Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 16/01/2019 17:19

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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 <u>truthful and accurate</u> 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	16/01/2019 16:58
Date Of Accident	06/01/2019 09:30
Exact Location Of Accident	MEI LING ST MARKET MSCP
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SLC3765Z
Insured/Policyholder	
Name Of Registered Owner	ROYSTON MOH
NRIC No	S1394640Z
Email Address	ROYSTONMOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96666838
Alternative Phone No	Office-96666838
Vehicle Particulars	
Manufacturer	INFINITI
Model	Q50-2.0 T PREMIUM (A)
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100465842
Cover Note Number	
Driver	
Name of Driver	ROYSTON MOH
NRIC No	S1394640Z
Date Of Birth	17/02/1959

INDOOR

19/11/1976

42 YEARS AND 1 MONTH

Gender **MALE**

Mobile Number (LOCAL) +65-96666838

Fax Number

Contact Number OFFICE-96666838

EMail Address ROYSTONMOH@GMAIL.COM

Address **76 JALAN PEMIMPIN**

Postcode 577227 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 NO COLLISION

2

NO

NO

1

NO

NO

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

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? NO

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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

REFER TO STATEMENT - REVERSED

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SLW9865Z Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

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
- 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

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

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

It's I was leversing backwards, I maked my
rear right end was too chose to a car parked
1.0
I stopped and moved forward to re-align my car. I reversed again into this parking lot.
I reversed again into this parking lot.
After I had parked my car I checked visually on the bumpers of both cars and did not notice any dents.
on the bumpers of both cars and did not
notice any dents.
Later, when I was at home in the evening, I spotted some fine scratches on my near right bumper. I gone some rubbing and the five scratches were gone.
I spotted some hime scratches on my rear
right burger. I some some rubbins and the
Live scratches were cone.
Had I been aware of this, I would have
try to locate the owner of that wehicle parked
on my right or to make attempts to locate
this car's owner. I am very certain there were
no dents on the other car.
DECLARATION * This search was made up this date

upon receipt of ACSYE) & PAKTNERS letter on 16.01.19 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)

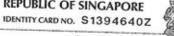
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE





ROYSTON MOH TAI SUAN



莫泰川

CHINESE Date of Birth Sex 17-02-1959 M Country of Briss SINGAPORE





0952298



NFIC№ S1394640Z



76 JALAN PERIMPIN SINGAPORE 677227 NRIC No: \$13948402 Date: 07-06-1959 No: 2 9 0 4 4 7 3

Bood Group Date of rases O+ 28-04-1993

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

Class 3 Motor Cars and Motor Tractors the weight of which unleden does not exceed 2500 kilograms

Class 4 Heavy Motor Cars and Motor Tractors the weight of which unleden exceeds 2500 kilograms

NP 428A

A C SYED & PARTNERS

Advocates & Solicitors Commissioner for Oaths 101A Upper Cross Street #13-23 People's Park Centre Singapore 058358

Tel: 6538 7411 Fax: 6534 1011 (Not for service of Court Documents)

Our Ref

ACS.CH(ys)MISC.18.ts

Date

11 January 2019

ROYSTON MOH TAI SUAN

WITHOUT PREJUDICE

76 Jalan Pemimpin Singapore 577227

BY CERTIFICATE OF POSTING

Dear Sirs

ACCIDENT INVLG SLW 9865Z & SLC 3765Z ON 6.1.19 @MEI LING ST MARKET MSCP

We act for THRUMURGAN S/O RAMAPIRAM, the registered owner of motorvehicle No. SLW 9865Z in the above matter.

Our investigation reveals that you were the owner of motorvehicle No. SLC 3765Z at the time of the accident. Kindly confirm.

Please let us have the following particulars and document:-

- (a) the name, address and NRIC No. of the driver;
- (b) whether the said motorvehicle was at the time of the accident covered by a policy of insurance and if so, the particulars thereof.
- (c) whether the driver was at the time of the accident driver as your servant or agent; and
- (d) whether the driver was an authorized driver and covered by the policy of insurance.
- (e) a copy of your Motor Accident Report (GIA report)/Police report.

Please take notice that there is a presumption in law that the said driver was driving as your servant or agent unless you confirm otherwise. Kindly revert within the next 5 days.

We advise that upon receipt of this letter you should report the above accident to your insurers immediately together with your Certificate of Insurance to enable them to assist you.

If you fail to do so, your said insurers may exercise their right not to cover you against our client's claim. In such event, our client will look to you for his claim. If you are found liable, you will have to pay our client's damages out of your own pocket.

Yours, faithfully

c. client [by fax]



CERTIFICATIE OF INSURANCE

WEARNES AUTO PROTECTOR (INFINITI) PRIVATE VEHICLE

Name of Policyholder : ROYSTON MOH TAI SUAN

Period of Insurance : 12 May 2018 To 11 May 2019

Engine No.

: 274AE038749A : JN1BCAV37Z0480714 Vehicle No. Policy No.

: SLC3765Z : 2100465842-02

Endorsement No.

Issued Date

: 24 Apr 2018

Chassis No.

ABOUT THE COVER

: INFINITI Q50 PREMIUM

Engine Capacity/Tonnage : 1,991.00 CC Driver Restriction

: NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2016 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 histher permission. This Policy will indomely the Policyholder or any authorised driver only if heistne meets the specified age condition.
This Policy will indomely the Policyholder or any authorised driver only if heistne 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, demostic 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 2000cc

* 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, 1907 (Molaysia), are not to be included under those headings.

EXCESS

Section 1 Fire - S0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

ROYSTON MOH TAI SUAN - \$800 (Own Damage)

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

1, Wearnes Automotive Pte Ltd Add; 45 Leng Kee Road Singapore 169103 63789333

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident, emergency holine at +65 6338-6200, Attamatively, 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: OCBC Bank Ltd

In We hereby contry 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 Read Transport Act, 1987 (Malaysta) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysta).

0503831309

WEARNES AUTOMOTIVE - DC (I)

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

la rile

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE













