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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.

- 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

foresaid	
The same of the same of the same	ACCIDENT STATEMENT
Date Of Report	29/10/2018 18:31
Date Of Accident	26/10/2018 19:00
Exact Location Of Accident	2 LORONG LIEW LIAN
Country/State of Loss	SINGAPORE
D. D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJE496H
Insured/Policyholder	
Name Of Registered Owner	ASSET LIMO
Co Reg No	53309913K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98181597
Alternative Phone No	OFFICE-98181597
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE, LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994656

Cover Note Number

Driver

Name of Driver GOH CHUN KIANG

 NRIC No
 S0197311H

 Date Of Birth
 26/09/1949

 Occupation
 INDOOR

 Date Of Driving Pass
 19/12/1985

Driving Experience 32 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98181597

Fax Number

Contact Number OTHERS-98181597

EMail Address NOEMAIL

Address

BLK 299A TAMPINES STREET 22

#04-604

Postcode

521299

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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

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)

NO

soliciting/offering accident claims assistance.

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLB6915T

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)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
 - 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:
 - 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: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

DECLARATION

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



Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Kaffe hat

Email: sm@idac.com.sg Tel no: 6555 6888 Fax no: 6454 3279

Personal Particula	ars of Owner & Driver (Vehicle A)
Date of Accident: 26/10/2018 (dd/mm/yy)	
Vehicle No. : SJE 496 H Vehicle Mak	Toyuta Vios
Exact location of Accident: 2 Lorong Lew Lia	in
Policyholder's Name / IC No. : Asset Limo	/53309913K
Driver's Name / IC No. : Goh Chun Kian	g S0197311H (As Above)
Driver's Contact No.: 9818 1597	\$ 06-31 midview city s(57)960)
Insurance Company: AIG	Email address (if any):
Relationship between Owner & Driver: Hirer	or Others specify:
TICE OF THE PROPERTY OF THE PR	Visit (1/2007) (1/2/2017) (1/2/2017)
What do you wish to claim? (Please TICK on	The state of the s
Own Insurance / Other Vehicle (The one)	you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
	No. of Passengers (Including Driver): 01
✓ Private use / Work purpose	
Passenger Name : Passenger Name :	Gender : Gender :
Weather condition & Road conditions? (On the	day of accident)
	er-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car Cam	to the state of th
THE PROPERTY OF STATE INCOMES AND ADMINISTRATION OF THE PROPERTY OF THE PROPER	
Any Injuries: Yes / V No (If YES) Injur	
	Injured Person in Which Vehicle:
Police Report filed: Yes / V No (If YE	(S) Which Police Station:
	Other Party(s) Details:
Driver's Name / IC No:	Vehicle No: SLB 6915 T
	Insurance Company (If any):
	Vehicle No:
	Insurance Company (If any):
*Independent Witness (If Any):	Contact No:
	Contact No:

^{*}If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. SO197311H



GOH CHUN KIANG



CHINESE

26-09-1949 Country/Place of birth SINGAPORE

E0197311H





VOCATIONALLICENCE





5467847



24-04-2015

APT BLK 299A TAMPINES STREET 22 #04-604 SINGAPORE 521299

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type 12

Description

TAXI VL

Issue Date

05/12/1990



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motor Cars=< 3000kg with =<7 passengers, exclusion the driver; and other motor vehicles =< 2500kg

Licence No: 50197311H



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 181)

MOTOR VEHICLES (THERD-PARTY RISKS AND COMPENSATION) RULES, 1860

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THRO-PARTY RSKS) RULES, 1939 (MALAYSIA)

55 Z 400

THIRD PARTY

COMMERCIAL MOTOR

POLICY EXCESS

S\$1500.00 (Sect II)

CERTIFICATE NO.

SJE496H

WINDSCREEN EXCESS

(The below excess is subject to GST)

POLICY NO.

SUM INSURED

999994656

INSURING WITH COE/PARF

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

SJE496H ASSET LIMO

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE

FOR THE PURPOSES OF THE ACT

15 April 2018 09 March 2019

4) DATE OF EXPIRY OF INSURANCE

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE"

Any person who is driving on the insured's order or with their permission.

551,500.00 Section II Excess is applicable for driver who is above 22 years old and/or with minimum 2 years driving experience.

The policy does not cover drivers who are below 22 years old with less than 2 year driving experience.

ntended usage is for timousine/ rental purposes.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disquelified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE*

- Use for social, domestic, pleasure purposes and business purposes of insured
- Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- Use for the carriage of passengers for him or reward by any person to whom the vehicle is bired.

The Policy does not cover, 1) Use for sultion, driving test, rading, pace-making, reliability trial or speed-testing, 2) Use whilst drawing a traiter except the towing (other than for reward) of any one disabled mechanically propelled vehicle, 3) Use for any purpose in connection with the Motor Trade.

LOSS OF USE

Not included

HIRE PURCHASE COMPANY

NA

*Limitations randered incpensive by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysis), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third- Party Risks and Compensation) Act (Chapter 189) and Part IV of the Rood Transport Act, 1987 (Malaysia).

Issued in Singapore 11 Apr 2018

503052-000 HUND 55 Lorong L Telok Kurau #02-59 Bright Centre Singapore 425500

AIG Asia Pacific Insurance Pte, Ltd.

AUTHORISEO REPRESENTATIVE

BEPOEC

ORIGINAL