

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	24/07/2018 12:23
Date Of Accident	23/07/2018 19:30
Exact Location Of Accident	CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ1575X
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Insured/Policyholder

Name Of Registered Owner	VENTURE LIANG LIP YEW
NRIC No	S1802585Z
Email Address	VENTURELIANG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98770764
Alternative Phone No	OTHERS-NOPHONE

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE KOUP 2.0 SX AT D/AB 2WD SR
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 CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100318027
Cover Note Number	

Driver

Name of Driver	VENTURE LIANG LIP YEW
NRIC No	S1802585Z
Date Of Birth	02/03/1967
Occupation	INDOOR
Date Of Driving Pass	08/01/2009
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98770764
Fax Number	
Contact Number	OTHERS-NOPHONE
E-Mail Address	VENTURELIANG@GMAIL.COM

Address	36 CHAY YAN STREET #09-02
Postcode	169905
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	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?	YES
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

-

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	SHC5331B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHEONG BOO GUAN
NRIC/Passport Number	S1355112Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	VENTURE LIANG LIP YEW
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

SJZ1575X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1

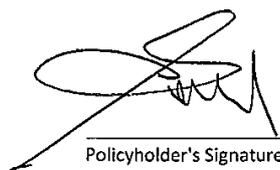
SKETCH PLAN

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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.



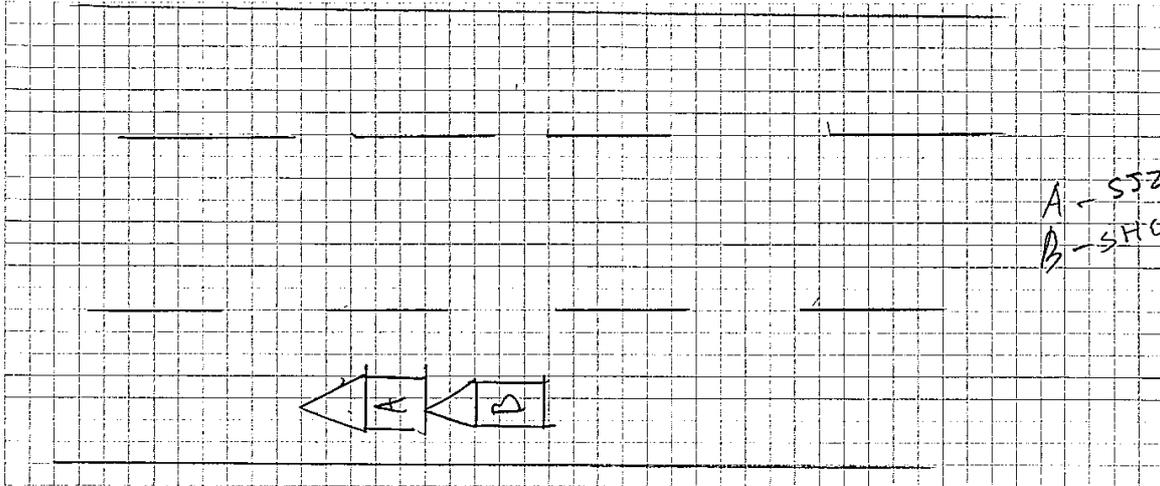
Policyholder's Signature
Date & Time:

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



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

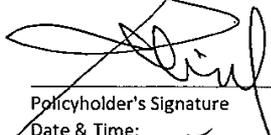


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SJZ 1575X	ACCIDENT DATE & TIME: 23/Jul/2018 @ 7:30pm
CONTACT NUMBER: 98770764	E-MAIL ADDRESS: ventureliang@gmail.com
LOCATION: CTE -	
I was filtering into CTE, while traffic slowed down in order to enter/change lane into CTE, the taxi behind me did not slow down and hit my car from behind.	
No government property was damaged. No passenger person was injured or conveyed by ambulance. Driver of SJZ 1575X has consulted a doctor and given a day MC and has also taken X-ray for future reference.	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

DECLARATION

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


 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 AUTO ESSENTIAL PRIVATE VEHICLE

Name of Policyholder	: Venture Liang Lip Yew	Vehicle No.	: SJZ1575X
Period of Insurance	: 29 Oct 2017 To 28 Oct 2018	Policy No.	: 2100318027-05
Engine No.	: G4KDAH568928	Endorsement No.	:
Chassis No.	: KNAFW612MA5202337	Issued Date	: 21 Sep 2017

ABOUT THE COVER

Make/Model	: KIA FORTE KOUP 2.0	Sum Insured	: Market Value	First Year of Registration	: 2010
Engine Capacity/Tonnage	: 1,998.00 CC	Off Peak Car	: No	Insuring with COE/PARF	: Yes
Driver Restriction	: NA				

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 he/she meets the specified age condition.
 You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 30 years old and above

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 tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 6 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 - \$1000 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Venture Liang Lip Yew - \$1000 (Ovsn Damage)

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

- 1 Cycle & Carriage Customer Service Centre (Windscreen claim for Citroen only) Add: 20 Leng Kee Rd Singapore 159094 64708600
- 2 Cycle & Carriage Customer Service Centre (Windscreen claim for Mitsubishi & Kia only) Add: 330 Ubi Rd 3 Singapore 406650 67461000
- 3 Cycle & Carriage Customer Service Centre (Windscreen claim for Kia only) Add: 241 Alexandra Road Singapore 159931 64278900
- 4 Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
- 5 Cycle & Carriage Customer Service Centre (Windscreen claim for Mitsubishi only) Add: 20 Leng Kee Rd Singapore 159094 64708686

