

## 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	02/04/2018 16:37
Date Of Accident	29/03/2018 14:55
Exact Location Of Accident	JURONG WEST STREET 52 BLK 505 CAR PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH723M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KHOO CHIN TING
NRIC No	S7110861I
Email Address	KCTC66@YAHOO.COM
Mobile Phone No	(LOCAL) +65-92705665
Alternative Phone No	OTHERS-92705665

### Vehicle Particulars

Manufacturer	AUDI
Model	A3
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	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	
Cover Note Number	

### Driver

Name of Driver	KHOO CHIN TING
NRIC No	S7110861I
Date Of Birth	30/03/1971
Occupation	INDOOR
Date Of Driving Pass	18/04/1995
Driving Experience	22 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92705665
Fax Number	
Contact Number	OTHERS-92705665
Email Address	KCTC66@YAHOO.COM

Address	455 PUNGGOL ROAD (S) 546666
Postcode	
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### 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 with attach.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP4959G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALOYSIUS LIM
NRIC/Passport Number	
Contact Number	97314177
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

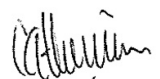
**SKETCH PLAN**

**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: 8/4/18  
15:40hr

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

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

# Accident Sketch Plan Pg. 1

## SKETCH PLAN

A : 8LH723M  
B : 8LP4959G

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer with attach.

Insurance Co. Ag Insurance  
 Policy No. 8LH723M Date of Accident 29/3/2018  
☐ Reporting Only  
☐ Own Damage Claim  
☒ Third Party Claim  
☒ Other Workshop  
Ag Auto

## DECLARATION

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

Policyholder's Signature

Date & Time: 21/4/18  
1540hr

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name: 21/4/2018  
NRIC/FIN No.: 1612hr



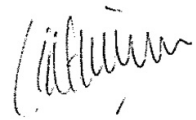
**Accident Sketch Plan Pg. 1**

Annex 1.

On 29.03.2018 at about 1550, I parked my vehicle (A: SLH723M) along Block 505 Jurong West Street 52 Open Carpark. While I returned back to my vehicle, I realized that there was a note left on my windscreen mention about my vehicle was involved in an accident with vehicle (B: SLP4959G) on 29.03.2018 about 1455 hours.

Vehicle A (SLH723M): No passenger on board.

Vehicle B (SLP4959G): Unknown passenger on board.

A handwritten signature in black ink, appearing to be 'J. H. Lim', located on the right side of the page.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO: S7110861I

Name  
KHOO CHIN TING

丘静婷

Race  
CHINESE

Date of Birth  
30-03-1971

Sex  
F

Country of Birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7110861I  
Name: KHOO CHIN TING


Birth Date: 30 Mar 1971  
Issue Date: 22 Mar 2003



1817923



NRIC No: S7110861I



Blood Group: O+ Date of issue: 22-03-1994

455 PUNGGOL ROAD  
SINGAPORE 5A6666

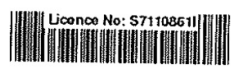
NRIC No: S7110861I Date: 09-03-2007 No: 5603600

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

Class	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Apr 1995

NP 428A

Licence No: S7110861I



HP: 92705665  
Occp: Self-employed  
Email: kctc66@yahoo.com

# certificate of insurance Pg. 1

## ABOUT THE COVER

Make/Model : AUDI A3 Sedan 1.4 TFSI (Attraction)  
 Engine Capacity/Tonnage : 1,395.00 CC Sum Insured : Market Value First Year of Registration : 2016  
 Driver Restriction : NA Off Peak Car No Insuring with COE/PAF : 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 authorized 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 Authorized 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\*

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 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 Optional

\* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189) and Section 94 of the Road Transport Act 1987 (Malaysia), are not 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)

Rhoo Chan Ting - \$500 (Own Damage)

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

1. Audi Customer Service Center Add: 55 Ubi Road 1 Singapore 408609 63563323

For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200 Alternatively, you may refer to AIG website [www.aig.com.sg](http://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 HONG LEONG FINANCE 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)

0504125250

PREMIUM LEASING - CHB

281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE  
 SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**  
 AUTHORISED REPRESENTATIVE

SSPLIC

75 Shenton Way #07-16 AIG Building S079120 | T: +65 6419 3000 | F: +65 6415 3723 | [www.aig.com.sg](http://www.aig.com.sg)

AIG Asia Pacific Insurance Pte. Ltd.

**24-HOUR AIG AUTO HOTLINE: +65 6338 6200**

**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 services
- 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 try to take photographs of the scene 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 With/Summons/Correspondence from third party(ies) to AIG immediately

Accident Photo





Accident Photo



**Accident Photo**



**Accident Photo**



**Accident Photo**





**Accident Photo**



Accident Photo



**Accident Photo**



Accident Photo





Accident Photo



Accident Photo

