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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

EMail Address

- 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 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 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

The trade of the second second	ACCIDENT STATEMENT	
Date Of Report	20/06/2018 14:58	
Date Of Accident	20/06/2018 10:50	
Exact Location Of Accident	CENTRAL BVD TWDS MARINA ONE	
Country/State of Loss	SINGAPORE	
CONTROL SHOWS TO VERY SHOW	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLW2455U	
Insured/Policyholder		
Name Of Registered Owner	HENG SOON KIANG	
NRIC No	S1198990Z	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-98482679	
Alternative Phone No	OTHERS-98482679	
Vehicle Particulars		
Manufacturer	MITSUBISHI	
Model	ATTRAGE 1.2 CVT	
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	THIRD PARTY	
Vehicle Category	PRIVATE HIRE	
Insurance Company		
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE, LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	1800008107	
Cover Note Number		
Driver		
Name of Driver	HENG SOON KIANG	
NRIC No	S1198990Z	
Date Of Birth	13/03/1956	
Occupation	OUTDOOR	
Date Of Driving Pass	26/04/1974	
Oriving Experience	44 YEARS AND 1 MONTH	
Gender	MALE	
A-Mills Mills and and		

(LOCAL) +65-98482679

OTHERS-98482679

NOEMAIL

Address 3 FIGARO STREET

Postcode 458324

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 TO REAR

Weather Conditions DRIZZLING
Road Surface WET

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?

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.

Number of Passengers (Including Driver)

Passenger 1

NAME: : NIL

2

GENDER: : FEMALE

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

PLS REFER TO THE ATTACHED STATEMENT.

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

YN7977R

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE
Name of Driver KUPPUSAMI MURUGESAN

NRIC/Passport Number G7252268R

Contact Number 96270738 / 82541064

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

HENG SOON KIANG

SLIGHT

SLW2455U

YES

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Insurers' 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:
 - (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 .:

Marina One Ay	A-SLW2455 B-YN 7977R
Sold Sold	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
knocked from behind by a	y car SLW 2455 4 was Corry YN 7977R driven which was dented.

D /

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

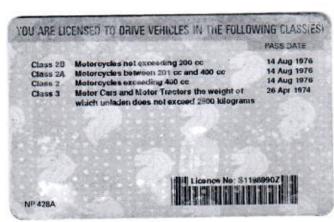
Name:

NRIC/FIN No.:











CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder Period of Insurance

: Heng Soon Kiang

: 01 Feb 2018 To 31 Jan 2019

Engine No. Chassis No.

: 3A92UGR2598

: MMBSTA13AJH001449

Vehicle No.

: SLW2455U : 1800008107

Policy No. Endorsement No.

Issued Date

: 08 Feb 2018

ABOUT THE COVER

Make/Model

MITSUBISHI Attrage 1.2 CVT

Engine Capacity/Tonnage : 1193 Tonnage

Sum Insured : Market Value

First Year of Registration : 2018

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*;

Any person who is driving on the Policyholder's order or with their permission.

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorized Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition

: All Age Condition

Limitation as to use*

Use for the carriage of passengers or goods in connection with the Policyholder's business. Use for societ, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is head

rring fultion, driving test, recing, pace-making, reliability trial or speed-testing.

at drawing a trailer except the towing (other than for reward) of anyone disabled using a mechanically propelled vehicle; and

ed c) use for any purpose in confie

POUR Manual rendered inoperative by Section 8 of the Molor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1967 (Malaysia), are not to be

EXCESS

Fire - \$0 Own Damage - \$2000 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$2000

Windscreen : 5100

Named Driver and Excess (where applicable)

Hinry Soon Kung + \$2000 (Own Damage) \$2000 (Property Damage)

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

1 Cycle & Carriage Customer Service Centre (For windscreen claim only). Add: 330 Ubi Rd 3 Singapore 408650 67461000 2 Cycle & Certiage Body & Paint Centre. And: 209 Panden Gardens Singapore 609339 65684501

For other: Approved Reporting Centres/ALG Authorised Repeirers, please contact our 24-hour accident emergency holline at or ALG SG Mobile App. Samply search and download "ALG SG" from iTunes or Google Play. +65 6338 6200. Alternatively, you may refer to AIG websile www.arg.com.sg

IMPORTANT NOTES

If the vehicle is hired for the carriage of passenger for hire or reward, such driver must be named under the Policy and registered with the service operator. Should you decide to include any other driver please indicate. (Company reserves the right to accept/reject the inclusion of any Named Drivers)

Hire Purchase Company/Employer's Loan: NA

I/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 the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500722050

C&C FULCO-CORPORATE 22 UBI ROAD 4 FULCO BUILDING SINGAPORE 408617 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

AIG Asia Pacific Insurance Pte. Ltd.