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	I-Photo Uploaded				
TP Insureh	Assessment/Survey Report				
	Ass'l Report by Fax/ Hand to Owner/Wksp				
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Drive-in ( )/ Towed-in ( ) ; Invoice; Y	TES( ) / NO( ) TO	wing Co: (	)		
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2) QC Check / Post Repair Inspection	( ) .				
3) Upload Resurvey Photo (Repair Cost > \$300)	2) ( )				
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#### 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.
- 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	30/11/2018 16:34
Date Of Accident	29/11/2018 18:00
Exact Location Of Accident	TELOK BLANGAH TOWER CARPARK
Country/State of Loss	SINGAPORE
Contract of the Contract of th	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU1416A
Insured/Policyholder	
Name Of Registered Owner	MONGKUN LIKITDACHAVONGS
NRIC No	S7538608G
Email Address	SUPERHXD@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98172557
Alternative Phone No	OTHERS-98172557
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI
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	REPORTING ONLY
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	1800000324
Cover Note Number	
Driver	

Name of Driver MONGKUN LIKITDACHAVONGS

 NRIC No
 \$7538608G

 Date Of Birth
 23/12/1975

 Occupation
 INDOOR

 Date Of Driving Pass
 16/04/1994

Driving Experience 24 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98172557

Fax Number

Contact Number OTHERS-98172557

EMail Address SUPERHXD@GMAIL.COM

Address

BLK 80C TELOK BLANGAH STREET 31

#32-131

Postcode

103080

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?

Number of vehicles involved in the accident

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

Weet 00.

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: DAUGHTER

GENDER:

: FEMALE

**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 (TYPE OF COLLISION DAMAGE WHILE REVERSING)

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

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

Vehicle Registration Number

SLB4739Z

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHUA SIONG GHEE

NRIC/Passport Number

S7538608G

Contact Number

94313226

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

### 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.
- 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:

1590am.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Beporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

B- SLW14169 SKETCH PLAN Car Part 159 TEWK BEDWERS TOWER CORPORK WALL Rhith Sk Con Porte 101 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT caparte of telow Blangah Tomes XXX failed left head lang over WH DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature

Date & Time: 30 | 1 | 14 .

(If driver is not the policyholder) 1550 pr Date & Time:

GIATOMC SALERING LAPS U.S.

Reporting Centre Personnel's Signature

NRIC/FIN No.:

# ACCIDENT STATEMENT

ACC	IDENT DATE:(	29, 11, 18	)(DD/MM/YY	YY), TIME:( 18:	03)(HH:MM
LOCA	ATION: TELO	K BLANTON	TO WERS	CARPARK	
1.	DETAILS OF V	/EHICLE		7. 8	
	a) VEHICLE N	NUMBER:	STAIL B	*	5.8.9
		E COMPANY:_	AIL		
76	c)POLICY NU	IMBER:	V2000324		
				ARTY / THÍRD PAR	TY FIRE &THEFT
	e)MAKE & M	ACCOUNT OF THE PARTY OF THE PAR		2006	Sur
	THE RESERVE THE PROPERTY OF THE PARTY OF THE			RRY / MOTORCYC	LE / OTHERS)
				CIAL / MOTORCY	
			CIDENT TIME:		ATOTO A
				SURANCE (YES/NO	2)
	IF NO, PLEAS	SE STATE (THIRD	PARTY CLAIM /	REPORTING ONLY	9
2.	INSURED / PO	LICY HOLDER		Trees research dicas seem than	- 9817 JU
	A)NAME:		Aun DALUANENUS	(MAL	E / FEMALE)
	b) NRIC/FIN/P		ABSARIE .	CONTACT:_	Sparma
A	c)ADDRESS:_	BUL SOC 7	those beamons	87-31 #32-131	5103080
porthan.	-				1
M	* CONTINUE T	O 3.d IF DRIVE	R ALSO POLICY H	HOLDER	
Tho of passenger (Including driver)	DRIVER	As A	D > A		
(Including driver)	d)NAME:		Bovin		E / FEMALE)
(20)	-1	ASSPORT:		CONTACT:_	
~ 1	c)ADDRESS:_				
	*diDATE OF B	PTH-103 /	V/ 75 )(DD	VIII I DOVODI	
F.:		DN: (INDOOR /		/MM/TTTT)	i i
		RIVING PAC		19 .	
4.				RED'S COMPANY	2 (VEC / NO)
	IF NO. RELAT	TONSHIP OF	THE DRIVER WI	TH INCLIDED	1 (153/10)
5.	a)WEATHER C	ONDITION: (CL	EAR / RAINING /	OTHERS CH	san.
	b)ROAD SURF	ACE: (DRY / W	T / OTHERS		4
6.	WAS ANYBOD	Y INJURED (YES	(NO)		M.
	a)REPORTED TO			92.5	10 12
			POLICE STATION	V:	
8.	THIRD PARTY V	EHICLE			15
the of passenger	a) VEHICLE N	NUMBER: SL	84739Z	MODEL:	YOTA .
(Including driver)	b) DRIVER'S	NAME: L	Sum TAT		
( )	C) NRIC/FIN/		575300452	CONTACT:_	96448782
	THIRD PARTY V	EHICLE			HANDERS OF THE PARTY OF THE PAR
tho of passanger	d) VEHICLE N	IUMBER:		MODEL:	1
I was to the same of	e) DRIVER'S I	NAME:	- 2		30.53
(Including driver)	f) NRIC/FIN/I	PASSPORT:		CONTACT:	
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				12	
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email = superhade comail.com VIDEO

