYSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE





5669110

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

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 03 Aug 2007 of the driver; and other motor vehicles =< 2500kg

NP 428A

07-11-2016

APT BLK 279B SENGKANG EAST AVENUE #05-551 SINGAPORE 542279
NRIC No: \$8623160C Date: 17/09/2017