SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 <u>truthful and accurate</u> 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.

arcniving and that copies of this report will, for a fee, be made avai 7. By the lodgement of this report to the insurers, you hereby const aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	04/09/2018 13:18
Date Of Accident	04/09/2018 10:50
Exact Location Of Accident	EUNOS LINK & BEDOK RESERVOIR ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCR3318J
Insured/Policyholder	
Name Of Registered Owner	GOH JOEY POH
NRIC No	S0076886C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98626598
Alternative Phone No	Others-98626598
Vehicle Particulars	
Manufacturer	NISSAN
Model	PULSAR 1.2 DIG-T CVT
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy or repair to your vehicle?	YES
f No, Please state action to be taken	
/ehicle Category	PRIVATE CAR
nsurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
ype Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700057236
Cover Note Number	25/09/2017 TO 24/09/2018
Driver	
Name of Driver	GOH JOEY POH
NRIC No	S0076886C
Date Of Birth	18/08/1950
Occupation	INDOOR

07/05/1977

41 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98626598

Fax Number

Contact Number OTHERS-98626598

EMail Address NOEMAIL

Address 33B PULASAN ROAD (S) 424404

Postcode

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions RAINING
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? 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.

Number of Passengers (Including Driver) 1

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

refer with attach.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

NO

NO

NO

NO

Vehicle Registration Number

SJK3660Z

Vehicle Make/Model/Colour

Details Of Properties

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)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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:
 - 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: 4/9/2019

Bishr.

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

NRIC/FIN No.:

ETCH PLAN	
	Troffic Function.
EUNOS SCR 3318J	L'AIR
SCK 35183	
	Bedok Koservo
SCRIBE CIRCUMSTANCES OF THE ACCIDENT	
While driving along Euros had Road driver of Vehicle in from to proceed and stop at traffic & hure and knocked into the	c junction of Bedok Reservoir
Road driver of vehicle in from	nt of me suddenly decided not
to proceed and stop at paper l	ight. I could not brake on
fune and knocked who the	was of the front vehicle.
	0 1
	INSURER:
	VEHICLE:
	DOA:
	CLAIM TYPE:
	WORKSHOP:

Policyholder's Signature Date & Time:

Of the policyholder Signature (If driver is not the policyholder) Signature

Date & Time:

Reporting Centre Personnel Signature

Name: NRIC/FIN No.:

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: Goh Joey Poh.
VEHICLE NUMBER	: See 33.85
DATE/TIME OF ACCIDENT	: 4/9/18@ 1050h
PLACE OF ACCIDENT	: Euros hill X Bedoll Reserver Rel
THIRD PARTY VEHICLE (IF ANY)	: SJK 3660 X
*********	***************************************
WHERE DID YOU START YOUR JOU BEFORE THE ACCIDENT?	RNEY AND WHERE WAS THE INTENDED DESTINATION
ON YOU? IF YES, WHAT IS THE RESU	FIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST JLT? AND THE EXTENSIVENESS OF THE DAMAGES TO ALL
head on Colis	ion
WERE YOU OR YOUR PASSENGER/S TAKEN TO THE TRAFFIC POLICE FO	S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU OR INVESTIGATION?
No.	
Gm	
Name: / - '	

insurer's nric & license

1

I Affirmed The Above Information Is Given To My Best Knowledge.





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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of 07 May 1977 which unladen does not exceed 2500 kilograms

110965

MCM S0076886C

33B PULASAN ROAD SINGAPORE 424404 NRIC No: \$00768860

Date: 05/08/2016

NP 428A

certificate of insurance



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Goh Joey Poh

Vehicle No. : SCR3318J Period of Insurance : 25 Sep 2017 To 24 Sep 2018 Policy No. : 1700057236 Endorsement No.

Engine No. : HRA2476735A

Chassis No. : VSKDDAC13U0112408 Issued Date : 18 Oct 2017

ABOUT THE COVER

Make/Model : NISSAN Pulsar 1.2

Engine Capacity/Tonnage: 1,197.00 CC Sum Insured : Market Value First Year of Registration : 2017 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

as The Policyholder
b) Any other person who is driving on the Policyholder's order or with his their permission.
This Policy will indemnify the Policyholder or any authorized driver only if he she meets the securified 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 inamed or unnamed is under the age of 23 and/or has less than 2 years' criving experience.

Age Condition : All Age Condition

Limitation as to use* :

Use only for social, upmestic and pleasure purposes and for the Policyholder's business.
Triss Policy does not cover use for line or reward, driving tudent, driving test, chang, page-making, religibility trial or specifiesting, the campige of goods other than samples in connection with any trinde or business or use for any purpose in connection with Trials.

Loss of Use 1500cc - 1600cc

* Limitations rendered inoporative by Section B of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 1889) and Section 95 of the Road Transport Act. 1957 (Malaysta), are not to be included under these headings.

Section 1 Fire - S0 Own Damage - \$600 Thelt - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Named Driver and Excess (where applicable)

Goh Joey Poh - \$800 (Own Damage)

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

- 1.TC AutoClinic Add: No.1, Suith Lok Yang Road Singapore 620059 62622212
- 2 Autolubon Industrial Add: 19 UN Rond 4 Singapore 499023 8490956 3 TC Autolubon Industrial Add: 19 UN Rond 4 Singapore 499023 8490956 3 TC AutoClinic Add: 25 Long Kee Road Singapore 150007 87003511 67005512 67003513 4 Tan Chang Motor Sales Add: 18 Suki Timah Road Singapore 59923 64904091 64694092 6 5 Tan Chang Motor Sales Add: 17 Loreng 8 Ten Payoh Singapore 319254 03570753 03570754

For other Appeared Repairing Centres/AIG Authorised Repairers, please contact our 24-hour accident emergancy halfine at +65 6338 6200. Alternatively, you may refer to AIG website ware arg coming or AIG SG Mobile App. Simply search and download. AIG SG* term Tenes or Google Play.

IMPORTANT NOTES

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 previsions 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).

0500610439

TAN CHONG CREDIT - YSK 911 BUKIT TIMAH ROAD

SINGAPORE 589622 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE SSCHIZ

1000490552/



















