

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 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.
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	01/12/2018 13:39
Date Of Accident	01/12/2018 11:50
Exact Location Of Accident	JUST BEFORE KPE ENTRANCE FROM BUANGKOK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV1228H
Insured/Policyholder	
Name Of Registered Owner	NEO TIONG SIN
NRIC No	S0182899A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97381954
Alternative Phone No	Others-97381954

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
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?	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	2100426071-03
Cover Note Number	31/08/2018 TO 30/08/2019

Driver

Name of Driver	NEO KAI XIANG
NRIC No	S9622470B
Date Of Birth	28/06/1996
Occupation	INDOOR
Date Of Driving Pass	02/10/2017
Driving Experience	1 YEAR AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-81218652
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	APT BLK 119D RIVERVALE DRIVE #05-350 (S) 544119
Postcode	
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	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

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.	NO
Number of Passengers (Including Driver)	3
Passenger 1	Name: : NEO TIONG SIN Gender: : Male
Passenger 2	Name: : TAN SIEW HOON 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

refer with attach.

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	SLK7583M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	SANDRA DAMAYANTI ACHMAD
NRIC/Passport Number	S7083448J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2	
Vehicle Registration Number	SLA782D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG WEI CHAO MEDWIN
NRIC/Passport Number	S8801435I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

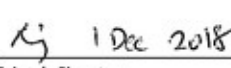
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

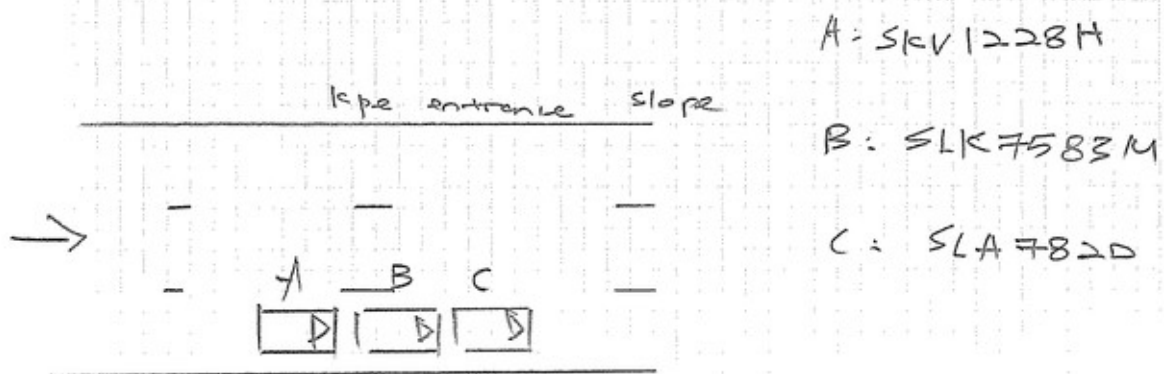

Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

10/1/2018 10:10:10 AM

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Raining and ground wet. Vehicle in front suddenly brake. I quickly followed to brake but due to the wet ground, my vehicle still surged forward and hit onto the vehicle in front.
I got down and realised that I was involve in a 3 car chain collision.
I exchanged my father's particulaer :Neo Tiong Sin - owner of SKV 1228H) with the other car owners.

INSURER:

VEHICLE:

DOA:

CLAIM TYPE:

WORKSHOP:

DECLARATION

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

Neo Tiong Sin
Policyholder's Signature
Date & Time:

Neo Tiong Sin 1 Dec 2018
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Neo Kai Xiang
VEHICLE NUMBER : SKV 1228H
DATE/TIME OF ACCIDENT : 1/12/2018 @ 1150h
PLACE OF ACCIDENT : just before entrance from
THIRD PARTY VEHICLE (IF ANY) : SLK7583 M, SLA7820 ^{bangkok}

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

from home Riverside drive to work place at
Sinhim square

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

no

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

chain collision


WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

no


Lj Neo Kai Xiang
Name:

I Affirmed The Above Information Is Given To My Best Knowledge.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0182899A



