

## 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             | 30/04/2018 20:39           |
| Date Of Accident           | 30/04/2018 07:35           |
| Exact Location Of Accident | TUAS SOUTH AVE. 3 JUNCTION |
| Country/State of Loss      | SINGAPORE                  |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKX3216T             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | GOH NGAN HUA         |
| NRIC No                     | S7503145I            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-90473180 |
| Alternative Phone No        | Office-68919281      |

### Vehicle Particulars

|  |                     |
|--|---------------------|
| Manufacturer   | KIA                 |
| Model  | FORTE K3-1.6 EX (A) |
| Exact Purpose for which vehicle was being used at time of accident           | GOING TO OFFICE     |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                  |
| If No, Please state action to be taken                                       | REPORTING ONLY      |
| 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             | 2100440780                           |
| Cover Note Number         |                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | WATT KWONG MENG       |
| NRIC No              | S7217999D             |
| Date Of Birth        | 24/05/1972            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 15/12/2000            |
| Driving Experience   | 17 YEARS AND 4 MONTHS |

|   |   |
|---|---|
| Gender  | MALE                                    |
| Mobile Number                                       | (LOCAL) +65-90473180                    |
| Fax Number  |   |
| Contact Number                                      | OFFICE-68919281                         |
| EMail Address                                       | JWATT@BUCKMAN.COM                       |
| Address   | 55A EDGEDALE PLAINS<br>#09-15 SINGAPORE |
| Postcode  | 828680                                  |
| Was driver an employee of the Insured's Company     | NO                                      |
| If No, Relationship of the Driver with the Insured  | SPOUSE                                  |
| 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?  | 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)   | 1   |

#### 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 ATTACHMENT

#### 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 | SHC8332D        |
| Vehicle Make/Model/Colour   | COMFORT TAXI    |
| Details Of Properties       |                 |
| Vehicle Category            | TAXI            |
| Name of Driver              | CHAN CHONG KONG |
| NRIC/Passport Number        | S1737029D       |
| Contact Number              | 94526919        |

Address

Postcode

Insurance Company Name

Nature Of Damage

NO 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:

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

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

On the dated 30th April 2018 drive toward  
Tuas South Ave 3 junction slightly hit onto the  
taxi rear at 7.35am.

After accident, taxi driver and myself verified there  
is no damage on both cars and no injury for  
~~inside~~ taxi passenger after asked him and he  
said he is alright.

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

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



## CERTIFICATE OF INSURANCE

### KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Goh Ngan Hua (Wu YanHua)  
Period of Insurance : 04 Dec 2017 To 03 Dec 2018  
Engine No. : G4FGFH601484  
Chassis No. : KNAFX411MF5539852

Vehicle No. : SKX3216T  
Policy No. : 2100440780-02  
Endorsement No. : 000000000158336  
Issued Date : 06 Nov 2017

#### ABOUT THE COVER

Make/Model : KIA FORTE K3 1.6 A EX  
Engine Capacity/Tonnage : 1,591.00 CC  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2015  
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 "Inexperienced Driver Excess" (IDR) if you are or your Authorized Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

#### Limitation as to use\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward, driving school, 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

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189) and Section 25 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)

Goh Ngan Hua (Wu YanHua) - \$500 (Own Damage)

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

1.Cycle & Carriage Body & Paint Centre: Add: 209 Pandan Gardens Singapore 604335 65994505  
2.Cycle & Carriage Customer Service Centre (For Windscreen claim only): Add: 341 Alexandra Road Singapore 159811 64778838  
3.Cycle & Carriage Customer Service Centre (For Windscreen claim only): Add: 330 Ubi Rd 3 Singapore 409550 67481028

For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6305 5250. 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: Goldbell Financial Services Pte 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, 1970 (Malaysia).

0504510211

CYCLE & CARRIAGE - JTBT  
239 ALEXANDRA ROAD  
SINGAPORE 159830

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

0504510211

Tel: 6504510211 Fax: 6504510211 Email: [info@aic.com.sg](mailto:info@aic.com.sg)

AIG Asia Pacific Insurance Pte. Ltd.

Driving License & I.C.

