

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 | 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 |
| Date Of Driving Pass | 02/01/1982 |
| Driving Experience | 36 YEARS AND 8 MONTHS |

| | |
|---|--------------------------|
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98421009 |
| Fax Number | |
| Contact Number | OTHERS-98421009 |
| EMail Address | SAMNGBM2000@YAHOO.COM |
| 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 | - |
| | - |
| | - |

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? | NO |
| 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) | 1 |

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

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 | |

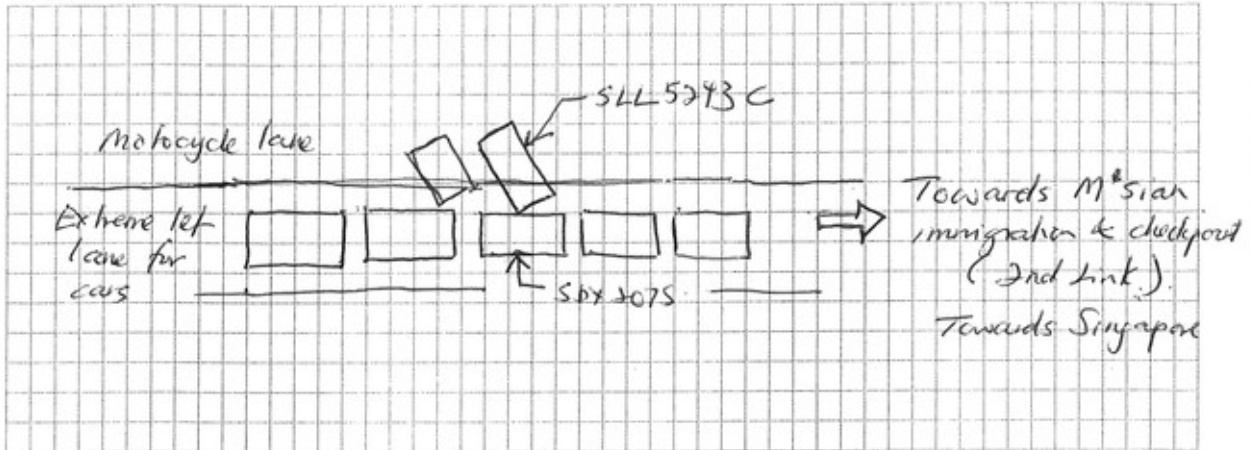
DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| 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) | |

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Massive jam heading back to Singapore at Malaysia side Custom & immigration on 30th Sept (Sunday) at around 7.15 pm I was queueing in extreme left lane towards M'sian immigration booth when several cars tried to cut queue into extreme left lane as they had used the motorcycle lane to jump queue. I was queueing orderly when I heard scratchy noises on my left side. The driver of SLL 5243C got down and accuse me of scratching his car when I have the right of way. I told driver that we will settle over at Singapore immigration side as I did not want to make the traffic jam worst as there were hundreds of cars queue behind. I met up with the driver of SLL 5243C just after the immigration checkpoint & exchange particulars.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

- Reporting Only
- Claim OD
- Claim TP
- Claim OD/ TP at other workshop

DECLARATION

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

Policyholder's signature

Date & Time

1/10/18 12:15 hrs

Driver's Signature

(if driver not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.



SKETCH PLAN

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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.
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 12:15 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

| AIG | | CERTIFICATE OF INSURANCE | |
|---|------------------------------|---|-----------------|
| NISSAN AUTO PROTECTOR PRIVATE VEHICLE | | | |
| Name of Policyholder | : Ng Boon Meng | Vehicle No. | : SDY2078 |
| Period of Insurance | : 31 Oct 2017 To 30 Oct 2018 | Policy No. | : 2100488302-01 |
| Engine No. | : MR209055938 | Endorsement No. | : - |
| Chassis No. | : JN1JANT3220002665 | Issued Date | : 27 Sep 2017 |
| ABOUT THE COVER | | | |
| Make/Model | : NISSAN X-TRAIL | Sum Insured | : Market Value |
| Engine Capacity/Tonnage | : 1,997.00 CC | Off Peak Car | : No |
| Driver Restriction | : NA | First Year of Registration | : 2016 |
| | | 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 authorized driver only if he/she meets the specified age condition. You have to pay an additional sum of \$1,000 for "Young and/or inexperienced Driver Period" ("YEPD") if You are or Your Authorized Driver is/are (or is/are) under the age of 25 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, game-driving, exhibition 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 1000hrs - 1000hrs * Limitations outlined respectively by Section 3 of the Motor Vehicle (Third Party Risk and Compensation) Act (Cap. 388) and Section 66 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings. | | | |
| EXCESS | | | |
| Section 1 Fire - 50 Own Damage - \$500 Theft - \$5 Flood Cover - 50 | | | |
| Section 2 Property Damage - 50 | | | |
| Widespreads : \$100 | | | |
| Named Driver and Excess (where applicable) Ng Boon Meng - \$500 (Own Damage) | | | |
| APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS) | | | |
| 1. LT AutoCare: Add: No 1, North Link, Tang Road, Singapore 600994 6252212 2. AutoVision: Add: No 101 Road 4, Singapore 600253 63038888 3. LT AutoCare: Add: 25 Longlee Road, Singapore 160997 5039911 6728810 6728811 4. Tan Chong Motor Sales: Add: 813 Balei Road, Singapore 100021 6452821 6452822 6884085 5. Tan Chong Motor Sales: Add: 17 Luning Road, Singapore 38254 6376173 6376174 For other Approved Reporting Centres/Authorised Repairs, please contact our 24 hours accident emergency hotline at +65 5338 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: MayBank We hereby certify that the policy to which this Certificate of Insurance refers is issued in accordance with the provisions of the Motor Vehicle (Third Party Risk and Compensation) Act (Cap. 388, Part IV of the Road Transport Act, 1987) (Malaysia) and Motor Vehicle (Third Party Risk) Rules, 1989 (Malaysia). | | | |
| 0500610487 TAN CHONG CREDIT PTE LTD - TCM 011 SIKOT TBAUH ROAD TAN CHONG MOTOR CENTRE SINGAPORE 556222 ANRP-MOTOR Underwritten by AIG Asia Pacific Insurance Pte. Ltd. | |  AIG Asia Pacific Insurance Pte. Ltd. AUTHORIZED REPRESENTATIVE | |
| For Insured May 2017 (AIG Rating: S(++)++) (1-400-5018-3000) (1-800-5415-3720) www.aig.com.sg | | AIG Asia Pacific Insurance Pte. Ltd. | |

Accident Photo



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