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 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: MayBank

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

0500709000

CYCLE & CARRIAGE - KIA SCHEME
 239 ALEXANDRA ROAD
 SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSPKRI

Driving License

REPUBLIC OF SINGAPORE
Identity Card No. S1802585Z
Name
VENTURE LIANG LIP YEW
Date of Birth: 02 Mar 1967
Valid Until: 08 Jan 2009
S1802585Z
[Barcode]

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1802585Z
[Singapore Coat of Arms]
Name
VENTURE LIANG LIP YEW
族 姓 籍
姓
CHINESE
Date of Birth
02-03-1967
Country of Birth
SINGAPORE
[M1888]

CLASS 3 - MOTOR VEHICLES WITH MORE THAN 9 SEATS
CLASS DATE
Class 3 Motor Vehicle 3000kg with >= 10 passengers, including of the driver, and other water vehicles >= 2000kg
08 Jan 2009
[Barcode] License No. S1802585Z
M1888

446373
[Barcode]
NIC No. S1802585Z
Date of Issue
13-05-2000
39 CHAY YAW STREET #11-02
SINGAPORE 110405
NIC No. S1802585Z Date: 01/05/2011 No. 0785117

Accident Photo



Accident Photo



Accident Photo



Accident Photo



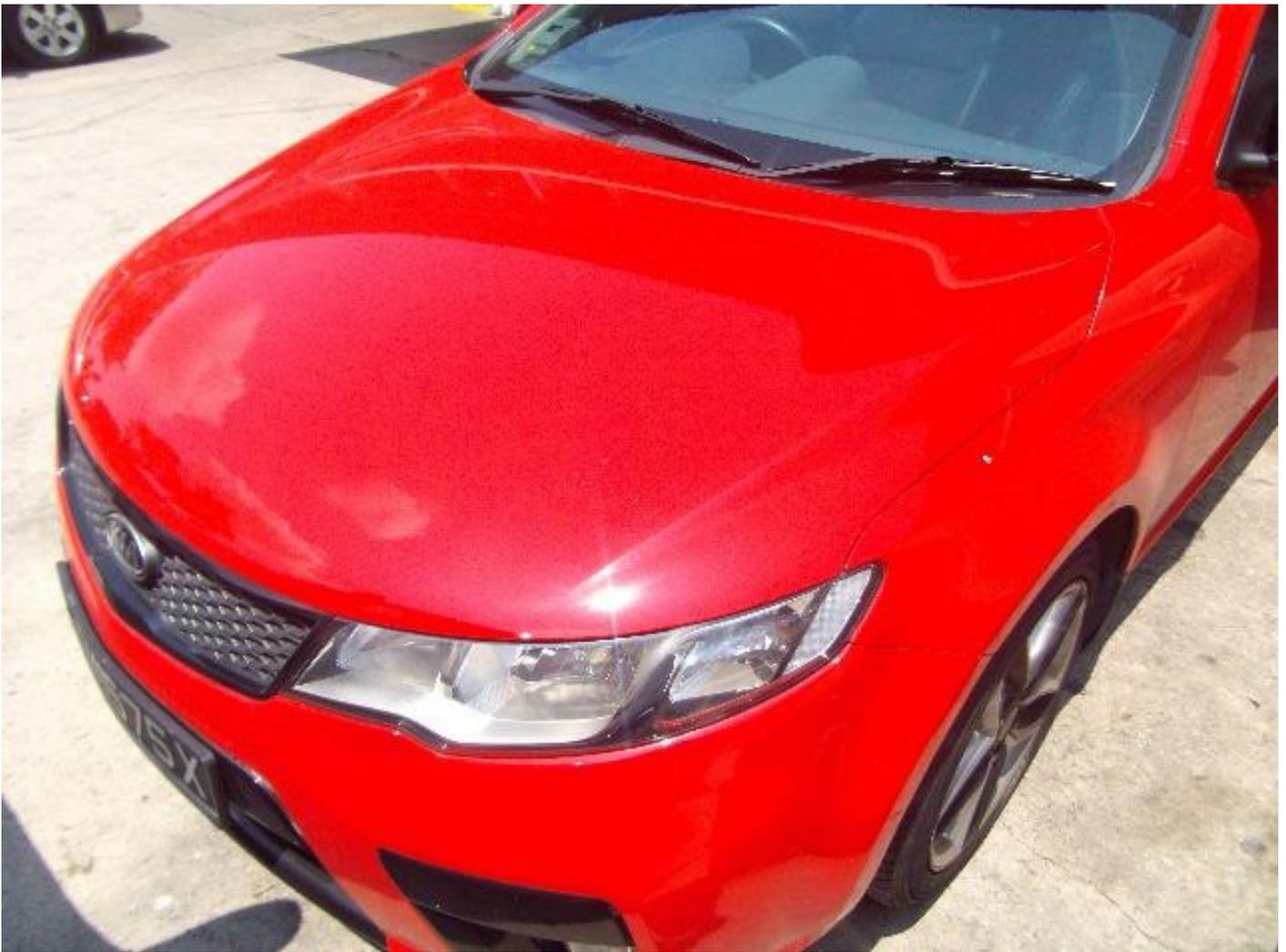
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