REPUBLIC OF SINGAPORE

License Number: **S721**

Name: **WATT KWONG MENG (QU GUANGMING)**

Birth Date: **24 May 1972**

Issue Date: **15 Dec 2003**

001851663C

FOR C&C USE ONLY

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7217999D**

Name: **WATT KWONG MENG (QU GUANGMING)**

屈广明

Race: **CHINESE**

Date of birth: **24-05-1972**

Sex: **M**

Country/Place of birth: **SINGAPORE**

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

Class 3 Motor Cars and Motor Tractors the weight of which includes does not exceed 3500 kilograms

PASS DATE: **15 Dec 2008**

NP 425A

License No: **S7217999D**

FOR C&C USE ONLY

5409699

NRIC No: **S7217999D**

Date of issue: **12-01-2015**

55A EDGE DALE PLAINS #09-15  
SINGAPORE 828680

NRIC No: **S7217999D** Date: **15/03/2017**



Accident Photo





Accident Photo



Accident Photo



Accident Photo

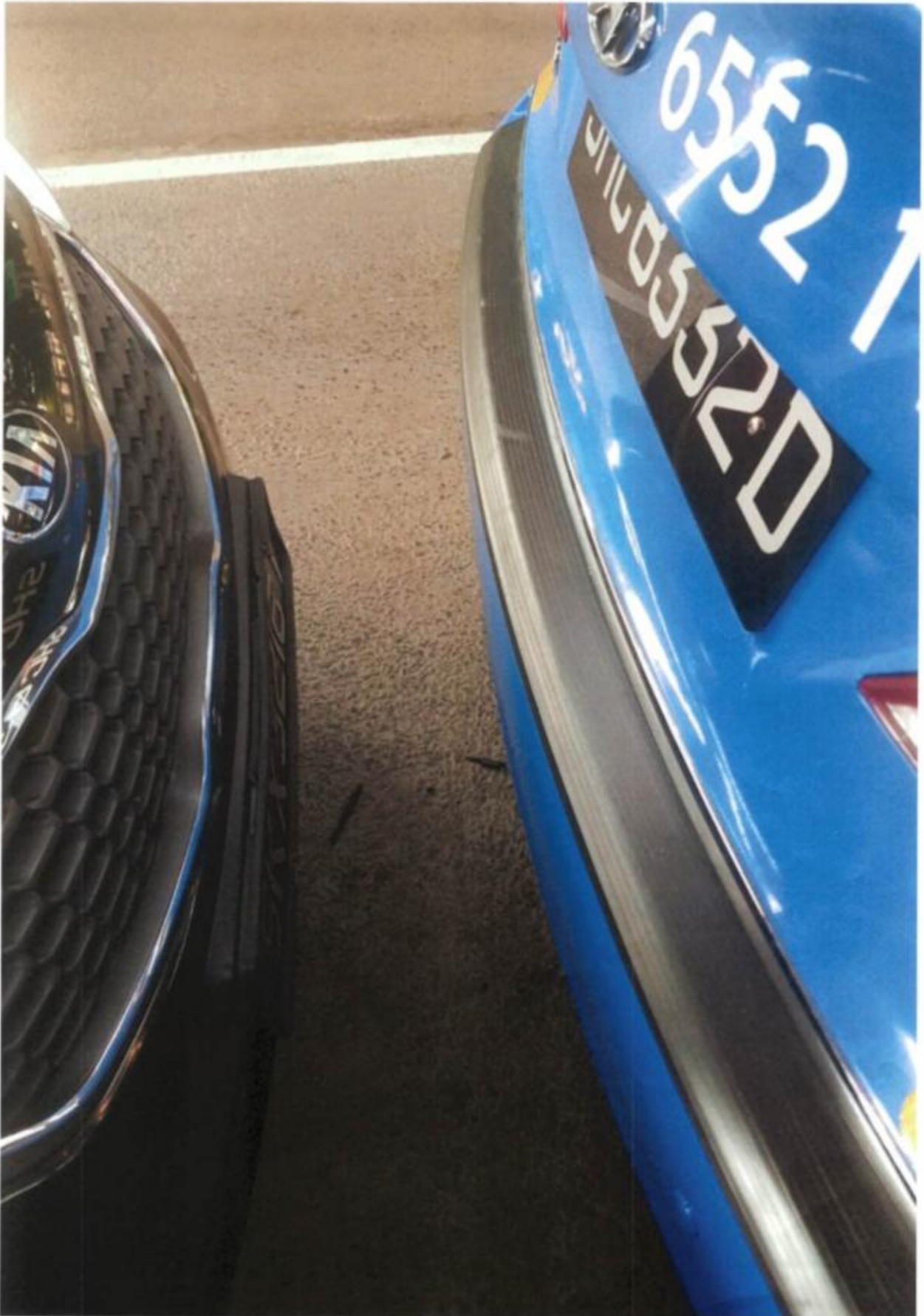


Accident Photo





Accident Photo



Accident Photo



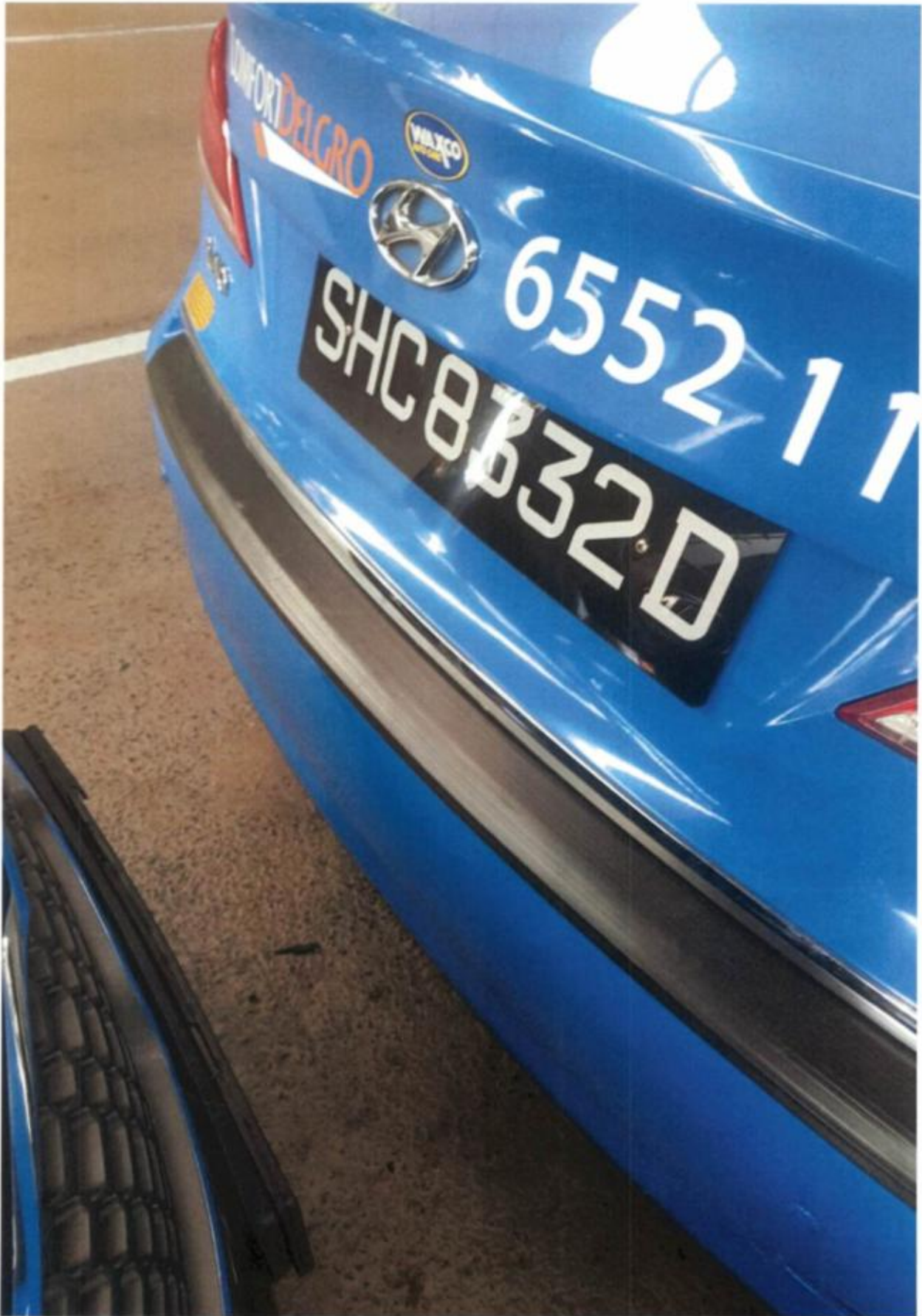


Accident Photo

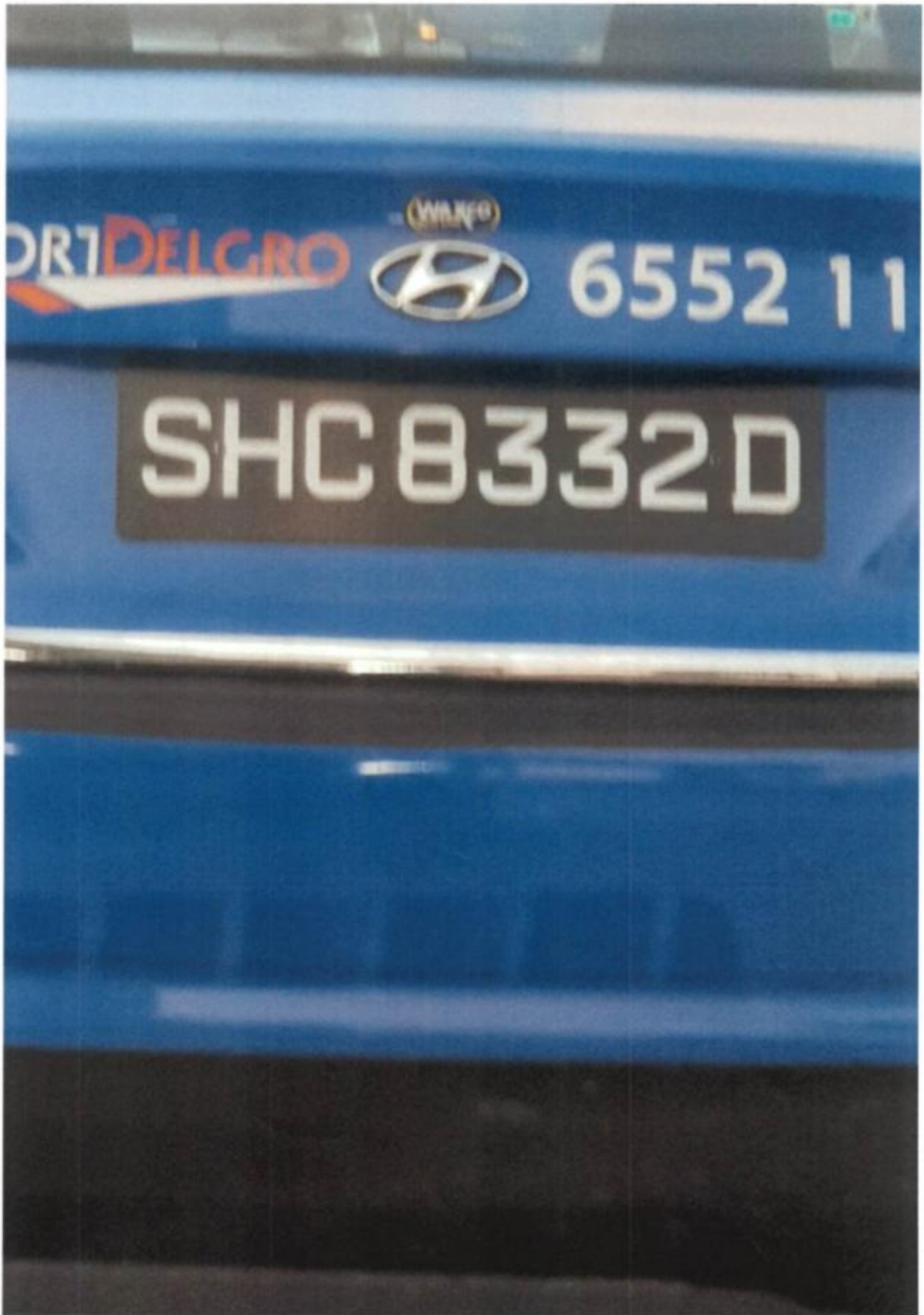




Accident Photo

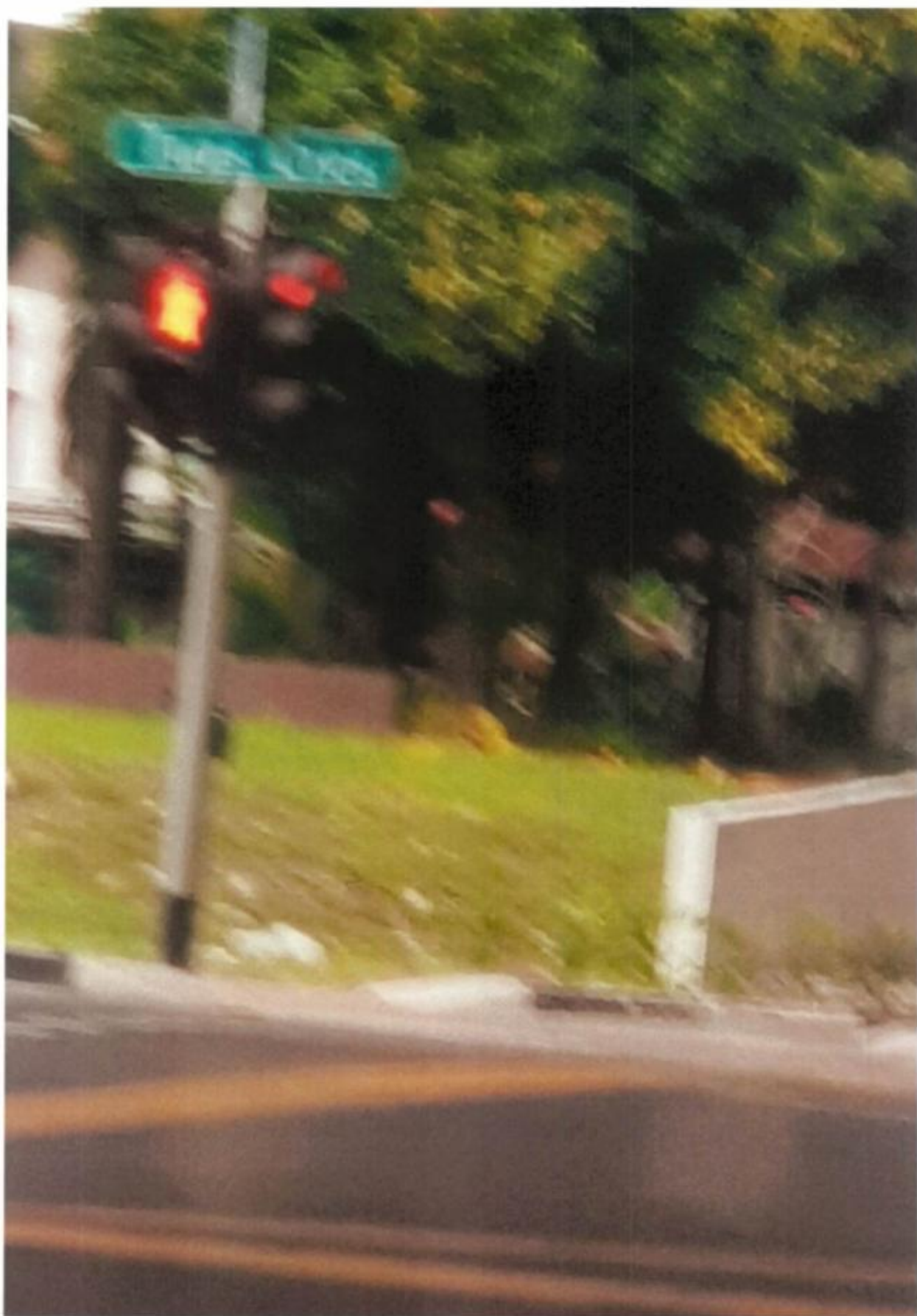


Accident Photo

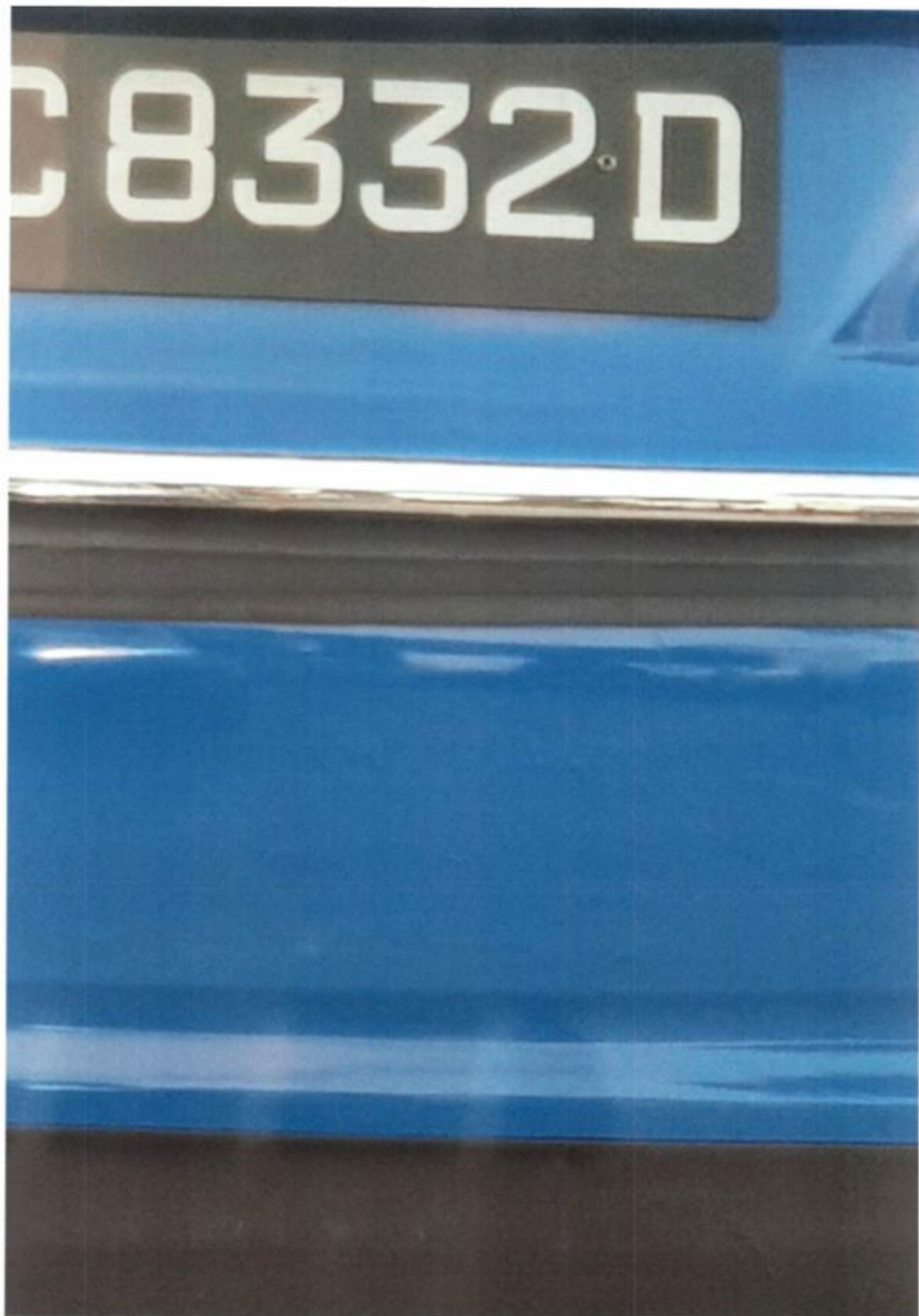




Accident Photo



Accident Photo



Identification Card

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S1737029D**



Name

**CHAN CHONG KONG**

**陳 仲 光**

Race

**CHINESE**

Date of Birth

**14-03-1966**

Sex

**M**

Country of Birth

**SINGAPORE**





Identification Card

