

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	05/04/2018 18:04
Date Of Accident	04/04/2018 11:00
Exact Location Of Accident	5 SUNGEI KADUT AVENUE (729642)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFA2880L
Insured/Policyholder	
Name Of Registered Owner	THE ESTATE OF KAM KOK LEONG
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91816195
Alternative Phone No	OFFICE-91816195

Vehicle Particulars

Manufacturer	JAGUAR
Model	XF-2.2 (A)
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	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	2100291882-06
Cover Note Number	

Driver

Name of Driver	HUANG GUISHENG
Passport No/FIN	F8290370N
Date Of Birth	05/03/1977
Occupation	INDOOR
Date Of Driving Pass	27/09/2011
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91816195
Fax Number	
Contact Number	OTHERS-91816195
Email Address	NOEMAIL

Address 7 JALAN PUNAI
#01-605 TATIANA TERRACE
Postcode 418776
Was driver an employee of the Insured's Company YES
If No, Relationship of the Driver with the Insured
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident SIDE SWIPE
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? NO
Was any other material or property damaged? NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 2
Passenger 1
NAME: : PASSENGER
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POICE REPORT G/20180404/2173

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 Witness 1

Name LI QINFENG
Phone Number
Email Address

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:

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

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

SKETCH PLAN



S SUNGSI KARUT
AVE S (729642)

(A) SFA 2880L

(B) FORK LIFT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REF TO POLICE REPORT NO. 6/20180404/2173

I WISH TO ADD I HAVE 1 WITNESS.

① NAME - LI QINFENG NR IC - S7765785A

② THANGARASU PUGALESTHI PASSPORT NO. K9305418

③ KHAN SOBUI PASSPORT NO. RC0235542

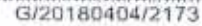
DECLARATION

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.:



Report No. G/20180404/2173

Authentication Stamp

 SINGAPORE
POLICE FORCE



SIGNATURE



SINGAPORE
POLICE FORCE



G/20180404/2173

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180404/2173

Subjects Involved	
Victim	
Person Name	HUANG GUISHENG (Informant)

Signature Of Officer Recording The Report:

G / Sgt 2 MOHAMED NASZRUL BIN MOHD HELMI

8157(3) TAN MENG CIANG

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

G / Bedok Police Divisional Investigation Branch /

Insp IBNU QAYYIM BIN NAWAWI

Contact No.: 62447200

Signature Of Informant:

Date/Time:

04/04/2018 20:52

Classification Of Case:

Authentication Stamp



SINGAPORE
POLICE FORCE

SIGNATURE

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 04 APR 2018	TIME: 1100 HRS	(hh:mm) 24 hrs Format
LOCATION S SUNGAI KAPUT AVE S(729642)		
VEHICLE NUMBER SFA 2880L		
INSURED NAME IN THE ESTATE OF KAM KIM LIONG		
NRIC / FIN	CONTACT:	
MAKE JAGUAR	MODEL XF 2.2 DIESEL PREMIUM LUXURY	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select : (/) Third Party () Reporting Only		
INSURANCE COMPANY AIG INSURANCE		
TYPE OF POLICY (/) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER : 2100291882-06		
NAME DRIVER : HUANG GUISHENG		() SAME AS INSURED
NRIC / FIN P8290370N	CONTACT: 9116195	
DATE OF BIRTH: 05 MAR 1977		
DRIVING PASS DATE: 27 SEP 2011		
OCCUPATION : (/) INDOOR () OUTDOOR		
GENDER : (/) MALE () FEMALE		
EMAIL ADDRESS:		() NO EMAIL
ADDRESS OF DRIVER: 7 JALAN PUNAI # 01-605 TATIANA TERRACE S(415776)		
Number Of Passenger Include Driver: 01 DRIVER + 01 PASSENGER (m)		
Was driver an employee of the Insured's Company? (/) YES () NO		
If No, Relationship Of The Driver With The Insured		
() Owner () Spouse () Friend () Relative () Children () Sibling () Others		
Does The Driver Own Any Other Vehicle? : () YES () NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: (/) Clear () Raining () Drizzling () Others		
Road Surface : (/) Dry () Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES () NO		
Was Anybody Injured In The Accident? () YES (/) NO		
If YES, Injured details :		
Convey By Ambulance: () YES (/) NO		
Was There Any Video Capture By Car Camera? () YES (/) NO		
Was There Accident Reported To The Police? () YES () NO If Yes Attach Police Report		
Police Report Number (if any) G/20180404/2173		
Details Of 3rd Party		Name / NRIC Contact
Veh B FORK LIFT	220PLUS INTERNATIONAL PTE LTD (6 SIXTH LANE ROAD)	
Veh C		
Veh D		
Veh E		
Veh F		
Veh G		

