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#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 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 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.

- 5. 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.

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Date Of Report

03/05/2018 18:34

Date Of Accident

02/05/2018 18:10

Exact Location Of Accident

PIONEER WALK TOWARDS PIONEER ROAD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKU9775Y

Insured/Policyholder

Name Of Registered Owner

TEO MING KWONG

NRIC No

S6874352D

Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-90026336

Alternative Phone No

OTHERS-90026336

Vehicle Particulars

Manufacturer

HYUNDAL

Model

ELANTRA-1.6 D/AB 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

2100426217-02

Cover Note Number

Driver

Name of Driver

TEO MING KWONG

NRIC No

S6874352D

Date Of Birth

23/02/1968

Occupation

Date Of Driving Pass

INDOOR

03/07/1991

Driving Experience

26 YEARS AND 9 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-90026336

Fax Number

Contact Number

OTHERS-90026336

EMail Address

NOEMAIL

BLK 444 CHOA CHU KANG AVENUE 4 Address

#04-325

680444 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

DRIZZLING Weather Conditions WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 YES

Was any body injured in the Accident?

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

Number of Passengers (Including Driver)

9

**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

XE1890E

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

WANG CHUANJUN Name of Driver

G8302170K NRIC/Passport Number 82697267 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

TEO MING KWONG Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT INJURY

SKU9775Y

YES

NO

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.
- 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 tusurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - 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:
  - 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 Centra Personnel's Signa

Name:

NRIC/FIN No.:

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Dn 2518 I was	ravelling along 7	Pronecy Walk towards Pronece
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Upon seeing that, Alstance away from towards me. HA I continued & rever	I stopped my my the vehicle is sounded my hor rise and hit t	which was 1/2 a  which My car was a  B. I saw he was teversing in loudly but the driver he dx front of my car.  sulf by the driver reversi
DECLARATION		
I/We declare the foregoing particulars are to	ve is every respect.	Reporting Centre Parsonnel's Signature Name: NRIC/FIN No.: KALL WOVE OF

GRESS Stendithocom\_93

## SINGAPORE ACCIDENT STATEMENT

LOCATION Pronger Walk towards Proneer Rd	(hh:mm) 24 hrs Format
LOCATION Pronzer Walt towards Pronzer pd	
VEHICLE NUMBER SKU 9775 Y	
INSURED NAME TED WING LOOM CONTACT:	90026336
NAIC/TIN / 508 14 5387	000000
Are you claiming under your own insurance policy for repair to your vehicle?	
( ) Yes, If No, Pls Select : ( \( \) ) Third Party ( ) Reporting Only	
INSURANCE COMPANY ALL	) TPFT
TYPE OF POLICY ( ) COMPREHENSIVE ( ) THIRD PARTY (	11111
POLICY NUMBER: 2100426217-02	
NAME DRIVER: (V	SAME AS INSURED
NAME DRIVER:	1
NRIC / FIN CONTACT:	
NRC / FIN	
DATE OF THE PARTY	
INCIVING TAGG DATE:	
(0.000111110711	
GENDER. (V) III IOS	( ) NO EMAIL
EMAIL ADDRESS: ADDRESS OF DRIVER: BK 444 Chog Chu Kang Ave 4	
ADDRESS OF DRIVER: BIK 444 Chang Chu Kang Ave 4	41 04-50-5
(68044-4)	
Number Of Passenger Include Driver: L driver Only	
Was driver an employee of the Insured's Company? ( ) YES ( NO	
If No, Relationship Of The Driver With The Insured	
( V) 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 : ( w") 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:	
H YES, Injured details:	
Convey By Ambulance: ( ) YES ( ) NO	
Competition and the competition of the competition	
Twis There Any Video Capture by our country	Yes Attach Police Repor
Was There Accident reported to the	A-38-1/11/11/11/11/11
Police Report Number (if any)  Details Of 3rd Party Name / NRIC	Contact
Deaths Of Dra Phr.	82697267
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Voll. C	
Veh D	
Veh 13	
Veh F	
Veh G	

