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 <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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	05/04/2018 10:46
Date Of Accident	04/04/2018 18:05
Exact Location Of Accident	UBI AVE 2
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL2117D
Insured/Policyholder	
Name Of Registered Owner	OOI YANHENG
NRIC No	S8419709B
Email Address	OOIYANHENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97973965
Alternative Phone No	OFFICE-64189169
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	SIENTA-1.5 (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?	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	2100500917
Cover Note Number	

Driver

Name of Driver OOI YANHENG
NRIC No S8419709B
Date Of Birth 19/07/1984
Occupation INDOOR
Date Of Driving Pass 12/02/2004

Driving Experience 14 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-97973965

Fax Number

Contact Number OFFICE-64189169

EMail Address OOIYANHENG@GMAIL.COM

Address BLK 546A SEGAR ROAD #07-75

Postcode 67154

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 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKR9780Y

Vehicle Make/Model/Colour MASERATI QUATTROPORTE

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver ONG TIONG YEOW

NRIC/Passport Number S1596059J Contact Number 90669973

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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' law yers/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;
- (w) 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (# driver is not the policyholder) / Date Reporting Centre Personnel

Sketch Plan

SLL 1170

SKR 9780 Y.

Common Statement

1 1

scribe Circumstances of the		
My Car was in	a stationery position and light condition— it the traffic junction of U Ave 2 second lane for the ti	d not in motion
due to the red	light condition.	
I was waiting a	it the traffic junction of U	lb: Ave 2 and Ubi
Ave 3 on Ub;	Ave 2 second lane for the ti	raffic light to
turn green.		,
3		
Car plate number	skil 97808 (Driver Mr On rear of my car, while my	a Time Year 51596097
collided into the	sens of my cas while my	car is in
Stationery.	The state of the state of	
Signery.		
The weather u	ias clear with very good	visibility.
eclaration		
We declare the foregoing particulars	s are true in every respect.	= 1
7		, 1
They		
olicyholder's Signature / Date &	Driver's Signature (# driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Interview Form



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: OOI YANHENG	
VEHICLE NUMBER	: SLL 2117 D	
DATE/TIME OF ACCIDENT	: 4th April 2018 / 18:04hr	
PLACE OF ACCIDENT	:_ Ub; Ave 2	
THIRD PARTY VEHICLE (IF ANY)	: SKR 9780 Y	
****	**********	
WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT? 17 Nattar Road to Mum's office		
	C DRINKS BEFORE YOU DRIVE ON THE DAY OF IE TRAFFIC POLICE CONDUCT ANY BREATHE, WHAT IS THE RESULT?	
WHAT IS THE TYPE OF COLLISION TO ALL VEHICLES INVOLVED? Rear Ended Collis	ON AND THE EXTENSIVENESS OF THE DAMAGES	
	ER/S INJURED? IF INJURED, WHICH HOSPITAL? FIC POLICE FOR INVESTIGATION?	
Mame:		

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

AIG Asia Pacific Insurance Pte. Ltd. AIG Building 78 Shenton Way #07-16 Singapore 079120 Tel: 6419 3000



HOTLINE TEL; (65) 6419-3000 FAX; (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

MX1

TOYOTA AUTO PROTECTOR (2-YEAR)

CERTIFICATE NO. 2100500917-00000

OWN DAMAGE EXCESS S\$600.00 (1) WINDSCREEN EXCESS S\$100.00

SUM INSURED Market Value INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

SLL2117D

2) NAME OF INSURED

Ooi Yanheng (Huang Yanheng)

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

17 Feb 2017

4) DATE OF EXPIRY OF INSURANCE

16 Feb 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

SUBJECT TO AGE CONDITION : All Age Condition

a) The Insured. b) Any other person who is driving on the Insured's order or with his permission. This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions. A Young and/or inexpetienced Driver Excess ("YDR") of \$\$3,000.00, in additional to the Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE*

Use only for social, domestic and pleasure purposes and for the insured's business.

The Policy does not cover use for hire or rewards, fullion, driving test, racing, pacemaking, reliability trial speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

APPROVED REPORTING CENTRES / TOYOTA AUTHORISED REPAIRERS

APPROVED REPORTING CENTRES / TOYOTA AUTHORISED REPAIRERS

1. Borneo Motors (S) Pise Ltd - 2 Pandan Crescent [Tel : 8631 1188)

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

2. ComfortDeligro Enging - 205 Braddell Rd (Tel: 63837118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65684501)

4. Elhoz - 30 Busk Batok Cres(Tel:66547777) 5. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only

6. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 7. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)

8. Mova Automotive - 1008 Buskt Merah Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)

10. SME Motor - 1 Kaki Buskt Ave 6 Bix D (Tel: 67478106)

LOSS OF USE Loss of Use 15 Days (1500 - 1600cc) - Refer to policy wordings for details

* NAMED DRIVER NA

HIRE PURCHASE COMPANY United Overseas Bank Limited /EMPLOYER'S LOAN

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

17 We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Boad Transport Act, 1987 (Malaysia)-

Issued in Singapore 20 Feb 2017

INCHCAPE AUTO TOYOTA - BSTU042 33 LENG KEE ROAD

AUTHORISED REPRESENTATIVE

AIG Asia Pacific Insurance Pte. Ltd.

SINGAPORE 159102

ORIGINAL

IASAZD.

AIG Asia Pacific Insurance Pts. Ltd.

Nric And Driving Licence









Third Party Driving Licence



































