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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Pleasn 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 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

Market Company of the Company	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
DI CONTRACTOR DE LA CON	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLZ4952Y
Insured/Policyholder	
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	Proceedings of the Control of the Co
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

NO

ambulance?

YES

Was any other material or property damaged? 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

- Please report correctly the details of the accident to speed up the claims process.
- 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,
- 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 ladgment 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 aforesald.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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 Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Name:
NRIC/FIN No.:

REPORTING Centre Personnel's Signature
NRIC/FIN No.:

NRIC/FIN No.:

ETCH PLAN		A SIZ	49524
TA A	NANYAMA	B Sma	1020 B
ESCRIBE CIRCUMSTANCES O	F THE ACCIDENT		
On 25/19 (0 0	142 hrs. I was	travelling alon	g JIn. Kahaw
light was ab	out to the Real	d. I slowly s	Ave, the traffic
DECLARATION 1/We declare the foregoing parti	culars are true in eyery respect.		20 16 los / 2019,
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policy Date & Time:	holder) Name:	IN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 25 2 19 TIME: 0742 (hh:mm) 24 hrs Format
LOCATION Junction of Jln Bohar & Hanyang Ave
JUNCTION JUNCTION OF SIM PARTY
VEHICLE NUMBER SLZ 4952 Y
NRIC/FIN SIDSIZ47# CONTACT: 9069 3316
THE CONTRACT OF THE CONTRACT O
MAKE Hyundai MODEL Elantra
Are you claiming under your own insurance policy for repair to your vehicle?
() Yes, If No, Pls Select: (/) Third Party () Reporting Only
INSURANCE COMPANY AIG
TYPE OF POLICY (V) COMPREHENSIVE () THIRD PARTY () TPFT
POLICY NUMBER: 1800044756
NAME DRIVER: Wang 2 heng Ming () SAME AS INSURED
00 1000
NRIC/FIN S2714-160 I CONTACT: 8321 8935
DATE OF BIRTH: 28/10/58
DRIVING PASS DATE: 6/4/98
OCCUPATION: (V) INDOOR () OUTDOOR
GENDER: () MALE () FEMALE
EMAIL ADDRESS: () NO EMAIL
ADDRESS OF DRIVER: 900 Duneaun Rd #05-04
ADDRESS OF DRIVER: 100 AMILLON FOR THE PROPERTY OF THE PROPERT
Number Of Passenger Include Driver: \ diver Only
Trumber of Thatonger state
Was driver an employee of the Insured's Company? () YES () NO
If No, Relationship Of The Driver With The Insured
() Owner () Spouse () Friend () Relative () Children () Sibling () Others
Does The Driver Own Any Other Vehicle? : () YES () NO
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:
If Yes, Vehicle Registration Number of Driver's Own Vehicle.
Insurance Company Of Driver's Own Vehicle Weather Conditions: (/) Clear () Raining () Drizzling () Others
Weather Conditions: (V) Cream ()
Road Surface : (/) Dry () Wet () Others
Was Any Foreign Vehicle Involved In This Accident? () YES () NO
Was Anybody Injured In The Accident? () YES () NO
If YES, Injured details :
Convey By Ambulance: () YES () NO
Was There Any Video Capture By Car Camera? () YES () NO
Was There Accident Reported To The Police? () YES (✓) NO If Yes Attach Police Report
Police Report Number (if any)
Details Of 3rd Party Name / NRIC Contact
Details of ordinary
Ven B SIM 100-D
Veh C
11.1 (3)
Veh D
Veh E



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 5 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

DE Apr 1998

NP 428A

Licence No: 52714160

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$27141601





WANG ZHENG MING

iΞ Race

CHINESE Date of birth Sex 28-10-1958 M

Country of birth CHINA



AUSTRALIAN Date of latur. 08-11-2008

900 DUNEARN ROAD #D5-04 SINGAPORE 589473

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1651247H



Name



CHONG OI CHOO

張爱珠

Race

CHINESE

Date of Birth

Sex

21-01-1964

Country of Birth

SINGAPORE



0755369



NRIC No. S1651247H



Blood Group

Date of issue

0+

27-01-1993

900 DUNEARN ROAD #05-04 SINGAPORE 589473

NRIC No: \$1651247H

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

: KMHD841CMJU686592 Chassis No.

Vehicle No.

: SLZ4952Y

Policy No.

: 1800044756

Endorsement No. Issued Date

: 000000000203135 : 24 May 2018

ABOUT THE COVER

Make/Model

: HYUNDAI ELANTRA 1.6

Engine Capacity/Tonnage : 1,599,00 CC

Sum Insured : Market Value

First Year of Registration : 2018

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF TYes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder

b) Any other person who is draing on the Policyholder's order or with higher permission.
 This Policy will indemnify the Policyholder or any authorised driver only if helphy meets the apportied age condition.

You have to pay an additional sum of \$3,000 as "Young and/or inexperienced Driver Excess" ("YEDR") if You say or Your Authorized 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 him or reward, driving fution, driving test, racing, pace-making, reliability trial or speed-testing, the camage of goods other than samples in connection with any trade or business or use for any purpose is connection with Motor Trade.

Loss of Use 1500cc - 1600cc

* Limitations rendered inoporative by Section 8 of the Motor Victidies (Third-Party Risks and Compensation) Act (Cap. 189), and Section 95 of the Road Transport Act. 1987 (Mulaysia), are not to be included under these headings.

EXCESS TO THE TRANSPORT OF THE PROPERTY OF THE

Section 1

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

Property Damage - \$0

Windscreen: \$0

Named Driver and Excess (where applicable)

Ci Chica Chong, Zheng Ming Wang

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

Keminco Motora Ple Lld. Add. 253 Alexandra Road Singapore 159935 64735568.

For other: Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hothina at +65 6338 8200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply swarch and download "AIG SG" from if unes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

If We hereby certify that the policy to which this Certificate of insurance relates is asseed in accordance with the provisions of the Motor Vehicles (Tried Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Tried Party Risks) Rules, 1999 (Moloysia).

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

ehicle Owner Particulars	0.12 1.7218/32
Owner ID Type:	Singapore NRIC
Owner ID:	1247H
Vehicle Details	Control of
Vehicle No.:	SLZ4952Y
Vehicle to be Exported:	No
ntended 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
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 May 2028
PARF Rebate Amount:	\$7,542.00
Intended COE Rebate Details	97+1/1: New York
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
Total Rebate Amount:	\$42,904.00

The information contained herein is correct as at 25 Feb 2019

OK