

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	24/01/2019 11:52
Date Of Accident	24/01/2019 09:30
Exact Location Of Accident	TPE TWDS LORONG HALUS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMD2659L
Insured/Policyholder	
Name Of Registered Owner	LEONG KAH HOU (LIANG JIAHAO)
NRIC No	S7623763H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90051727
Alternative Phone No	OFFICE-90051727
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF A7 1.4 TSI AT 5G13GZ W/O HID
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800146216
Cover Note Number	-
Driver	
Name of Driver	LEONG KAH HOU (LIANG JIAHAO)
NRIC No	S7623763H
Date Of Birth	14/08/1976
Occupation	INDOOR
Date Of Driving Pass	19/10/2018
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90051727
Fax Number	
Contact Number	OFFICE-90051727
Email Address	NOEMAIL

Address	BLK 364A SEMBAWANG CRES #12-219
Postcode	751364
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?	NO
Number of vehicles (Including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
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) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : LEONG SIEW GEOK
	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 ATTACHED STATEMENT.

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	SKX1858D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ABHIJIT KAHTA
NRIC/Passport Number	S7882284H
Contact Number	96560995
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LEONG KAH HOU (LIANG JIAHAO)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMD2659L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	LEONG SIEW GEOK
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMD2659L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


SKETCH PLAN


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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

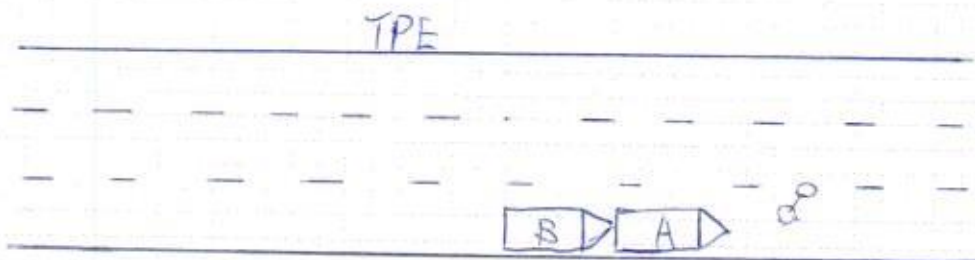
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



Veh (A): SMD 06592

Veh (B): SKX 185817

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along in TPE towards Jorong Halus. A motorcycle in front of my car suddenly slip and fall down. When I saw this motorcycle I was broke, ~~to~~ But the Veh (B) was less control and hit on my rear. My passenger was injured and we will go see doctor.

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:
NRIC/FIN No.:

VEHICLE NO : <u>SMD 2659 L</u>		MAKE/MODEL : <u>V/W GOLF A7 1.4 TSI</u>	
Date of Accident	<u>24. 01. 19</u>	Time: <u>9:30 AM</u>	Foreign Veh Involved <u>YES / (NO)</u>
Location of Accident	<u>TPE Towards Jorng Halls</u>		Foreign Veh No
Country of Loss			
Vehicle Damaged		No. of Veh Involved :	
Claim Type	<u>OD / (TP) / REPORTING</u>	Was There Any Witness	<u>YES / (NO)</u>
INSURANCE CO	<u>AIG</u>	Name of Witness :	
Coverage	<u>Comprehensive/TPFT/Third Party Only</u>	Contact No :	
Policy No	<u>1800 146 216</u>		
Fleet Policy	<u>YES / (NO)</u>		
		OTHER VEHICLES	
OWNER / CO. NAME	<u>LEONG KAH HOI</u>	VEHICLE B	<u>SKX 1858 D</u>
NRIC / Co's Reg No.	<u>S762376311</u>	Category :	
Address	<u>RK 364A SEMPAWANG (RE-SCHT)</u>	Driver's Name :	<u>ABHIJIT KALITA</u>
	<u>#12-219</u>	NRIC No :	<u>S788238411</u>
Contact / Mobile No	<u>90051727</u>	Contact No :	<u>9656 0995</u>
Email Address	<u>Wizycuda@yahoo.com.sg</u>	No. of Passenger :	
Date of Birth	<u>14.08.1976</u>		
Gender	<u>(M) / F</u>	VEHICLE C	
DRIVER'S NAME	<u>As Same Above</u>	Category :	
NRIC No	<u>-</u>	Driver's Name :	
Address	<u>RK 364A SF As same</u>	NRIC No :	
		Contact No :	
Contact / Mobile No	<u>-</u>	No. of Passenger :	
Email Address	<u>-</u>		
Date of Birth	<u>-</u>	VEHICLE D	
Gender	<u>M / F</u>	Category :	
LICENSE PASSED DATE	<u>19.10.2018</u>	Driver's Name :	
		NRIC No :	
Occupation	<u>(Indoor) / Outdoor</u>	Contact No :	
Relation with Owner	<u>Owner</u>	No. of Passenger :	
Does Driver Own Any Other Veh ? <u>YES / (NO)</u>			
Vehicle Reg No			
Insurance Co			
Weather Condition	<u>Clear / Raining / Others</u>	Video Captured :	<u>Yes / No</u>
Road Surface	<u>Dry / Wet / Others</u>		
INJURED	<u>YES / NO</u>	<u>2. Driver & Passenger</u>	
Name of Injured :		Police Report :	<u>YES/NO</u>
Convey To Hospital by Ambulance :	<u>YES / NO</u>	If YES, Where :	
NO. OF PASSENGERS :	<u>1</u>		
Name of Passenger :	<u>LEONG SIEN GEOK</u>	M / F	INJURED? <u>(YES/NO)</u>
Name of Passenger :	<u>(96721279)</u>	M / F	INJURED? <u>YES/NO</u>
Name of Passenger :		M / F	INJURED? <u>YES/NO</u>
Name of Passenger :		M / F	INJURED? <u>YES/NO</u>
REMARKS :		<u>Succes United PTE LTD</u>	
Name of Workshop :		Contact No :	
Address :		Email :	<u>Sookie.Lio527@gmail.com</u>

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7623763H**

Name: **LEONG KAH HOU (LIANG JIAHAO)**

Birth Date: **14 Aug 1976**

Issue Date: **19 Oct 2018**

002859071F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7623763H**

Name: **LEONG KAH HOU (LIANG JIAHAO)**

梁家豪

Race: **CHINESE**

Date of birth: **14-08-1976**

Sex: **M**

Country of birth: **SINGAPORE**

4335171

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

	EFFECTIVE DATE
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	19 Oct 2018

NP 428A



Date of issue: **22-12-2008**

APT BLK 384A SEMBAWANG CRESCENT #12-219
SINGAPORE 751364

NRIC No: **S7623763H**

Date: **12/07/2018**

AIG**CERTIFICATE OF INSURANCE****AUTOPLUS PRIVATE VEHICLE**

Name of Policyholder : LEONG KAH HOU (LIANG JIAHAO)
 Period of Insurance : 14 Dec 2018 To 13 Dec 2019
 Engine No. : CXS258647
 Chassis No. : VVVZZZAUZFW354057

Vehicle No. : SMD2659L
 Policy No. : 1800146216
 Endorsement No. :
 Issued Date : 14 Dec 2018

ABOUT THE COVER

Make/Model : VOLKSWAGEN Golf A7 1.4 TSI

Engine Capacity/Tonnage : 1,395.00 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 - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

LEONG KAH HOU (LIANG JIAHAO) - \$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 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 6336 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: KENSO LEASING PTE LTD

I/We hereby certify that this 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).

0503962000

KHC HOLDINGS PTE. LTD.

389A BALESTIER ROAD

SINGAPORE 329796

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Mobile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

Seah KJ Ng