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7538608G

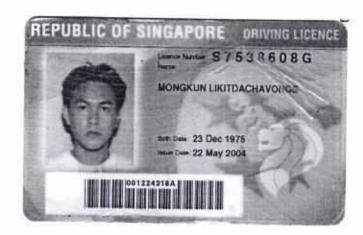


# MONGKUN LIKITDACHAVONGS



CHINESE Date of birth 23-12-1975 Country of sirsh SINGAPORE







E No. S7538608G

30-06-2006

APT BLK 800 TELOK BLANGAH STREET 31 #32-131 SINGAPORE 103080

NRIC No: 875386086

Date: 24/07/2012

No: 7165496

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

PASS DATE 27 May 1992

03 Aug 1993

06 Jun 2000

Class 28 Motorcycles not exceeding 200 oc

Class 2A Motorcycles between 201 cc and 400 cc Class 2 Motorcycles exceeding 400 cc Class 3 Motor Cars and Motor Tractors the weight of

16 Apr 1994 which unladen does not exceed 2500 kilograms

NP 426A



# CERTIFICATE OF INSURANCE

## AUTOVALUE PRIVATE VEHICLE

Name of Policyholder

: MONGKUN LIKITDACHAVONGS

Period of Insurance

: 05 Jan 2018 To 26 Jan 2019

Engine No. Chassis No. : MR20716398A

: KJ10205511

Vehicle No.

: SLU1416A

Policy No.

: 1800000324

Endorsement No. Issued Date

: 000000000175503 : 22 Jan 2018

#### ABOUT THE COVER

Make/Model

: NISSAN QASHQAI 2.0 PREMIUM

Engine Capacity/Tonnage: 1,997.00 CC

Sum Insured : Market Value

First Year of Registration : 2009

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

a) first other person who is criving 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.

You have 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 2 years' driving expenence.

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 corrected for nine or reliable, driving tution, driving test, recing, date-making, reliability trial or speed-testing, the correction with Mater Trace.

\* Untifations rendered inoperable by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cop. 189) and Section 95 of the Road Transport Act, 1997 (Malaysia), are not to be included under these headings.

#### **EXCESS**

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - 50

Property Damage - 50

Windscreen: \$100

Named Driver and Excess (where applicable)

MONGKUN LIKITDACHAVONGS

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

Any applient repairs to the Vehicle must be carried out by one of our Authorised Repairers.
For other Approved Reporting Centren/AtG Authorised Repairers, please contact our 24-hour accusent emergency notine at +55 5138 5200. Attemptively, you may refer to Ariz website were equipment and following about the application of the property of the proper

### **IMPORTANT NOTES**

Hire Purchase Company/Employer's Loan: MayBank

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the previsions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189). Part IV of the Road Transport Act, 1987 (Matayata) and Motor Vehicles (Third Party Risks) Rules, 1989 (Matayata).

0501295000

INSURE LINK PTE LTD

2 KALLANG AVE #08-18 CT HUB

SINGAPORE 339407

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE