SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Gender

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver.</u>
- 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.
- 6. This report will be forwarded by the insurers of 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

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	27/11/2017 16:34
Date Of Accident	25/11/2017 16:15
Exact Location Of Accident	NEAR BLK 567A HOUGANG ST 51 MSCP
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGF7419R
Insured/Policyholder	
Name Of Registered Owner	FONG FOO CHEONG
NRIC No	S1706584Z
Email Address	FOO_CHEONGFONG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98787311
Alternative Phone No	Others-98787311
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	2100374278-03000
Cover Note Number	21/04/2017 TO 20/04/2018
Driver	
Name of Driver	IVY SIN BEE LENG
NRIC No	S1707063J
Date Of Birth	20/10/1965
Occupation	INDOOR
Date Of Driving Pass	07/04/1990

27 YEARS AND 7 MONTHS

FEMALE

Mobile Number Fax Number (LOCAL) +65-93873977

Contact Number

EMail Address IVYSIN88@GMAIL.COM

Address APT BLK 551 HOUGANG ST 51 #03-164 (S) 1953

Postcode

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

_

NO

NO

NO

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

refer with attach.

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 GBD5131C

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver PHUA WEE NA, FIONA (PAN HUINA)

NRIC/Passport Number S9000889G Contact Number 98508973

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Accident Sketch Plan

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)
 - (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
- (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

Driver's Signature (If driver is not the policyholder)

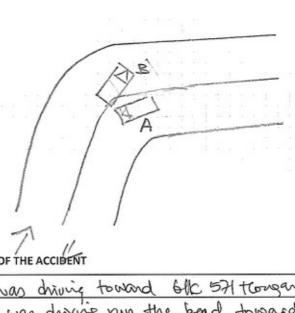
Date & Time:

Name

Repor

NRIC/FIN No .:

nnel's Signature



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On. 25/11/17, I was driving toward blk 571 trongang 61 t 1

Out 4/15pm. As I was driving run the bond toward blk 571,

a van &BD SI31C. Made a comming too. I paused at the
bend lind the van dvove very closely by my car and sudduly.

I heard a bang school. After the accident I came out

of my car to check and I'm still within my lane.

Please refer to the phrotos attached.

DECLARATION

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

Policyholder's Signature

Date & Time: 27/11/14

5 PM

Driver's Signature (If driver is not the po(icyholder)

Date & Time:

Reporting Centre Personne's Signature Name:

NRIC/FIN No.:

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: ivy sin per leng
VEHICLE NUMBER	: SHE THISE
DATE/TIME OF ACCIDENT	: 25/11/2017 @ 1615hrs
PLACE OF ACCIDENT	: near bit 567 a harrong of 5
THIRD PARTY VEHICLE (IF ANY)	: GBD 5131C MSCP
********	古古女女女女女女女女女女女女女女女女女女女女女女女女女女女女女女女女女女女女女
BEFORE THE ACCIDENT?	RNEY AND WHERE WAS THE INTENDED DESTINATION
WHAT IS THE TYPE OF COLLISION VEHICLES INVOLVED?	AND THE EXTENSIVENESS OF THE DAMAGES TO ALL
WERE YOU OR YOUR PASSENGER/S TAKEN TO THE TRAFFIC POLICE FO	INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU R INVESTIGATION?
Name: V V S W	ven To My Rest Knowledge.

1



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)

M.X.1

AUTOPLAN (TPFT)

CERTIFICATE NO. 2100374278-03000

OWN DAMAGE EXCESS NA WINDSCREEN EXCESS NA

SUM INSURED Market Value INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

Fong Foo Cheong

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

21 Apr 2017

SGF7419R

4) DATE OF EXPIRY OF INSURANCE

20 Apr 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

a) The Insured.
 b) Any other person who is driving on the Insured's order or with his permission.

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, tuition, driving test, racing, pace-making, 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 / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)

 1. ComfortDelgro Engrg 205 Braddell Rd (Tel: 63837118) 2. Glass-Fix 52 Ubi Ave 3 (Tel: 62780887) For windscreen only

 3. Ethoz 30 Bukit Batok Cres(Tel:66547777) 4. DPS Body & Paint (Subsidiary of C&C) 209 Pandan Gardens (Tel: 65684510)

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

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

 9. SME Motor 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)

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

* NAMED DRIVER NA

HIRE PURCHASE COMPANY NA

IEMPLOYER'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 (Malaysie), are not to be included under these headings.

I / 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 Road Transport Act, 1987 (Malaysia)-

Issued in Singapore 13 Mar 2017

AIG Asia Pacific Insurance Pte. Ltd.

501607-801 IVY SIN BEE LENG BLK 551 HOUGANG ST.51 #03-164 SINGAPORE 530551 ANSP - QBE

AUTHORISED REPRESENTATIVE

ORIGINAL.

SSPPCB

AIG Asia Pacific Insurance Pte. Ltd.

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1707063J







IVY SIN BEE LENG

Race CHINESE

Onte of Birth 20-10-1965

Country of Birth
SINGAPORE





driver's nric & license

1143322



NRC No. S1707063J



Blood Group

Date of issue

.

13-07-1994

APT BLK 551 HOUGANG STREET 51 #03-164 SINGAPORE 1953