Name
NEO TIONG SIN



Race
CHINESE

Date of Birth
01-04-1947

Sex
M

Country of Birth
SINGAPORE

0409439



NRIC No S0182899A

Blood Group Date of issue
O+ 30-06-1992

APT BLK 119D RIVERVALE DRIVE #05-350
SINGAPORE 544119
NRIC No: S0182899A Date: 13/08/2015

driver's nric & license

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9622470B**

Name: **NEO KAI XIANG**

Birth Date: **28 Jun 1996**

Issue Date: **02 Oct 2017**

002729721C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9622470B**

Name: **NEO KAI XIANG**

梁 凱 翔

Race: **CHINESE**

Date of birth: **28-06-1996** Sex: **M**

Country of birth: **SINGAPORE**

4718456

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

EFFECTIVE DATE: **02 Oct 2017**

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg

Licence No: **S9622470B**

NP 428A

4718456

NRIC No: **S9622470B**

Date of issue: **29-04-2011**

APT BLK 119D RIVERVALE DRIVE #05-350
SINGAPORE 644119

NRIC No: **S9622470B** Date: **27/07/2015 (P)**

certificate of insurance



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Neo Tiong Sin
 Period of Insurance : 31 Aug 2018 To 30 Aug 2019
 Engine No. : 1ZRX525914
 Chassis No. : MR053REH104537218

Vehicle No. : SKV1228H
 Policy No. : 2100426071-03
 Endorsement No. : 000000000219421
 Issued Date : 03 Aug 2018

ABOUT THE COVER

Make/Model : TOYOTA COROLLA ALTIS 1.6 DUAL
 Engine Capacity/Tonnage : 1,598.00 CC Sum Insured : Market Value First Year of Registration : 2015
 Driver Restriction : NA Off Peak Car : No 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.

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 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, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0 Own Damage - \$500 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Neo Tiong Sin - \$500 (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 carried out at the Sole Agent's workshop.
 For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 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: NA

I/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. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0030210000

AIG ASIA PACIFIC INSURANCE PL
 78 SHENTON WAY #07-16 AIG BUILDING
 SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Janile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSPMA

