

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	23/07/2018 18:14
Date Of Accident	21/07/2018 10:50
Exact Location Of Accident	BISHAN ST 11
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ9544X
Insured/Policyholder	
Name Of Registered Owner	LOW HOCK SENG
NRIC No	S1280137H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97752828
Alternative Phone No	OFFICE-97752828

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 (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 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	
---------------	--

Cover Note Number	
-------------------	--

Driver

Name of Driver	LOW HOCK SENG
----------------	---------------

NRIC No	S1280137H
---------	-----------

Date Of Birth	30/01/1957
---------------	------------

Occupation	INDOOR
------------	--------

Date Of Driving Pass	04/02/1980
----------------------	------------

Driving Experience	38 YEARS AND 5 MONTHS
--------------------	-----------------------

Gender	MALE
--------	------

Mobile Number	(LOCAL) +65-97752828
---------------	----------------------

Fax Number	
------------	--

Contact Number	OFFICE-97752828
----------------	-----------------

EMail Address	NOEMAIL
---------------	---------

Address	BLK 984A BUANGKOK LINK#14-11
Postcode	531984
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : ONG HONG CHOO
	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

REFER TO REPORT ATTACHED

Attachment(s)

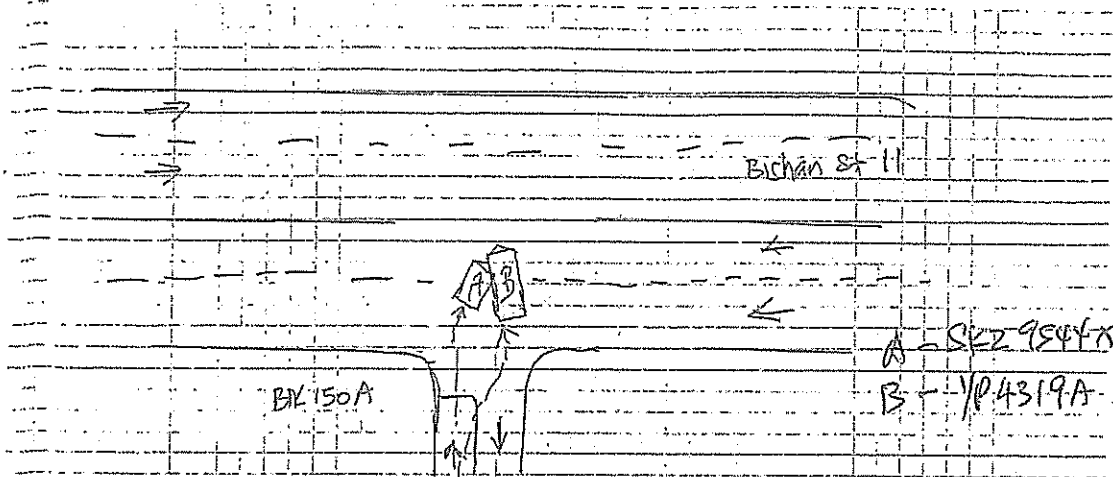
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP4319A
Vehicle Make/Model/Colour	HINO /300
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YU QINGJUN
NRIC/Passport Number	G2975832N
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped my car (A) at Bishan (beside B1K 150A) exit with right signal 'on', going to turn out right into Bishan St 11. Vehicle (B) was behind me. When the main road was cleared, I proceed to turn right into Bishan St 11. While moving off, suddenly vehicle B overtake me from behind and hit my car A on the right front area.

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.:

SKETCH PLAN

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 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 interested parties.
7. 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:

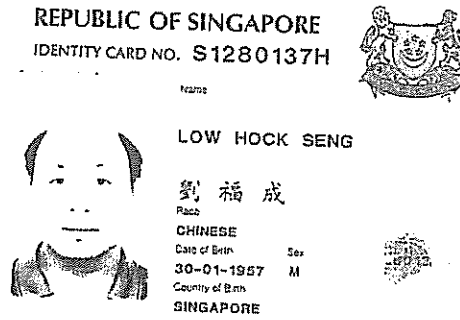
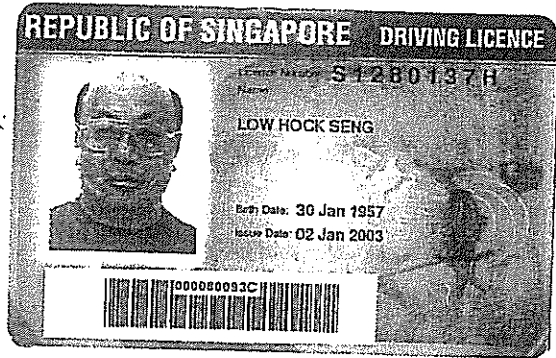
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - (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 Pg. 3



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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	04 Feb 1980
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	29 May 1982

NP 428A



2133512



NRIC No S1280137H

Blood Group: O+ Date of issue: 15-05-1994

APT BLK 984A BUANGKOK LINK #14-11, SINGAPORE 531964

NRIC No: S1280137H Date: 11-11-2002 No: 1420503



CERTIFICATE OF INSURANCE

HYUNDAI AUTO PROTECTOR (DELUXE) PRIVATE VEHICLE

Name of Policyholder : Low Hock Seng
 Period of Insurance : 17 Feb 2018 To 16 Feb 2019
 Engine No. : G4FGFU068069
 Chassis No. : KMMDH41CMGU656631

Vehicle No. : SKZ9544X
 Policy No. : 2100451555-02
 Endorsement No. :
 Issued Date : 16 Jan 2018

ABOUT THE COVER

Make/Model : HYUNDAI ELANTRA ELITE
 Engine Capacity/Tonnage : 1,591.00 CC Sum Insured : Market Value First Year of Registration : 2016
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : Yes

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 "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised 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 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

Loss of Use 1500cc - 1600cc

* 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, 1997 (Malaysia), are not to be included under these headings

EXCESS

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

Section 2
 Property Damage - \$0

Windscreen : \$0

Named Driver and Excess (where applicable)

Low Hock Seng

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

1 Komoco Motors Pte Ltd. A/cd. 253 Alexandra Road Singapore 159936 64736503

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: HL Bank

INWe hereby certify that this 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 1997 (Malaysia) and Motor Vehicles (Third Party Risks) Rules 1999 (Malaysia).

0500501545

KOMOCO TRADING PTE LTD - AAR

253 ALEXANDRA ROAD

SINGAPORE 159936

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SS211P