MALI18093281 / Autolution Industrial Pte Ltd - Ubi ENTRY DATE & TIME: 19/07/2018 14:58 SUBMITTED BY: Muhammad Hosni Bin Mubarak

#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 1. 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.
- 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 inont to the ort at the

7. By the lodgement of this report to the insurers, you hereby conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	19/07/2018 14:58
Date Of Accident	19/07/2018 09:10
Exact Location Of Accident	MOULMEIN FLYOVER ERP GANTRY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS1103L
Insured/Policyholder	
Name Of Registered Owner	LEONARD LEOW CHIN YONG
Passport No/FIN	E4568894N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94381171
Alternative Phone No	Others-66002181
Vehicle Particulars	
Manufacturer	NISSAN
Model	SUNNY-1.6 EX (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?	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	1700021481-01
Cover Note Number	
Driver	
Name of Driver	BENJAMIN LEOW ZHI MING
NRIC No	S9605801B
Date Of Birth	17/02/1996

**INDOOR** 

20/04/2017

1 YEAR AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98246151

Fax Number

**Contact Number** 

EMail Address BENLEOWZM@GMAIL.COM

Address BLK 125 RIVERVALE STREET #12-910

Postcode 540125

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Was driver an employee of the Insured's Company

Insurance Company of Driver's Own Vehicle -

-

NO

### **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

NO

1

NO

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)

**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**

SEE ATTACHED SKETCH PLAN

#### 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 SLL6687Z

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver LAU KUM THIM
NRIC/Passport Number S1476271Z
Contact Number 98007962

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 liability.
- 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. 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
- 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:

- 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
- 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: 10 12018

15 00

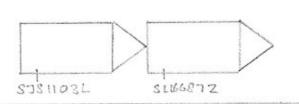
Driver's Signature (If driver is not the policyholder)

Date & Time: 19 17 12018

15 00

Reporting Centre Personnel's Signature
Name LUTION INDUSTRIAL PTE LTL NRICYFIN NOOAD 4 SINGAPORE 408623

TEL: 6490 9666 FAX: 6846 7483



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policyholder's Signature Date & Time: 19/7/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time: 19/7/2018

Reporting GEMME Personnel's Signature NAME APORE 408623 NINE/FINNS: 9666 FAX: 6846 7483

From: Leonard Leow

Sent: Thursday, July 19, 2018 2:53 PM

To: Aishah

Cc: bettina.leow@sim.org; benleowzm@gmail.com

Subject: My letter of authorisation

Dear Sir / mdm,

I, Leonard Leow Chin Yong, (S1491424B), would like to authorise my Son, Benjamin Leow Zhi Ming, S9605801B, to do accident reporting and claims on my behalf.

Yours,

Leonard







-- 50000 --



BENJAMIN LEOW ZHI MING

廖志明

CHINESE

Date of Dirith Sex. 17-02-1996 M

Country of birth SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE.

UNDER PROPERTY S 9 6 0 5 8 0 1 B

BENJAMIN LEOW ZHI MING

Birth D Spice I

Nert. Date: 17 Feb 1996 House Date: 20 Apr 2017

002676806F

##© % \$9605801B



Date of linese

27-09-2011

APT BLK 125 RIVERVALE STREET #12-910 SINGAPORE 540125

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 20 Apr 2017 pasengers, exclusive of driver; and other motor vehicles with unladen weight << 2500kg

NP 428A

Licence No:S9605801B



# CERTIFICATE OF INSURANCE

### AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Leow Chin Yong

Period of Insurance : 09 Jul 2018 To 08 Jul 2019

Engine No. Chassis No. : QG16488212 : JN1CFAN16Z0136802 Vehicle No.

: SJS1103L

Policy No.

: 1700021481-01

Endorsement No.