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **F8290370N**

Name: **HUANG GUISHENG**

Birth Date: **05 Mar 1977**
 Issue Date: **19 Aug 2016**
 Valid Till: **26/09/2021**

0026007448






WORK PERMIT
 Employment of Foreign Manpower Act (Chapter 81A)
 Republic of Singapore

Employer:
YONG SEN CONSTRUCTION PTE. LTD.

Name:
HUANG GUISHENG

Work Permit No.: **D 59832987** Sector: **CONSTRUCTION**

K0026115

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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	27 Sep 2011
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	27 Sep 2011
Class 3C	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver	19 Aug 2016



NP 428A

VISIT PASS
 Immigration Regulations

13-12-200

Name:
HUANG GUISHENG

FIN:
F8290370N

Date of Birth: **05-03-1977** Sex: **M**

Nation/orig:
CHINESE

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SGWorkPass App to check status







CERTIFICATE OF INSURANCE

WEARNES AUTO PROTECTOR (JAGUAR) PRIVATE VEHICLE

Name of Policyholder : In The Estate of Kam Kok Leong
 Period of Insurance : 01 Mar 2018 To 28 Feb 2019
 Engine No. : 4005717224DT
 Chassis No. : SAJAC0866CDS34567

Vehicle No. : SFA2880L
 Policy No. : 2100291862-05
 Endorsement No. : 000000000177476
 Issued Date : 31 Jan 2018

ABOUT THE COVER

Make/Model : JAGUAR XF 2.2 DIESEL PREMIUM LUXURY

Engine Capacity/Tonnage : 2,179.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2012

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

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*

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, usability trials 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 their trade

Loss of Use 2000cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 169) and Section 55 of the Road Transport Act, 1997 (Malaysia), are not to be included under these headings

EXCESS

Section 1

Fire : \$0 Own Damage : \$900 Theft : \$0 Flood Cover : \$0

Section 2

Property Damage : \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

In The Estate of Kam Kok Leong : \$900 (Own Damage); Huang Gui Sheng : \$900 (Own Damage)

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

1 Wearnes Automotive Pte Ltd, Add: 45 Leng Kee Road, Singapore 159103 63789333

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6358 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG 933 Mobile App. Simply search and download "AIG 933" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OCBC Bank Ltd

We hereby certify that this policy 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).

0503485816

WEARNES AUTOMOTIVE - MU (P)

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMA48045691 Vehicle Registration No: SFA 2880 L
Name (as shown in NRIC) : HUANGL GUISHUANGL NRIC/FIN/Passport No : F8290370 M
(*) Vehicle Driver / Vehicle Owner (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No.: 91816695
Email Address : _____
Date of Accident : 04/04/2018 Time of Accident : 11:00
Place of Accident : 5 SUNGKAI KADUT AVE (79642)
Insurance Company : OCF

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① DRIVER NAME TO HUANGL GUISHUANGL
- ② POLICY NUMBER TO 2100291882-06

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: ROSE ANN
NRIC/FIN No:
Date: 05/04/2018