

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 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	21/03/2018 09:44
Date Of Accident	20/03/2018 18:40
Exact Location Of Accident	MARINA BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE8763Y
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Insured/Policyholder

Name Of Registered Owner	GOH DI YAO KEVIN
NRIC No	S9209457Z
Email Address	GOKEVINGOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92775775
Alternative Phone No	Office-92775775

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180K-1.8 (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?	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	2100480719
Cover Note Number	

Driver

Name of Driver	GOH DI YAO KEVIN
NRIC No	S9209457Z
Date Of Birth	23/03/1992
Occupation	INDOOR
Date Of Driving Pass	18/04/2013
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92775775
Fax Number	
Contact Number	OFFICE-92775775
EMail Address	GOKEVINGOH@GMAIL.COM

Address	BLK 81 MACPHERSON LANE
Postcode	#02-33 360081
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	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 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)	2
Passenger 1	Name: : MARISSA FUAD 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 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	SKX7688M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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

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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:

21/03/18
9am.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE:	SkE8763Y	ACCIDENT DATE & TIME:	20/03/18, 6.42 pm.
CONTACT NUMBER:	92775775	E-MAIL ADDRESS:	goteringoh@gmail.com.
LOCATION:	Marina Boulevard between Bayfront Ave and Shearnes Ave.		
<p>Driver of blue BMW SkX7688M braked suddenly in front, had little time to react as traffic condition was normal. Therefore, hit into the rear of the other party's car.</p>			
<p>1 Other passenger in SkE8763Y, Manisseri Foad.</p>			
<p>No other passenger in third party vehicle, other driver was perfectly fine, no injury.</p>			
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION			
Please state:			
<input checked="" type="checkbox"/> Claim Own Policy () Claim Third Party () Claim OD/TP at other workshop () Reporting Only			

DECLARATION

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


<p><u>Oni</u></p> <p>Policyholder's Signature Date & Time: 21/03/18 9am</p>	<p><u>[Signature]</u></p> <p>Driver's Signature (If driver is not the policyholder) Date & Time:</p>	<p>Reporting Centre Personnel's Signature Name: NRIC/FIN No.:</p>
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REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9209457Z**
 Name: **GOH DI YAO, KEVIN**

Birth Date: **23 Mar 1992**
 Issue Date: **18 Apr 2013**

002172473H



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9209457Z

Name: **GOH DI YAO, KEVIN**
 吴堤尧

Race: **CHINESE**
 Date of birth: **23-03-1992** Sex: **M**
 Country of birth: **SINGAPORE**



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

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

EFFECTIVE DATE

18 Apr 2013

NP 428A



Licence No: S9209457Z

4020639



NRIC No: **S9209457Z**



Date of issue: **24-03-2007**

APT BLK 81 MACPHERSON LANE #02-33
SINGAPORE 360081

NRIC No: **S9209457Z** Date: **14/11/2008** Noc: **6100812**

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Goh Di Yao Kevin
VEHICLE NUMBER : SK E 8763 Y
DATE/TIME OF ACCIDENT : 20/03/18 6.42 pm.
PLACE OF ACCIDENT : Marina Boulevard.
THIRD PARTY VEHICLE (IF ANY) : SKX 7688 M.

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Start: Marina Bay Link Mall.
Intended Destination: Paya Lebar Square.

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

No

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Head to rear, damaged front and ~~rear~~ to own
vehicle, damaged rear to third party vehicle.

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No injury.

Kevin
Name: Kevin Goh


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

UNDERTAKING

I, Goh Di Yao Kevin, (NRIC No. S920014572), hereby confirm that the Singapore Accident Statement lodged by me on 21/03/18 at 9.00 hours pertaining to the accident involving motor car Reg. No: SE87631, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

Signature : 
Name of Insured / Driver : Goh Di Yao Kevin
Nric No. : S920 94572
Date : 21/03/18

Signature : _____
Name of Policyholder : _____
Nric No. : _____
Date : _____



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Goh Di Yao Kevin
 Period of Insurance : 26 Aug 2017 To 25 Aug 2018
 Engine No. : 27195231119429
 Chassis No. : WDD2040462A213350

Vehicle No. : SKE8763Y
 Policy No. : 2100480719-01
 Endorsement No. : 000000000157922
 Issued Date : 10 Nov 2017

ABOUT THE COVER

Make/Model : MERCEDES BENZ C180K
 Engine Capacity/Tonnage : 1,796.00 CC
 Driver Restriction : NA
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2009
 Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive*

as The Policyholder
 or 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" if you are or your authorised driver is/was under the age of 25 and/or has less than 2 years' driving experience

