

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	07/06/2018 10:42
Date Of Accident	06/06/2018 17:40
Exact Location Of Accident	DEFU LANE 3 CARPARK ,LAMPPOST OG3/56/9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX2750X
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Insured/Policyholder

Name Of Registered Owner	EXTRA UNIQUE INTERIOR & TRADING
Co Reg No	B109681/00B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-98174915

Vehicle Particulars

Manufacturer	NISSAN
Model	P/UP LOWBED-2.7 D (M)
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	GOODS VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	2100194388-08
Cover Note Number	

Driver

Name of Driver	WONG WAY MING
NRIC No	S2136085F
Date Of Birth	28/10/1945
Occupation	INDOOR
Date Of Driving Pass	29/11/1968
Driving Experience	49 YEARS AND 6 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98174915
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 78 LORONG LIMAU #19-69
Postcode	320078
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - PARTNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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?	
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

REFER TO REPORT

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	SHB9789T
Vehicle Make/Model/Colour	TRANSCAB TAXI RED
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

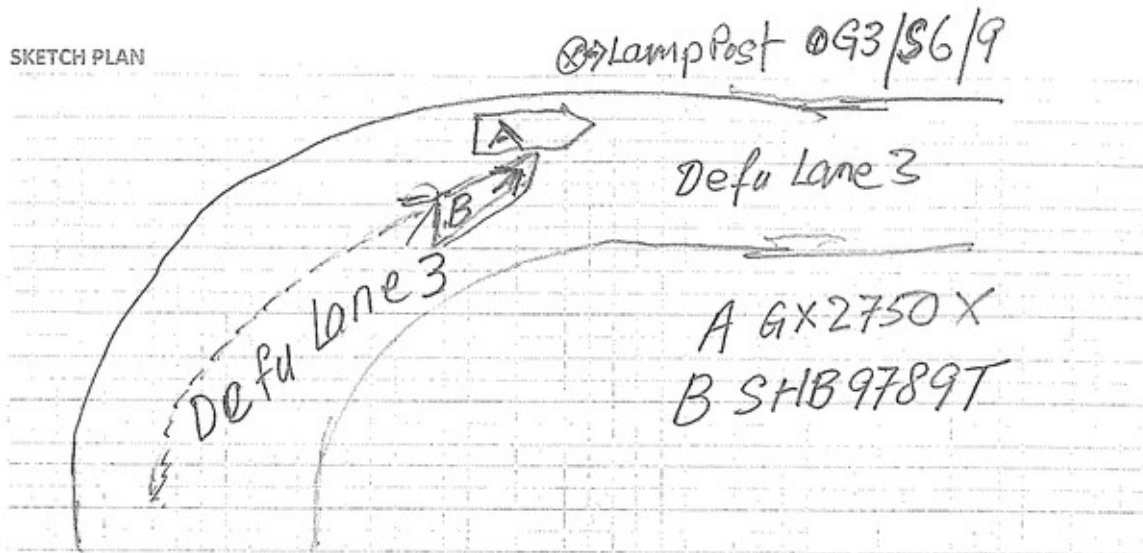
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I park my vehicle GX2750X behind Lot 127 (next to lamp post 0G3/S6/9) of Defu Lane 3.

I went opposite to No: 4, Defu Lane 3 to collect goods. I saw from the opposite side of the road a Transcab Red Taxi SHB 9789 T came from behind and hit onto my stationary car.

my vehicle front right door was badly damaged.

DECLARATION

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

Policyholder's Signature

Date & Time:

7/6/2018 at 9.55 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

7/6/18

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.

EXTRA UNIQUE INTERIOR & TRADING

Policyholder's Signature

Date & Time:

7/6/2018 at 9.55am.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

R. 7/6/18.



CERTIFICATE OF INSURANCE

COMMERCIAL AUTO THIRD PARTY ONLY COMMERCIAL VEHICLE

Name of Policyholder : Extra Unique Interior & Trading
 Period of Insurance : 18 Mar 2018 To 17 Mar 2019
 Engine No. : TD27728870
 Chassis No. : JN1AHGD22Z0032853

Vehicle No. : GX2750X
 Policy No. : 2100194388-08
 Endorsement No. :
 Issued Date : 27 Feb 2018

ABOUT THE COVER

Make/Model : NISSAN PICKUP LOWBED 1.1 ton (Pickup)
 Engine Capacity/Tonnage : 1.1 Tonnage Sum Insured : NA
 Driver Restriction : NA Off Peak Car : No
 First Year of Registration : 2004
 Insuring with COE/PARF : NA

Person or Classes of Persons Entitled to Drive*

a) Any person who is driving on the Policyholder's order or with their permission.
 b) This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.

Age Condition : All Age Condition

Limitation as to use*

1) Use in connection with the Policyholder's business.
 2) Use for the carriage of passenger (other than for hire or reward) in connection with the Policyholder's business.
 3) Use for social, domestic or pleasure purposes. This Policy does not cover a) use for hire or reward, driving test, racing, pace-making, reliability trial or speed-testing, and by use whilst towing a trailer except the towing of anyone disabled using a mechanically propelled vehicle, or use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 65 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Section 2
 Property Damage - \$0

Windscreen : NA

Named Driver and Excess (where applicable)

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

For Approved Reporting Centres, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website 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: LIAN FONG CREDIT & TRADING PTE LTD

It is hereby certified 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, 1999 (Malaysia).

000006-0000

DIRECT CLIENTS 01.4.95

AIG BUILDING 70 SHENTON WAY #07-16

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Mobile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SGFLLC

* The description of the insured vehicle, its engine capacity, tonnage, make and model, and the insured driver's name and details are subject to verification by the insurer.

* The insured must comply with the terms and conditions of the policy.

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number **S2136085F**

Name **WONG WAY MING**

Birth Date **28 Oct 1945**

Issue Date **08 Sep 2010**

00155500A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S2136085F**



Name **WONG WAY MING**

黄维明

Race **CHINESE**

Date of Birth **28-10-1945** Sex **M**

Country of Birth **PERAK**

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	29 Nov 1968
Class 2A Motorcycles between 201 cc and 400 cc	29 Nov 1968
Class 2 Motorcycles > 400 cc	29 Nov 1968
Class 3 Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	29 Nov 1968

NP 428A



2048502

NRIC No **S2136085F**

2048502

22-05-1994

B+

APT BLK 78 LORONG LIMAU #19-69
SINGAPORE 320078

NRIC No: S2136085F Date: 02/05/2017




Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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