





## 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	25/02/2019 20:31
Date Of Accident	25/02/2019 07:40
Exact Location Of Accident	JUNCTION OF JALAN BAHAR AND NANYANG AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ4952Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHONG OI CHOO
NRIC No	S1651247H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90693316
Alternative Phone No	OFFICE-83218930

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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	1800044756
Cover Note Number	

### Driver

Name of Driver	WANG ZHENG MING
NRIC No	S2714160I
Date Of Birth	28/10/1958
Occupation	INDOOR
Date Of Driving Pass	06/04/1998
Driving Experience	20 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90693316
Fax Number	
Contact Number	OFFICE-83218930
Email Address	NOEMAIL

Address	900 DUNEARN ROAD #05-04
Postcode	589473
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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) soliciting/offering accident claims assistance.	NO
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?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA1020B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO JIE HAO
NRIC/Passport Number	
Contact Number	97609702
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN


### IMPORTANT NOTICE

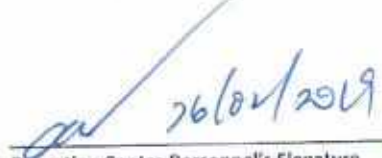
1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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.

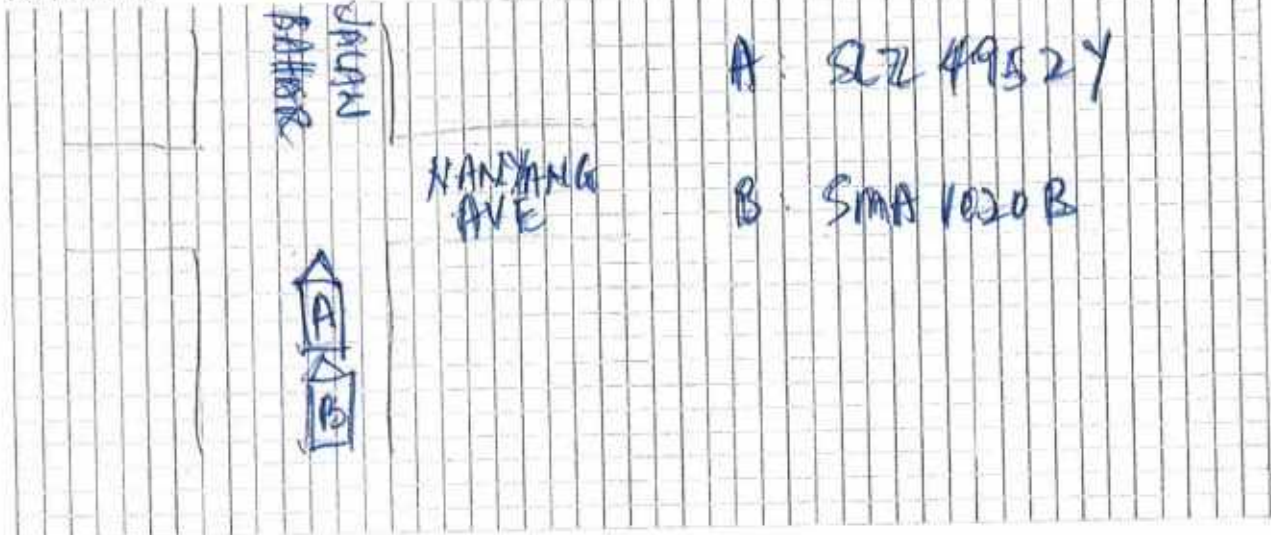
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/2/19 @ 0742 hrs. I was travelling along Jln. Bahar towards Lim Chu Kang.

At the junction of Jln Bahar & Nanyang Ave, the traffic light was about to turn Red. I slowly stopped at the traffic junction.

My car was stationary when suddenly vehicle B, SMA 1020B rear ended my vehicle. My vehicle was damaged as a result of the accident.

