

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	05/05/2018 12:15
Date Of Accident	05/05/2018 07:45
Exact Location Of Accident	LAVENDER ST TO KALLANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH3752X
Insured/Policyholder	
Name Of Registered Owner	CHIONH KIA HUAT
NRIC No	S0195164E
Email Address	KIA_HUAT.CHIONH@SHELL.COM
Mobile Phone No	(LOCAL) +65-96672752
Alternative Phone No	Office-96672752

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER-2.0 (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?	YES
If No, Please state action to be taken	
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	1700086342
Cover Note Number	

Driver

Name of Driver	CHIONH KIA HUAT
NRIC No	S0195164E
Date Of Birth	03/07/1952
Occupation	INDOOR
Date Of Driving Pass	23/09/1985
Driving Experience	32 YEARS AND 7 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96672752
Fax Number	
Contact Number	OFFICE-96672752
EMail Address	KIA_HUAT.CHIONH@SHELL.COM
Address	BLK 120 PAYA LEBAR WAY #14-2929
Postcode	381120
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 ON COLLISION
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)	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

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	SH9545T
Vehicle Make/Model/Colour	TOYOTA BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

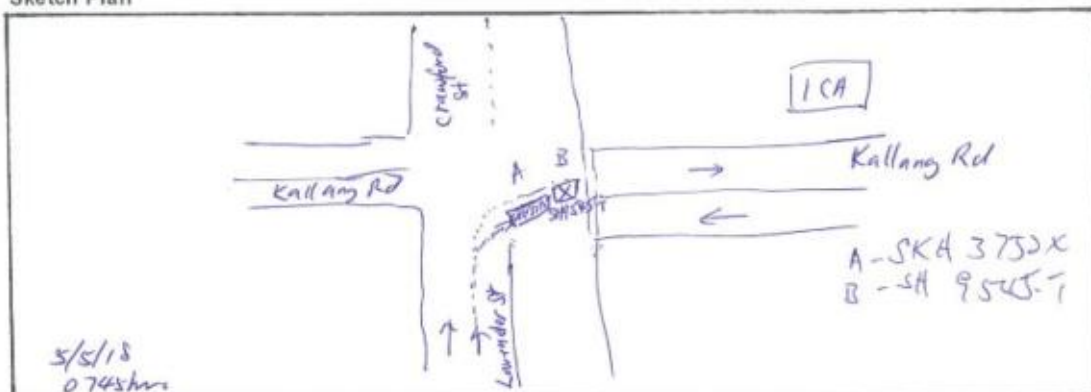
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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' law firms/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' law firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 5/5/18
Policyholder's Signature / Date &
Time 1005

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


Witnessed by Reporting Centre
Personnel

Sketch Plan



Common Statement

On 5/5/18 at about 0745hr travelling along ~~Lat Pau~~ Lavender St and want to turn right into Kallang Rd at this junction. The traffic light was green and other cars were turning toward Kallang Rd too. I was driving behind this taxi SH 9545T, suddenly this taxi jammed brake to for a cyclist, I also jammed my brake but too late to avoid hitting the back of the taxi. The taxi driver Cheng Kwee Mow IC No S0603838G and myself agreed to make report to our insurance. No injury on both parties.

We declare the foregoing particulars are true in every respect.



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

Phut

Witnessed by Reporting Centre Personnel	
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MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Chionh Kia Huat
VEHICLE NUMBER : SKH 3752 X
DATE/TIME OF ACCIDENT : 5/5/18 0745 am.
PLACE OF ACCIDENT : Lavender St / Kallang Rd
THIRD PARTY VEHICLE (IF ANY) : SH 9545-T.

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Paya Lebar way (Home) to temple @ Bugis st

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NIL

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

FRONT TO REAR (INJURED driver TP)

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NIL

Chionh Kia Huat 5/5/18
Name: Chionh Kia Huat

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

FA 6773 3094



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Chionh Kie Hui
 Period of Insurance : 12 Dec 2017 To 11 Dec 2018
 Engine No. : 6ARZ099021
 Chassis No. : JTEKB8GH70J000591

Vehicle No. : SKH3752X
 Policy No. : 1700086342
 Endorsement No. :
 Issued Date : 18 Dec 2017

ABOUT THE COVER

Make/Model : TOYOTA HARRIER 2.0 GRAND
 Engine Capacity/Tonnage : 1,988.00 CC Sum Insured : Market Value First Year of Registration : 2017
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive*

or the Policyholder
 (i) Any other person who is driving on the Policyholder's order or with another permission.
 This Policy will indemnify the Policyholder in any nullified driver only if he/she meets the specified age condition.
 You have to pay an additional sum of \$3,000 as "Young and Inexperienced Driver Surplus" ("YIDS") if You are in Your Authorized Driver (named or unnamed) is under the age of 25 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 for hire, driving test, racing, pace-making, reliability trial or speed-testing. The coverage of goods other than contents is in accordance with any loads or business to use for any purpose in connection with motor transport.

Loss of Use 1500cc - 1500cc Optional

* Limitations mentioned inoperative by Section R of the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 180) and Section 60 of the Road Transport Act, 1987 (Malaysia), are not to be included under this coverage.

EXCESS

Section 1
 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Widespread : \$100

Named Driver and Excess (where applicable)

Chionh Kie Hui - \$600 (Own Damage)

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

Approved Reporting Centres/Authorised Repairers (for claims related repairs)
 Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the State Agent's workshop.
 For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6339 6270. Alternatively, You may refer to AIG website www.aig.com.sg or AIG IG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

Please refer to the policy for the details of the coverage and conditions. This Certificate of Insurance is issued in accordance with the provisions of the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 180), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicle (Third Party Risks) Rules, 1988 (Malaysia).

060022800

MULTI-LINE AGENCY

AIG BUILDING 7F SHENTON WAY #07-13

SINGAPORE 041120 AYSP-NON LIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE

20 Changi Road, #07-13, Singapore 499020. Tel: 6119 9991 / 6119 9992 / 6119 9993 / 6119 9994 / 6119 9995 / 6119 9996 / 6119 9997 / 6119 9998 / 6119 9999

AIG Asia Pacific Insurance Pte. Ltd.

Mr Chionh 96673752

Nric And Driving Licence

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0195164E



CHIONH KIA HUAT

Race
CHINESE
Date of Birth
03-07-1952
Country of Birth
SINGAPORE

Sex
M

蔣加发

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S0195164E

Name
CHIONH KIA HUAT

Birth Date: 03 Jul 1952
Issue Date: 26 Jul 2003




0 0 1 2 4 0 4



NPIC No. S0195164E



Best Service Date of issue
A+ 13-06-1991

APT BLK 120 PAYA LEBAR WAY
#14-2929
SINGAPORE 1438

A7385

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	21 Oct 1975
Class 2A Motorcycles between 201 cc and 400 cc	21 Oct 1975
Class 2 Motorcycles exceeding 400 cc	21 Oct 1975
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	23 Sep 1988

Licence No: S0195164E



NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Scene Photo



Accident Scene Photo



Accident Scene Photo



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