Accident Photo



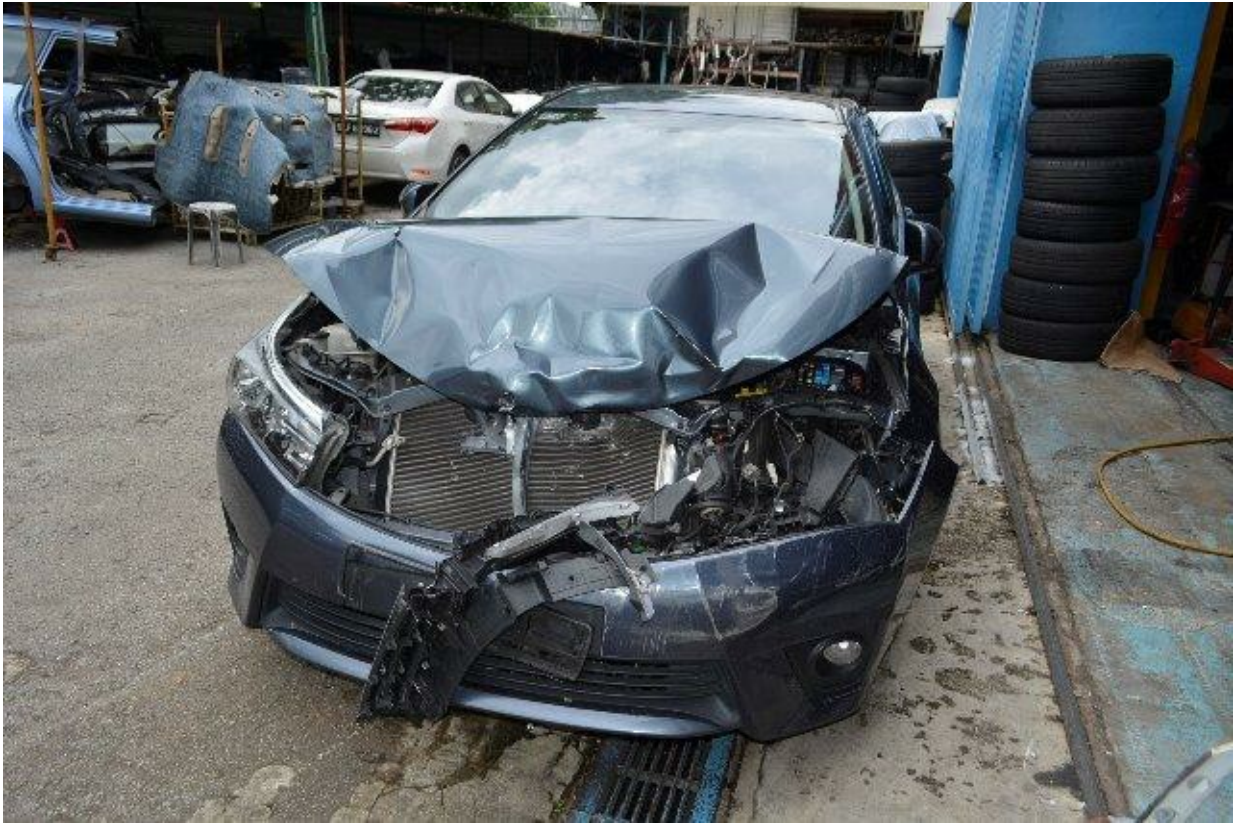
Accident Photo



Accident Photo



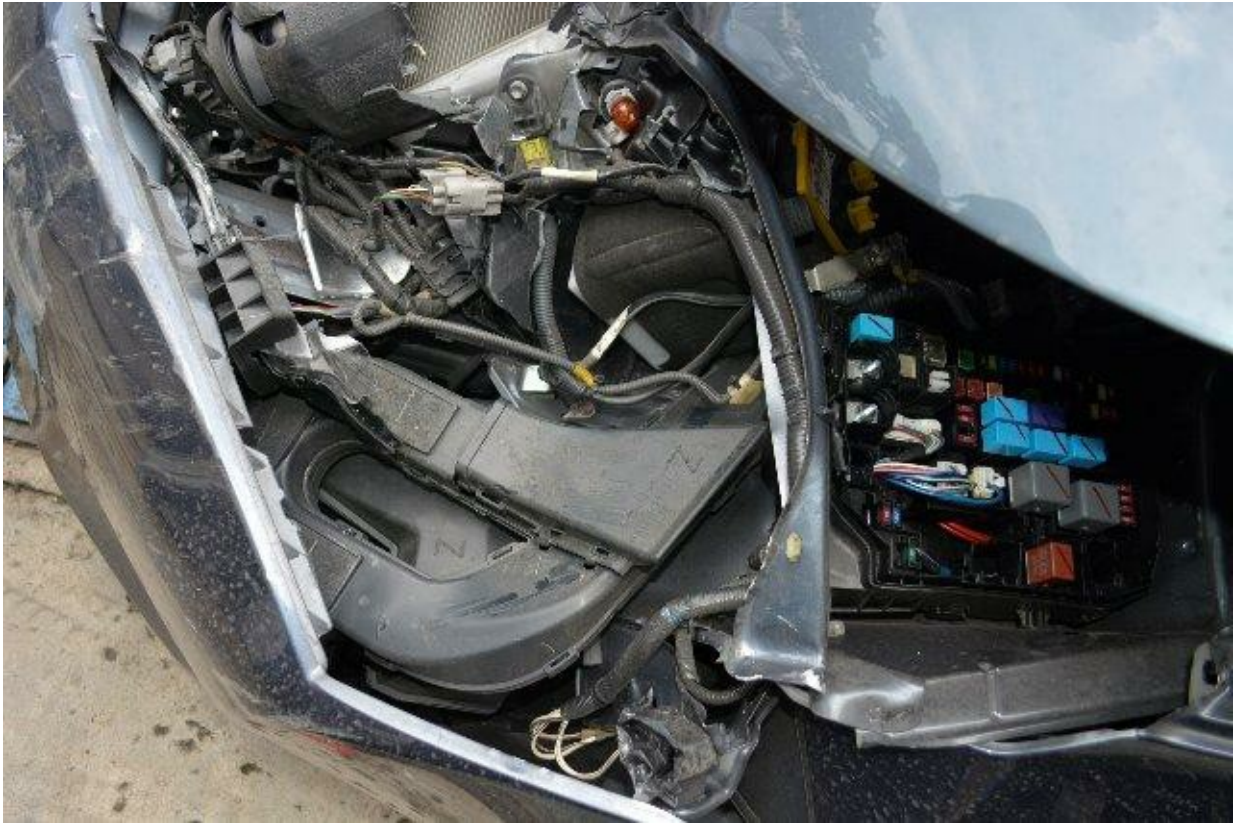
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