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 and for hire or reward, driving tuition, driving test, racing, pace-making, relay driving test or speed testing, the damage 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 - 1000cc Optional

* Limitations rendered operative by Section 6 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 169) and Section 15 of the Road Transport Act, 1997 (Malaysia), and are to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$500 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

Goh Di Yao Kevin - \$500 Own Damage

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

Approved Reporting Centres (ARC) Authorised Repairers (AR) and/or authorised repairers:
 Any authorised repairs to the vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the date of registration of the vehicle in Singapore, you have the option of having the authorised repairs carried out at the Singaporean AR.
 For other Approved Reporting Centres (ARC) Authorised Repairers, please contact your 24-hour roadside assistance at +65 6394 6394. Alternatively, you may refer to AIG website at aig.com.sg or call 65 6394 6394. Simply search and download "AIG 24-hour roadside assistance" or "Carry-Play".

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

We hereby certify that this 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. 169), Part IV of the Road Transport Act, 1997 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504167000

GOH DI YAO KEVIN

371 ALEXANDRA ROAD #12-37 AIA ALEXANDRA

SINGAPORE 159953 SP-WIN

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

550701

78 Shenton Way #07-15 AIG Building S078120 | T+65 6419 9000 | F+65 6415 3723 | www.aig.com.sg

AIG Asia Pacific Insurance Pte. Ltd.

IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.

What can the 24-hour AIG Auto Emergency Hotline provide for you?

- Immediate assistance after an accident
- Emergency breakdown service
- Towing service (accident or non-accident related)
- Advice on Motor Claims procedures
- Medical Referral Assistance

If no one is injured in the accident:

- You are not required to make any police report.
- Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s).
- Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident.
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.

If the accident involves injuries or damage to government property & vehicles, foreign registered vehicles or non-injury hit & run case:

- Report the accident to the police, providing full details of the circumstances of the accident.
- Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s), if applicable.
- Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident.
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.

What should I do in the event of an accident?

- Keep calm and move your car to a safe place.
- Do not admit or discuss fault or blame with the other party(ies).
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.
- Submit Writ/Summons/Correspondence from third party(ies) to AIG immediately.

LOSS OF USE CAR REPLACEMENT BENEFIT

Applicable only if this benefit is included in your motor insurance. Please refer to your Policy Schedule for details. Policy terms and conditions apply. Please call our customer service hotline number (65) 6419-3000 for assistance.

The Certificate of Insurance (CI) should be produced without demand when collecting the Rental Car and the Rental Car Company reserves the right to verify the identity of the holder. The CI is the property of AIG and its use is subject to the terms and conditions contained in the Loss of Use Endorsement under the policy issued to the policyholder.

Steps to activate Loss of Use Car Replacement Benefit and Important Information

1. To activate your loss of use car replacement, please contact the Rental Car Company (listed below) after filing/reporting your accident claim.
2. Your rental car will be made available within 5 working hours of activation with the Rental Car Company.
3. At the time of collection of the Rental Car, the original insurance policy and schedule issued by AIG, a copy of the Accident Report from the Authorised Workshop must be produced.
4. The number of days is based on the period your vehicle is in the repair workshop unless the number of days of loss of use entitlement is stated in the Policy.
5. Rental cars are strictly for use in Singapore only.
6. Extension of rental beyond repair period approved by AIG surveyor will be chargeable by the Rental Car Company on per day basis.
7. Upgrade of Rental Car is available upon request subject to additional charges by the Rental Car Company.
8. The rental car will be delivered (within Singapore), and **MUST BE RETURNED BACK TO the Authorised Workshop** upon collection of your accident car.

Rental Car Company: BKW Rent A Car Pte. Ltd.

Activation Hotline: 67387777

120 Lower Delta Road #02-15 Cendex Centre Singapore 169208

Operation Hours: Monday to Friday: 9am to 6pm Saturday (Half Day): 9am to 1pm

*The Rental Car Company's Terms & Conditions apply. An additional security deposit is chargeable for the Rental Car. Collision Damage Waiver, etc.

IMPORTANT NOTICE

If you sell your motor vehicle, this Notice is **IMPORTANT** and **MUST** be complied with. Policyholders are hereby warned that under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 99), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

The Policyholder is further warned that on the sale of a motor vehicle, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 99).

This Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agrees to cover the new owner, they will issue a new Certificate of Insurance in the new owner's name. The premium chargeable may vary according to the new owner's profile.

Accident Photo



Accident Photo



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Accident Photo



Accident Photo

