SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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 <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.
- 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

	ACCIDENT STATEMENT
ate Of Report	07/09/2018 08:34
ate Of Accident	06/09/2018 19:00
xact Location Of Accident	CLAYMORE HILL
country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
ehicle Registration Number	SKX326D
nsured/Policyholder	
lame Of Registered Owner	ONG GIM FOO
IRIC No	S7704673I
mail Address	GFFONG77@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98734680
lternative Phone No	Office-98734680
/ehicle Particulars	
Manufacturer	NISSAN
Model (SYLPHY-1.6 (A)
xact Purpose for which vehicle was being used at me of accident	
are you claiming under your own insurance policy or repair to your vehicle?	NO
No, Please state action to be taken	REPORTING ONLY
ehicle Category	PRIVATE CAR
nsurance Company	
lame of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
ype Of Coverage	COMPREHENSIVE
leet Policy	NO
Policy Number	
Cover Note Number	
Driver Control of the	
lame of Driver	ONG GIM FOO
IRIC No	S7704673I
eate Of Birth	14/02/1977

INDOOR

18/12/2002

15 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98734680

Fax Number

Contact Number OFFICE-98734680

EMail Address GFF0NG77@H0TMAIL.COM

Address 11 SEMBAWANG CRES #01-24

Postcode 757058 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 -

nsurance 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?

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) 3

Passenger 1 Name: : JACKIE TAN

Gender: : Female

NO

NO

Passenger 2 Name: : JOVIE ONG

Gender: : Female

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLK173J

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)

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	SLK 173J	SKX 326D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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I felt I did not hit the vehicle infant however the driver of the claimed that he felt a impact on his near partion	Wellicle & infant of me I-broked. too brake hard and managed to stop and car in time.	I was travelling along claymore Hill towards
3 2	(2)	CTC TIME
7 3	me t-broked.	43 6
10 6 N	100	18
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SKETCH PLAN

IMPORTANT NOTICE

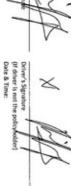
- Please report gorrectly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Briver.
- Information provided must be as truthful and accurate as possible. Any will disrepresentation or withholding of material. facts may allow insurance companies to reguldiate policy liability.
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- 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.
- Consent under the Personal Data Protection Act (PDPA)

funderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General insurance Association of Slegapore ("GIAY" may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [fourth] 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 weblie(s) involved in this accident (still insurer(s) who have insured weblie(s) involved in this accident (still insurer(s) with have insured weblie(s) involved in this accident shall be collectively referred to as the "Insuremy"), the harvest Insured/law lims, the Monettery Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
- (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, invokes, 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
- (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.
- 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 daims.

3

- (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.



(/We declare the ! DECLARATION

are true in every resp

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

NRIC/FIN No.:

leporting Centre Personnel's Signature

Reporting Centre Personnel's Signature

AIG

CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : CNG GIM FOO (WANG_SWFU)
Period of Insurance : 26 Nov 2017 To 24 Nov 2018
Engine No. : HR (68/769598
Chassis No. : MNTB8AB1720025220

Vehicle No. : 2
Policy No. : 2
Endorsement No. : 0
Issued Date : 0

REPUBLIC OF SINGAPORE DENTITY CARD NO. S77046731

(WANG JINFU)

CERPBALL

: SKX3260 : 2100440125-02

: 07 Nov 2017

ABOUT THE COVER

Make/Model NISSAN SYLPHY 1.6 SIGNATURE Engins Capacity/Tonnage : 1.598 00 CC Sum Insured Market Value Driver Restriction , NA Off Peak Car : No Person or Classes of Persons Entitled to Drive".

First Year of Registration . 2015 Insuring with COE/PARF Yes

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s Act (Clop 195), and Section 55 of the Road Transport Act, 1967 (Malaysia) are not to be

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LIMBION 05 ID USE.

LIMBIO

Age Condition : All Age Condition

EXCESS

Section 1 Fee - 50 Own Damage - 5500 Fheft - 50 Flood Cever - 50

Named Driver and Excess rates applicable

CNG Gat FOO (HINNS JANFU) - \$800 (Own Damage)

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

** TO LANCIAN ART IN A 1 SURE LAY YOU HAND SERVICE STORM SERVICE ?
** AND AND YOUR ART IN THE ART IN A 1 SURE ART IN A 1 SURE

For other approved flaggland Contracted Authorised Repairers, prese contact our binding elegent or ACD SC Majore Add. Simply selects and assembled ACD SC from (flunds or Coople May).

Hire Purchase Company/Employer's Loan: DBS BANK LTD

IMPORTANT NOTES

TAN CHONG CREDIT PTE LTD - NY J
911 BUOT TIMAN RONG TAN CHONG NOTOR CENTRE
SENDAPORE SENSIZ AND AND TOR DENTRE
UNDERWINDER BY AND AGE PROFILE BEAUTY.

TO Charles Way 2011 10 A13 hadding SET 9129 | T. 40 6415 2000 | F. 40 6415 2021 | managements con ag

AIG Asia Pacific insurance Pts. Ltd.

AUTHORSED REPRESENTATIVE

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