## 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 truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
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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	20/10/2018 12:33
Date Of Accident	20/10/2018 12:00
Exact Location Of Accident	BALESTIER SLIP ROAD JOINING ONTO CTE (TOWARDS CITY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGC2002H
Insured/Policyholder	
Name Of Registered Owner	SERENE KOH SIEW HEOH
NRIC No	S0026436I
Email Address	KEN.TAY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96633563
Alternative Phone No	Others-96633563
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	1800107640
Cover Note Number	
Driver	
Name of Driver	TAY KEN
NRIC No	S8619354Z
Date Of Birth	22/07/1986
Occupation	INDOOR

18/10/2006

12 YEARS AND 0 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-91774649

Fax Number

**Contact Number** 

EMail Address KEN.TAY@GMAIL.COM

Address BLK 120B RIVERVALE DRIVE #11-388

Postcode 542120

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle -

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## **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: : CHRISTOFFER NILSVIK

NO

NO

NO

Gender: : Male

## **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**

On 20/10/2018 at approximately 12 noon, on the slip road at Balestier Road onto CTE (City), I collided with a third party vehicle no. SLF 8163L. We were merging into the expressway in slow-moving traffic, the cars ahead were stopping and going. When I saw the cars ahead stopped suddenly, I hit my brakes at the same time but collided anyways.

## Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

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

Vehicle Registration Number SLF8163L

Vehicle Make/Model/Colour TOYOTA WISH/BLACK

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver NRIC/Passport Number EBIC LIM SOON MENG (ERIC LIN SHUNMING) \$72184362

**Contact Number** 

96939580

2

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 Name: : UNKNOWN

Gender: : Female

#### Sketch Plan

## 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.
- 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)
  - (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:

22 oct , 2018 2.00 PM

ANTE State for form Va

Driver's Signature (If driver is not the policyholder)

Date & Time:

2018 oct

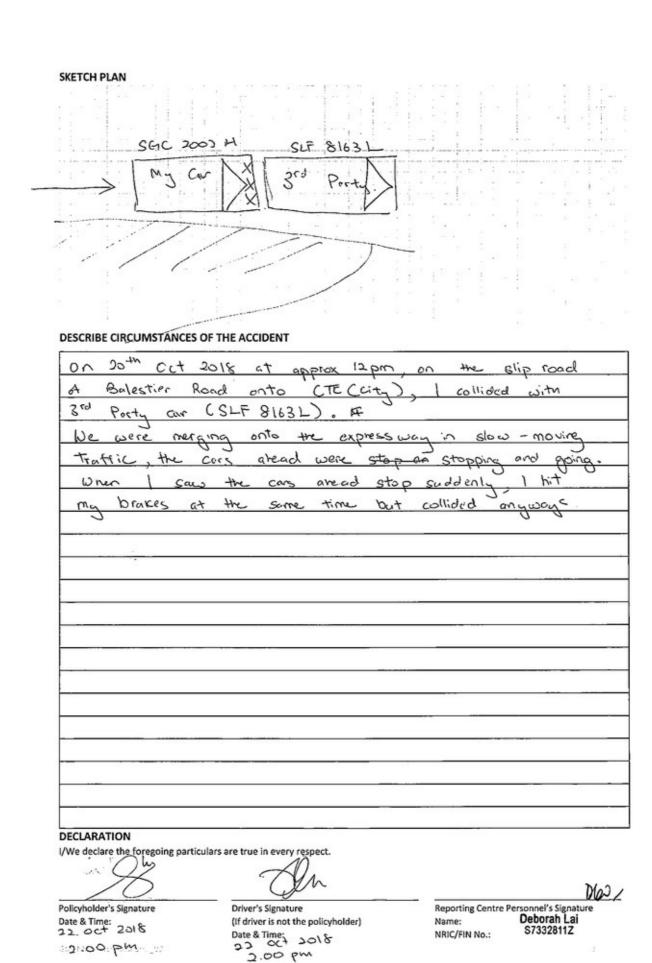
2.00 PM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Deborah Lai S7332811Z



**Insurance Certificate** 



# CERTIFICATE OF INSURANCE

## **AUTOPLUS PRIVATE VEHICLE**

Name of Policyholder : Serene Koh Siew Heoh

Period of Insurance : 23 Sep 2018 To 22 Sep 2019

Engine No. Chassis No.

: G4FGFU037458 : KMHDH41CMGU641818 Vehicle No. Policy No.

: SGC2002H : 1800107640

Endorsement No. Issued Date

: 10 Sep 2018

### ABOUT THE COVER

Driver Restriction

Make/Model

: HYUNDAI ELANTRA ELITE

Engine Capacity/Tonnage : 1,591.00 CC : NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2015 Insuring with COE/PARF : 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 authorised driver only if he/she meets the specified age condition.

save to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") If You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 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, pace-making, reliability 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 1500cc - 1600cc Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1967 (Malaysia), are not to be included under these headings.

#### EXCESS

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

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Serene Koh Siew Heoh - \$600 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs certiad out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 6338 6200. Alternatively, You may refer to AIG website www.eig.com.eg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

## IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

If We 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 Risks and Compensation) Act (Cap. 186), Part IV of the Road Transport Act, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504463000

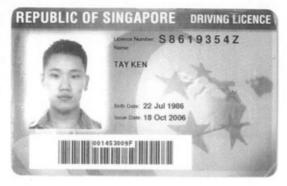
IWN GENERAL INSURANCE AGENCY

605A MACPHERSON ROAD #08-07B CITIMAC INDUSTRIAL COMPLEX

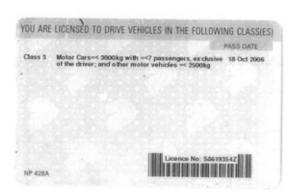
SINGAPORE 368239

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE









# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S00264361





SERENE KOH SIEW HEOH

并秀叶

CHINESE
Date of Birth Bex
03-11-1953 F

Country of Birth SINGAPORE

0+ 26-06-1993

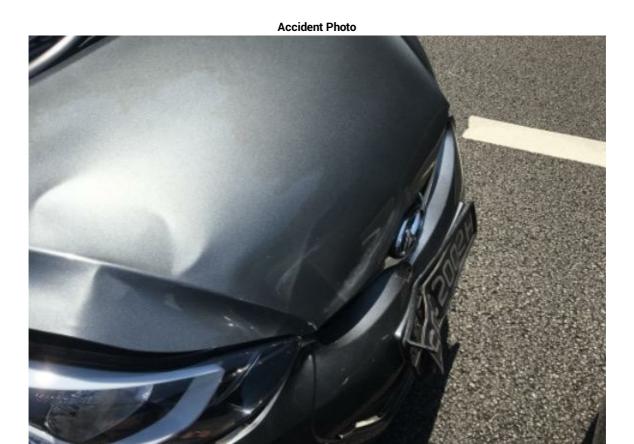
S00264361

APT BLK 120B RIVERVALE DRIVE #11-388
SINGAPORE 542120
NRIC No: S0026436I Date: 13/07/2011 No: 68 6 5 2 6 3

1065596

**Accident Photo** 

















**Chassis Number** 

