### 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 <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.

. By the lodgement of this report to the insurers, you hereby conse foresaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	14/09/2018 15:57
Date Of Accident	14/09/2018 06:40
Exact Location Of Accident	SLE EXIT BKE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SJY9475D
nsured/Policyholder	
Name Of Registered Owner	HARTONO BIN SUJONOH
NRIC No	S7409505D
Email Address	AZHADAAM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91709839
Alternative Phone No	Others-91709839
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO EX FORTE 1.6L A/T ABS AB 2WD 4DR
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.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100232417-07
Cover Note Number	15/10/2017 TO 14/10/2018
Driver	
Name of Driver	HARTONO BIN SUJONOH
NRIC No	S7409505D
Date Of Birth	19/03/1974

**OUTDOOR** 

15/10/1997

20 YEARS AND 10 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-91709839

Fax Number

**Contact Number** OTHERS-91709839

**EMail Address** AZHADAAM@HOTMAIL.COM

Address APT BLK 278A COMPASSVALE BOW #04-539 9S) 541278

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

**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) 2

Passenger 1 Name: : HERMAN BIN SAINI

> Gender: : Male

NO

NO

NO

**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 NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SLN9802C Vehicle Registration Number **HYUNDAI** Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

YAP TSIANG KWAN DANIEL Name of Driver

NRIC/Passport Number S1810610H **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 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, 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.

Policyholdd 's Signature

مراء أيد

@ 1610 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

MICIALIS

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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	iculars are true in every respect.		
CLARATION e declare the foregoing part	iculars are true in every respect.		DATE MODE
e declare the foregoing part	4		
e declare the foregoing particle	Driver's signature	Reporting Centre I	Personnel's Signature
e declare the foregoing part wholder's Signature & Time:	4		
	Driver's Sgnature (If driver is not the policyholder)	Name:	

### AIG ASIA PACIFIC INSURANCE PTE LTD

# MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: Hanton Bin Suzonah
VEHICLE NUMBER	CZF4PYCZ:
DATE/TIME OF ACCIDENT	: 14/01/218 @ 064ch
PLACE OF ACCIDENT	: sle exit ble
THIRD PARTY VEHICLE (IF ANY)	: SLN 9802C
*******	***************************************
BEFORE THE ACCIDENT?	RNEY AND WHERE WAS THE INTENDED DESTINATION
	DRINKS BEFORE YOU DRIVE ON THE DAY OF THE IC POLICE CONDUCT ANY BREATHE-ANALYSER TEST LT?
WHAT IS THE TYPE OF COLLISION VEHICLES INVOLVED?	AND THE EXTENSIVENESS OF THE DAMAGES TO ALL
WERE YOU OR YOUR PASSENGER/S TAKEN TO THE TRAFFIC POLICE FOR	INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU R INVESTIGATION?
Name: I Affirmed The Above Information Is Give	en To My Best Knowledge.

1





Country of birth SINGAPORE







### CERTIFICATE OF INSURANCE

### KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Hartono Bin Sujonoh Period of Insurance : 15 Oct 2017 To 14 Oct 2018

Engine No. : G4FCAH385360 Chassis No. : KNAFU411MA5228067

Vehicle No. : SJY9475D Policy No. : 2100232417-07

Endorsement No.

Issued Date : 28 Sep 2017

ABOUT THE COVER

Make/Model : KIA CERATO FORTE 1.6

Engine Capacity/Tonnage: 1,591,00 CC Sum Insured : Market Value First Year of Registration : 2010 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive":

as rea Powyrosaci. b) Any other person who is driving on the Policyholder's order or with his/her permission. This Policy will independly the Policyholder or any authorised driver only if hersho mouts the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and or interpetienced Driver Excess" ("VIDR") if You are or Your Authorised Dever trained or unnamed its under the age of 23 and or has less than 2 years" driving expensions.

Age Condition : All Age Condition

Limitation as to use\* :

Use only for social demostic and pleasure purposes and for the Pohovnolder's business. This Policy does not cover use for hire or reverd, driving tution, driving test, racing, pace-making schability 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 Alleter Trade.

Loss of Use 1500cc - 1800cc

\* Unitations rendered inoperative by Section 8 of the Afotor Vehicles (Third-Party Risks and Compensations Act (Cap. 189) and Section 95 of the Read Transport Act. 1997 (Malkysia), are not to be included under these beautings.

#### EXCESS

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

Section 2

Property Damage - SO

Windscreen: \$100

Named Driver and Excess (where applicable)

Hartono Bin Sujonoh - \$600 (Own Damage)

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

1 Cycle & Carriage Body & Paint Centre, Add: 209 Pandan Gantees Singapore 609339 65504501

2 Cycle & Carriago Customer Service Contre (For Windscreen claim only) Add 241 Alexandra Road Singapore 19931 (427889) 3 Cycle & Carriago Customer Service Contre (For windscreen claim only) Add. 330 Ubi Rd 3 Singapore 10955 67461000

For other Approved Reporting Centres/AIG Authorsed Repairers, please contact our 24-hour accident emergency hostine at +65 6338 6200. Alternatively, you may refer to AIG website wow any cord of AIG SG Mobile Ago. Simply search and developed "AIG SG" from (Tunes or Google Play

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

INVo 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 Ricks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act. 1987 (Malaysia) and Motor Vehicles (Third Party Ricks) Rutos. 1959 (Malaysia) 1000432524

0500710287

C&C FULCO-LOUH(KIA) 22 UBI ROAD 4 FULCO BUILDING

SINGAPORE 408617

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

































