#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

**Date Of Driving Pass** 

**Driving Experience** 

Mobile Number

Fax Number Contact Number

**EMail Address** 

Gender

- 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 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 consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	01/10/2018 13:00
Date Of Accident	30/09/2018 19:15
Exact Location Of Accident	2ND LINK ENTERING MALAYSIA IMMIGRATION TO SINGAPOR
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDY207S
Insured/Policyholder	
Name Of Registered Owner	NG BOON MENG
NRIC No	S1405493F
Email Address	SAMNGBM2000@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98421009
Alternative Phone No	OTHERS-98421009
Vehicle Particulars	
Manufacturer	NISSAN
Model	X-TRAIL-2.0 CVT (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	2100488302-01
Cover Note Number	31/10/2017 - 30/10/2018
Driver	
Name of Driver	NG BOON MENG
NRIC No	S1405493F
Date Of Birth	19/08/1960
Occupation	INDOOR

02/01/1982

MALE

36 YEARS AND 8 MONTHS

SAMNGBM2000@YAHOO.COM

(LOCAL) +65-98421009

OTHERS-98421009

Page 1 of 25

Address 59 PASIR RIS DR 1 #17-17

Postcode S519532

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

-

NO

1

#### **General Information of the Accident**

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

#### **Other Information**

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 2
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)

#### **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**

1 driver & 6 passengers. Refer to attached sketch plan.

### Attachment(s)

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

### **Details of Witness 1**

Name TEE SAY TEONG

Phone Number 94774748

**Email Address** 

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLL5243C
Vehicle Make/Model/Colour AUDI

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver LEE MING HOE
NRIC/Passport Number S9023734I
Contact Number 98521153

Address

Postcode

Insurance Company Name AXA INSURANCE PTE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

Molocycle Pare DESCRIBE CIRCUMSTANCES OF THE ACCIDENT when Reporting Only You have been advised by the workshop that in the event that you wish to Claim OD claim against your own policy (OD CLAIM), There is a FOURTEEN (14) Claim TP DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame

DECLARATION

SKETCH PLAN

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

Policyholder's signature

Date & Time

1/10/18 1215 Hos.

from the day of the occurrence.

Driver's Signature
(if driver not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Claim OD/ TP at other workshop

Name:

Nric/Fin No.

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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:

1/10/18 1215 Hrs

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

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature



# CERTIFICATE OF INSURANCE

### NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Ng Boon Mong

Period of Insurance

: 31 Oct 2017 To 30 Oct 2018

Engine No.

: MR209085909

Chassis No.

£ JN1, ANT3220002666

Vahiolo No.

世界的學習及2008 F 2100488302-01

Policy No. Endorsement No.

Issued Date

: 27 Sep 2017

#### ABOUT THE COVER

MakidModal

II NISSAN X-TRAIL

Engine Copsoity/Tonnage : 1,907.00 CC

Sum Insured : Market Value

First Year of Registration : 2016

Driver Restriction

LINA

Off Peak Car. : No

Insuring with COE/PARF : Yes

#### Person or Classes of Persons Entitled to Drive\*:

a) The Policyholder b) Any other parson who is decing on the Policyholder's critic or with Halber parmeters. This Policy will indepently the Policyholder in any authorized driver only if halber meets the specified againmentalized.

you have to pay or established wire of \$1,000 or. Young profer assignmented Drive Historic CHERCH You are at Your Authorised Chief states of a content for eventually a content for equal C2 and in the San Special strange experience.

Age Condition:

:: All Age Condition

Limitation as to use"

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Loss of Use 1500cc - 1000cc

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#### EXCESS

Section 1
Five 50 Own Damage: \$600 Stoff - Lit Flood Dover - \$0

Section 2 Properly Danseys : 10

Mitschervan : 7100

Named Driver and Excess (www.uurkstock)

Na Sieum Mining - 3000 (Over Damaged)

## APPROVED REPORTING CENTRESIAUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

3. Autopoten Petannal John, Ya Hin Poud & Singapore (2010)3 6000 (899).
3. TC Autopoten John John Johnson Front Singapore (2010) 5000 (890) 6000 (8000) (870) 600 (870

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#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

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TAN CHOMO CREDIT FIE LTD - TCH DIT BUICE TIMBUL ROAD TAN CHORD MOTOR CENTRE

SINONYORE SEES22 ANSP-MOTOR

Underwriting by AIG Asia Pacific Vasurance Pie. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE







































