

## 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	13/07/2018 16:50
Date Of Accident	30/06/2018 18:30
Exact Location Of Accident	BAYFRONT AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH3274X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KINETIC HOLDINGS PTE LTD
Co Reg No	201618392N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-84888585

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994563
Cover Note Number	

### Driver

Name of Driver	TAY PENG CHUAN
NRIC No	S7137767I
Date Of Birth	22/10/1971
Occupation	OUTDOOR
Date Of Driving Pass	08/08/1991
Driving Experience	26 YEARS AND 10 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-86463354
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 210A BUKIT BATOK STREET 21 #13-296
Postcode	651210
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	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?	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

WHILST TRAVELLING STRAIGHT, SUDDENLY VEHICLE B JAMMED HIS BRAKES FOR NO APPARENT REASON FOR THE TRAFFIC TO CLEAR. THE DRIVER WAS DISTRACTED BY THE NDP REHERSAL OF PLANES FLYING OVER.

#### 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	SLS6699C
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
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

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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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Circumstances of the Accident

WHILST TRAVELLING STRAIGHT, SUDDENLY VEH 'B' JAMMED HIS BRAKES FOR NO APPARENT REASON FOR THE TRAFFIC WAS CLEAR. THE DRIVER WAS DISTRACTED BY THE NOISY REHEARSAL OF PLANES FLYING OVER.

### Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

Witnessed by Reporting Centre Personnel

Insurance Co. ACE

Vehicle NO. SIH 3274X Date Of Accident 30, 06, 2018

☒ Reporting Only

☐ Own Damage Claim

☐ Third Party Claim

# Identification Card



Driving License



**SINGAPORE  
POLICE FORCE**

**TRAFFIC POLICE  
SINGAPORE POLICE FORCE  
10, UBI AVENUE 3  
SINGAPORE 408865  
Tel : 65470000  
www.police.gov.sg**

8/8/1991

**Private & Confidential**

TAY PENG CHUAN

APT BLK 210A BUKIT BATOK STREET 21 #13-296  
SINGAPORE 651210

You will receive your photocard driving licence by registered post within 10 ~~10~~ <sup>14</sup> working days from the date of application unless you made a special request to collect at Traffic Police at the time of application

**You can drive while awaiting the delivery of your photocard driving licence**

Please turn overleaf for important notes.

S71377671  
(3)

C001393244

\$25/-

(Please do not detach)

**YOU CAN DRIVE WHILE AWAITING THE  
DELIVERY OF YOUR PHOTOCARD  
DRIVING LICENCE**

# INSURANCE



HOTLINE TEL: (65) 6419-3000  
FAX: (65) 6415-3723

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1968

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

		(The below excess is subject to GST)	
THIRD PARTY	COMMERCIAL MOTOR	POLICY EXCESS	SS\$1500.00 (Sect II)
CERTIFICATE NO.	SJH3274X	WINDSCREEN EXCESS	NA
POLICY NO.	999994563	SUM INSURED	NA
		INSURING WITH COE/PARF	NA
		SJH3274X	
		Kinetic Holdings Pte Ltd	
1 ) VEHICLE REGISTRATION NO.		08 June 2018	
2 ) NAME OF INSURED		07 June 2019	
3 ) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE			
FOR THE PURPOSES OF THE ACT			
4 ) DATE OF EXPIRY OF INSURANCE			
5 ) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*			
Any person who is driving on the insured's order or with their permission.			
SS\$1,500.00 Section II Excess is applicable for driver who is above 22 years old with minimum 2 years driving experience.			
The policy does not cover drivers who are below 22 years old and / or less than 2 year driving experience.			
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*			
1) Use for social, domestic, pleasure purposes and business purposes of insured			
2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.			
3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.			
The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.			
LOSS OF USE		Not Included	
HIRE PURCHASE COMPANY		NA	
*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 (Malaysia), 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 12 Jun 2018

AIG Asia Pacific Insurance Pte. Ltd.

501630-000  
SC Alliance Pte Ltd  
78 Sea Breeze Avenue  
Singapore 487582

*Marib*

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPOEC



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