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. S6874352D



Name



TEO MING KWONG

Rece

OHINESE Date of Birth 23-02-1968

Country of Birth

SABAH





0056720





Nationality

MALAYSIAN

Blood Group Date of issue

10-03-1993

4 CHOA CHU KANG AVENUE 4 #04-325

8098679

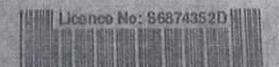
Address

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

PASS DATE

Motor Cars and Motor Tractors the weight of Class 3 which unladen does not exceed 2500 kilograms 03 Jul 1991

CAR RENTALS @ 67532536 www.chans.com.sg



NP 428A



# OFFICE OF ILEOPED AND THE PER

### HYUNDALAUTO PROTECTOR (DELUXE) PRIVATE VEHICLE

Name of Policyholder : Teo Ming Kwong

Period of Insurance

: 28 Aug 2017 To 25 Aug 2018

Engine No. Chassis No. : G4FGFU280904 : KMHDH41CMGU590659 Vehicle No.

: SKU9775Y

Policy No.

: 2100426217-02

Endorsement No. Issued Date

: 15 Aug 2017

ABOUT THE COVER

: HYUNDAI ELANTRA S

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/PARF : Yes

Person or Classes of Persons Entitled to Drive\* :

Make/Model

e) The Policyholder b) Any after presentable is driving an the Policyholden's autor or with higher permission. This Policy will indome fy the Policyholder or any authorised driver only if higher house the specified age condition.

You have to pay an additional sum of \$3,000 in "Inexpendiced Driver Ercess" ("IDR") if You are or Your Authorised Driver (comed countered) has less than 2 years staring expendice.

Age Condition

: 40 years old and above

Limitation as to use\* :

Use only for secial, timmested and globaure purposes and for the Policyholder's business. This Policyholder's business not cover use for time or revent, driving techniques, driving less, racking, parte-misking, reliability truli or smeathering, the correspent globals other than complica in operation with part yade or business or use for any purpose in connection with fidelor Trade.

Loss of Lise 1500cc - 1600cc

\* Limitations reindered inoperative by Section 6 of the Mater Vehicles (Third-Party Risks and Compensation) Act (Cep. 189) and Section 90 of the Flood Transport Act, 1937 (Milaysia), are not to be included unifor those hand args.

Section 1

Fire - 50 Own Damage - 50 Trush - 50 Flood Cours - 50

Section 2

Property Damage - 50

Windsowen: 50

Named Driver and Excess game applicable

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

axo Majors Pie Ltd. And: 283 Nevandra Rhaxi Singapove 159935 04735580.

For other: Approved Reporting ConvestAID Authorised Repaires, press contact our 24-hour excitable energonicy holine at +85 6330 6206. Alternatively, you may refer to AID waterus www.sig.com/

Hire Purchase Company/Employer's Loan: DBS BANK LTD

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KOMOCO TRADING PTE LTD ALX 253 ALEXANDRA ROAD SINGAPORE 159908 AYSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pie, Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISEO PEPRESENTATIVE

### Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

4352D

Vehicle Details

Vehicle No.:

SKU9775Y

Vehicle to be Exported:

No

Intended De-registration Date:

31 May 2018

Vehicle Make:

HYUNDAI

Vehicle Model:

ELANTRA 1.6 AT ABS D/AB 2WD 4DR

Primary Colour:

Blue

Manufacturing Year:

2015

Engine No.:

G4FGFU280904

Chassis No.:

KMHDH41CMGU590659

Maximum Power Output:

97.0 kW (130 bhp)

Open Market Value:

\$12,521.00

Original Registration Date:

26 Aug 2015

First Registration Date:

26 Aug 2015

Transfer Count:

Actual ARF Paid:

\$12,521.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

25 Aug 2025

PARF Rebate Amount:

\$9,390.00

Intended COE Rebate Details

COE Expiry Date:

25 Aug 2025

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years):

10

OP Paid:

\$56,209.00

COE Rebate Amount:

\$40,660.00

Total Rebate Amount:

\$50,050.00

The information contained herein is correct as at 03 May 2018

OK