

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	17/04/2018 16:57
Date Of Accident	17/04/2018 07:45
Exact Location Of Accident	BLK 41 SIMS DRIVE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV946L
Insured/Policyholder	
Name Of Registered Owner	GOH CHYAN JOW
NRIC No	S7504334A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97699810
Alternative Phone No	OTHERS-97699810
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE-1.6 ABS AIRBAG 2WD 4DR (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	2100185585-08
Cover Note Number	

Driver

Name of Driver	GOH CHYAN JOW
NRIC No	S7504334A
Date Of Birth	02/02/1975
Occupation	INDOOR
Date Of Driving Pass	30/05/2001
Driving Experience	16 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97699810
Fax Number	
Contact Number	OTHERS-97699810
Email Address	NOEMAIL

Address	BLK 41 SIMS DRIVE #12-265
Postcode	380041
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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

PLEASE REFER TO SKETCH PLAN

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	GBE326K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAI HOCK MIN
NRIC/Passport Number	
Contact Number	67840336
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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: [Signature]
NRIC/FIN [Signature]

SKETCH PLAN



A: SJV 946L

B: GBE 326K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/4/18 @ 0745 hrs, I came down from my block to go to work.

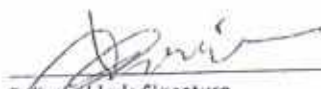
I was approached by a boy who told me his dad who is driving GBE 326K hit the right side (front) of my car.

Later in the morning at about 0900 hrs. my neighbour passed me a name card as follow; saying the vehicle hit my car.
"Lai Hock Min"

I contacted Mr. Lai later and he asked me to claim insurance.

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.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 17/4/18	TIME: 0745	(hh:mm) 24 hrs Format
LOCATION: Blk 41 car park		
VEHICLE NUMBER: SV 946L		
INSURED NAME: Goh Chyan Jow		
NRIC / FIN: S7504334A	CONTACT: 9769 9810	
MAKE: Hyundai	MODEL: Avante	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only		
INSURANCE COMPANY: AIG		
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER: 2100185585-08		
NAME DRIVER: Goh Chyan Jow		(<input checked="" type="checkbox"/>) SAME AS INSURED
NRIC / FIN: S7504334A	CONTACT:	
DATE OF BIRTH: 2/2/78		
DRIVING PASS DATE: 30/5/01		
OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR		
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE		
EMAIL ADDRESS:	(<input checked="" type="checkbox"/>) NO EMAIL	
ADDRESS OF DRIVER: Blk 41 Sims Dr #12-265		
(3800 380041)		
Number Of Passenger Include Driver: NO DRIVER, CAR PARK		
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO		
If No, Relationship Of The Driver With The Insured		
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling () Others		
Does The Driver Own Any Other Vehicle?: () YES (<input checked="" type="checkbox"/>) NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others		
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO		
Was Anybody Injured In The Accident? () YES (<input checked="" type="checkbox"/>) NO		
If YES, Injured details :		
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO		
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO		
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party		
Veh B	GRE 326K	La Hock Min
Veh C		WORLD TECH ENGRG P/L
Veh D		
Veh E		
Veh F		
Veh G		



CERTIFICATE OF INSURANCE

HYUNDAI AUTO PROTECTOR (DELUXE) PRIVATE VEHICLE

Name of Policyholder : Goh Chyan Jow
 Period of Insurance : 12 Jan 2018 To 11 Jan 2019
 Engine No. : G4FC9U799536
 Chassis No. : KMH0U41BMAU985316

Vehicle No. : SJV946L
 Policy No. : 2100185585-08
 Endorsement No. :
 Issued Date : 08 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 : 2010
 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 authorized driver only if he/she meets the specified age condition.
 You have to pay an additional sum of \$1,000.00, "Insurance 1 Driver Excess" ("IDE") if You are a New Authorized Driver (name is unnamed) has less than 2 years' driving experience.

Age Condition : 35 years old and above

Limitation as to use*

This policy is issued for 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 displays in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 150000 - 160000

* 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, 1997 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0, Own Damage - \$0, Theft - \$0, Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen - \$0

Named Driver and Excess (where applicable)

Goh Chyan Jow, Chen Sai Qing

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

1. Alexandria Motors Pte Ltd. Add: 253 Alexandria Road Singapore 159336 64735508

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG 555 Mobile App. Simply search and download "AIG 555" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

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, 1997 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1999 (Malaysia).

0500581346

XOMOCO TRADING PTE LTD-TBL

253 ALEXANDRA ROAD

SINGAPORE 159336 AYSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Manik

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

1000705613/AC

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7504334A



Name

GOH CHYAN JOW



Race

CHINESE

Date of Birth

02-02-1975

Sex

M

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7504334A**

Name:

GOH CHYAN JOW



Birth Date: **02 Feb 1975**

Issue Date: **03 Jan 2003**



000087378F

3058176



NRIC No S7504334A

Blood Group Date of issue
A+ 22-12-1998

APT BKK 41 SIMS DRIVE #12-265

SINGAPORE 380041

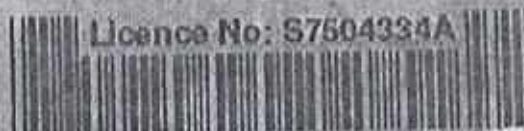
NRIC NO: S7504334A

Date: 03-02-2005

No: 5108190

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	17 Jan 1994
Class 2A Motorcycles between 201 cc and 400 cc	11 Nov 1997
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	30 May 2001



Licence No: S7504334A

NP 428A

Enquire PARF/COE Rebate for Registered Vehicle**Vehicle Owner Particulars**

Owner ID Type: Singapore NRIC
Owner ID: 4334A

Vehicle Details

Vehicle No.: SJV946L
Vehicle to be Exported: Yes
Intended De-registration Date: 17 Apr 2018
Vehicle Make: HYUNDAI
Vehicle Model: AVANTE 1.6 AT ABS D/AB 2WD 4DR
Primary Colour: Red
Manufacturing Year: 2009
Engine No.: G4FC9U799536
Chassis No.: KMH DU41BMAU965316
Maximum Power Output: 89.7 kW (120 bhp)
Open Market Value: \$11,537.00
Original Registration Date: 12 Jan 2010
First Registration Date: 12 Jan 2010
Transfer Count: 0
Actual ARF Paid: \$11,537.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 11 Jan 2020
PARF Rebate Amount: \$6,345.00

Intended COE Rebate Details

COE Expiry Date: 11 Jan 2020
COE Category: A - Car (1600cc & below)
COE Period(Years): 10
QP Paid: \$18,502.00
COE Rebate Amount: \$3,208.00
Total Rebate Amount: \$9,553.00

The information contained herein is correct as at 17 Apr 2018

OK