## 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.:

# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 25/2/19	TIME: 0742	(hh:mm) 24 hrs Format
LOCATION Junction of Jln Bahar & Nanyang Ave		
VEHICLE NUMBER SLZ 4952 Y		
INSURED NAME Chong Di Chou		
NRIC / FIN S1651247H	CONTACT: 9069 3316	
MAKE Hyundai	MODEL Elantra	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes, If No, Pls Select : ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting Only		
INSURANCE COMPANY AIG		
TYPE OF POLICY ( <input checked="" type="checkbox"/> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT		
POLICY NUMBER: 1800044756		
NAME DRIVER: Wang Zheng Ming		( ) SAME AS INSURED
NRIC / FIN S2714160 I	CONTACT: 8321 8930	
DATE OF BIRTH: 28/10/58		
DRIVING PASS DATE: 6/4/98		
OCCUPATION: ( <input checked="" type="checkbox"/> ) INDOOR ( ) OUTDOOR		
GENDER: ( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE		
EMAIL ADDRESS:		( <input checked="" type="checkbox"/> ) NO EMAIL
ADDRESS OF DRIVER: 900 Dunearn Rd #05-04		
(589473)		
Number Of Passenger Include Driver: 1 driver Only		
Was driver an employee of the Insured's Company? ( ) YES ( <input checked="" type="checkbox"/> ) NO		
If No, Relationship Of The Driver With The Insured		
( ) Owner ( <input checked="" type="checkbox"/> ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others		
Does The Driver Own Any Other Vehicle? : ( ) YES ( <input checked="" type="checkbox"/> ) NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Drizzling ( ) Others		
Road Surface : ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others		
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO		
Was Anybody Injured In The Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO		
If YES, Injured details :		
Convey By Ambulance: ( ) YES ( ) NO		
Was There Any Video Capture By Car Camera? ( ) YES ( <input checked="" type="checkbox"/> ) NO		
Was There Accident Reported To The Police? ( ) YES ( <input checked="" type="checkbox"/> ) NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party		
Veh B SMA 1020B	Name / NRIC Teo Jie Hao	Contact 9760-9702
Veh C		
Veh D		
Veh E		
Veh F		
Veh G		



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Portrait of a man

Licence Number **S27141601**  
Name **WANG ZHENG MING**

Birth Date **28 Oct 1958**  
Issue Date **19 Jun 2003**

000605922F

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)**

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

PASS DATE **06 Apr 1998**

NP428A

Licence No: S27141601

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S27141601



Name

WANG ZHENG MING

汪 正 明

Race

CHINESE

Date of birth

28-10-1958

Sex

M

Country of birth

CHINA

S27141601



00000000



NRIC No. S27141601

Nationality

AUSTRALIAN

Date of issue

08-11-2008

Address

900 DUNEARN ROAD

#05-04

SINGAPORE 589473



# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1651247H



Name



CHONG OI CHOO

張愛珠

Race

CHINESE

Date of Birth

Sex

21-01-1964

F

Country of Birth

SINGAPORE



0755369



NRIC No. S1651247H

Blood Group

Date of issue

O+

27-01-1993

900 DUNEARN ROAD #05-04

SINGAPORE 589473

NRIC No: S1651247H

Date: 08-11-2006 (R) No: 5655259





# CERTIFICATE OF INSURANCE

## HYUNDAI AUTO PROTECTOR (DELUXE) PRIVATE VEHICLE

Name of Policyholder : Chong Oi Choo  
Period of Insurance : 07 May 2018 To 06 May 2019  
Engine No. : G4FGJU186267  
Chassis No. : KMHD841CMJU686592

Vehicle No. : SLZ4952Y  
Policy No. : 1800044756  
Endorsement No. : 000000000203135  
Issued Date : 24 May 2018

### ABOUT THE COVER

Make/Model : HYUNDAI ELANTRA 1.6  
Engine Capacity/Tonnage : 1,599.00 CC  
Driver Restriction : NA

Sum Insured : Market Value  
Off Peak Car : No

First Year of Registration : 2018  
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

\* 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 - \$0 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreen : \$0

Named Driver and Excess (where applicable)

Oi Choo Chong, Zheng Ming Wang

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

1. Komoco Motors Pte Ltd. Add: 253 Alexandra Road Singapore 159936 64735588

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 8200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://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

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).


0500581541

KOMOCO TRADING PTE LTD - ANW

253 ALEXANDRA ROAD

SINGAPORE 159936

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

  
AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

SEP08



> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	1247H
<b>Vehicle Details</b>	
Vehicle No.:	SLZ4952Y
Vehicle to be Exported:	No
Intended Deregistration Date:	28 Feb 2019
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA AD 1.6 GLS AT (AMS)
Primary Colour:	Black
Manufacturing Year:	2018
Engine No.:	G4FGJU186267
Chassis No.:	KMHD841CMJU686592
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$10,057.00
Original Registration Date:	07 May 2018
First Registration Date:	07 May 2018
Transfer Count:	0
Actual ARF Paid:	\$10,057.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 May 2028
PARF Rebate Amount:	\$7,542.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	06 May 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$38,510.00
COE Rebate Amount:	\$35,362.00
<b>Total Rebate Amount:</b>	<b>\$42,904.00</b>

The information contained herein is correct as at 25 Feb 2019

OK