Issued Date

: 03 Jul 2018

### ABOUT THE COVER

Make/Model

: NISSAN SUNNY 1.6

Engine Capacity/Tonnage: 1,597,00 CC Driver Restriction

: NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2009

Insuring with COE/PARF : No

### Person or Classes of Persons Entitled to Drive\*:

a) The Policyholder b) Any other person who is driving on the Policyholder's order or with his/her permission. This Policy will indemnify the Policyholder or any authorised driver only if heishe meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or inexpenenced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less

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 bution, driving test, racing, pace-making, reliability trial or speed-testing, the carnage of goods other than samples in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

#### **EXCESS**

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

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Leow Zhi Ming - \$800 (Own Damage), Leow Chin Yong - \$800 (Own Damage)

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

Approved Reporting Centres/ AIG 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 Side Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, prease contact our 24-hour accident emergency hottine at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.com.sg. AIG SG Mobile App. Simply search and download 'AIG SG' from if unes or Google Play.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

IAWe 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 of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of

0503133000

CHEONG CHEE MENG JEFFREY

3 TAMPINES GRANDE #05-18 A/A TAMPINES

SINGAPORE 528799 SP-TLC-DYG

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

78 Sheriton Way #07-16 AIG Building S079120 | T:+65 6419 3000 | F:+65 6415 3723 | www.alg.com.sg

AIG Asia Pacific Insurance Pte. Ltd.

#### 24-HOUR AIG AUTO HOTLINE: +65 6338 6200

#### IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.

#### What can the 24-hour AIG Auto Emergency Hotline provide for you?

- Immediate assistance after an accident
- Emergency breakdown service Towing service (accident or non-accident related)
- Advice on Motor Claims procedures

#### Medical Referral Assistance

#### What should I do in the event of an accident?

- Keep calm and move your car to a safe place.

  Do not admit or discuss fault or biame with the other party(ies).
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.
- Submit Wirk/Summons/Correspondences from third party(ies) to AIG

#### If no one is injured in the accident:

- You are not required to make any police report.

- Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s).

  Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident.

  Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.

#### If the accident involves injuries or damage to government property & vehicles, foreign registered vehicles or non-injury hit & run case:

- Report the accident to the police, providing full details of the circumstances of the accident.

  Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s), if applicable,
  Collect details (name, address and contact number) of witnesses and contact number) of witnesses and contact number) and day of the accident.

#### LOSS OF USE CAR REPLACEMENT BENEFIT

Applicable only if this benefit is included in your motor insurance. Please refer to your Policy Schedule for details. Policy terms and conditions apply. Please call our customer service hotline number (65) 6419-3000 for assistance.

The Certificate of Insurance (CI) should be produced without demand when collecting the Rental Car and the Rental Car Company reserves the right to verify the identity of the holder. The CI is the property of AIG and its use is subject to the terms and conditions contained in the Loss of Use Endorsement under the policy issued to the policyholder.

#### Steps to activate Loss of Use Car Replacement Benefit and Important Information

- 1. To activate your loss of use car replacement, please contact the Rental Car Company (listed below) after filing/reporting your accident claim.
- Your rental car will be made available within 5 working hours of activation with the Rental Car Company
- At the time of collection of the Rental Car, the original insurance policy and schedule issued by AIG, a copy of the Accident Report from the Authorised Workshop must be produced.
- 4. The number of days is based on the period your vehicle is in the repair workshop unless the number of days of loss of use entitlement is stated in the Policy.
- 5. Rental cars are strictly for use in Singapore only.
- 6. Extension of rental beyond repair period approved by AIG surveyor will be chargeable by the Rental Car Company on per day
- 7. Upgrade of Rental Car is available upon request subject to additional charges by the Rental Car Company.
- 8. The rental car will be delivered (within Singapore), and MUST BE RETURNED BACK TO the Authorised Workshop upon collection of your accident car.

Rental Car Company: BKW Rent A Car Pte. Ltd.

Activation Hotline: 67387777

120 Lower Delta Road #02-15 Cendex Centre Singapore 169208

Operation Hours: Monday to Friday: 9am to 6pm Saturday (Half Day): 9am to 1pm

"The Rental Car Company's Terms & Conditions apply (i.e., refundable security deposit, excess liability for the Rental Car, Collision Damage Walver, etc).

#### IMPORTANT NOTICE

If you sell your motor vehicle, this Notice is IMPORTANT and MUST be complied with. Policyholders are hereby warned that under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap.99), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

The Policyholder is further warned that on the sale of a motor vehicle, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap.88).

This Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agrees to cover the new owner, they will issue a new Certificate of Insurance in the new owner's name. The premium chargeable may vary according to the new owner's profile.



























