#### 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 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.
- 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 inont to the ort at the

<ol><li>By the lodgement of this report to the insurers, you hereby conse aforesaid.</li></ol>	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	15/03/2019 13:49
Date Of Accident	15/03/2019 08:50
Exact Location Of Accident	FARRER ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGK5725T
Insured/Policyholder	
Name Of Registered Owner	KOM MUM KIET
NRIC No	S6832907H
Email Address	MUNKIET@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94234009
Alternative Phone No	Others-94234009
Vehicle Particulars	
Manufacturer	DAIHATSU
Model	TERIOS 1.5
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	THIRD PARTY
Fleet Policy	NO
Policy Number	0100657079-12
Cover Note Number	
Driver	
Name of Driver	KOM MUM KIET
NRIC No	S6832907H
Date Of Birth	19/08/1968

**INDOOR** 

19/03/1990

28 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94234009

Fax Number

Contact Number OTHERS-94234009

EMail Address MUNKIET@GMAIL.COM

58 FARRER ROAD

Address

#05-04

Postcode 268845 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 CHAIN COLLISION

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

3

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

NO

NO

Number of Passengers (Including Driver) 1

**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** 

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO WITH OWNER

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SKK8773L

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SHC4705M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

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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- 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.
- 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.
- 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:
  - 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

15 March 2019

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

Reporting Centre Personnel's Signature Name: Poh Kwao Choo

NRIC/FIN No.: 7:0583A

SKETCH PLAN		
Famo	1 Road	
SLT,7432T		
<del></del>		
NO STATE OF THE PARTY OF THE PA	BACGROSM [SEKSIZI] BKKE	
w Box		
DESCRIBE CIRCUMSTANCES OF	Bus Stop	
	08:50 am.	
I was on	the way home. I	stopped my vehicle
just in front o	the bus stop nex	t to flarrer road
mrt station on	tailer road (towar	d holland). The traffic
was heavy, and	d the cars in front	has stopped. After
1 Stopped for	a few seconds, the	car behind SERB773
hit were , for	The impact was big	, and my car was
pushed and hit	the taxi in bort	. The faxi is SHC470S
	200	
	<u> </u>	
	W W	
DECLARATION  I/We declare the foregoing particular	rs are true in every respect.	
1000		4
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: Poh Kwee Choo NRIC/FIN No.: S6849383A
130 am		2
1-30 pm		



# **POLICY SCHEDULE**

# PRIVATE AUTO THIRD PARTY ONLY PRIVATE VEHICLE

Policy No. : 0100657079-12

Period of Insurance : 17 Aug 2018 to 16 Aug 2019 Issued Date : 20 Jul 2018

# ABOUT THE POLICYHOLDER

Name of Policyholder : Kom Mun Kiet

Address : 58 Farrer Road

SINGAPORE 268845

Occupation/Nature of Business: Executives

#### ABOUT THE VEHICLE

Registration No. : SGK5725T Engine Capacity/Tonnage: 1,495.00 CC Chassis No. : JDAJ200G001002678

Engine No. : 1658313 Seating Capacity: 5 First Year of Registration : 2006 Body Type : Sedan

Make/Model : DAIHATSU TERIOS 1.5 Hire Purchase Company/Employer's Loan : NA

#### ABOUT THE COVER

Sum Insured · NA Off Peak Car Driver Restriction : NA Insuring with COE/PARF : NA

#### 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.

Age Condition : All Age Condition

Limitation as to use

Use orly for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving taltion, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with Motor Trade.

Other Key Policy Benefits:

EXCESS	PREMIUM
Section 1  Section 2 Properly Damage - \$0  Windscreen: NA  Named Driver Kom Mun Kiet, Kom Wai Meng, Lim Lian Choo	Premium : \$ 482.15 GST (7%) : \$ 33.75  Total : \$ 515.90 Your Premium includes lihe following discount(s): Safe Driver Discount - 5.00%, No Claim Discount - 50%

78 Shenton Way #07-16 AIG Building \$079120 | T:+65 6419 3000 | F:+65 6415 3723 | www.eig.co

AJG Asia Pacific Insurance Pte. Ltd.







KOM MUN KIET

甘文杰

CHINESE
Date of Sirth
19-08-1968 M
Country of Birth
SINGAPORE









### **SCENE PHOTO**



### **SCENE PHOTO**

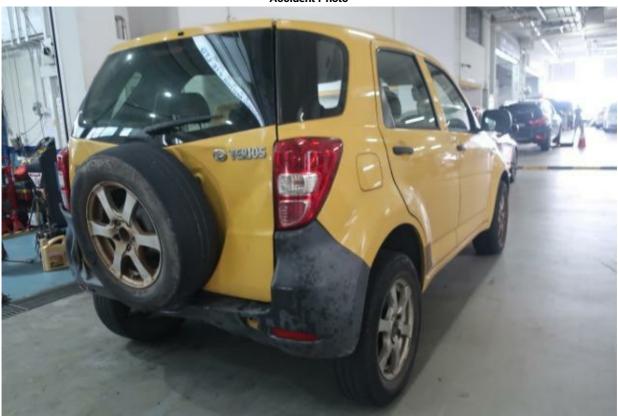


### **SCENE PHOTO**

















# **CHASSIS NUMBER**

