

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	01/04/2019 18:13
Date Of Accident	29/03/2019 09:30
Exact Location Of Accident	BLOCK 505 JURONG WEST CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFN2345Y
Insured/Policyholder	
Name Of Registered Owner	GOH LAY SEOW
NRIC No	S1200663B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96382579
Alternative Phone No	OTHERS-96382579
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	GLC 250
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	REPORTING ONLY
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	190006264-2
Cover Note Number	
Driver	
Name of Driver	GOH LAY SEOW
NRIC No	S1200663B
Date Of Birth	29/12/1956
Occupation	INDOOR
Date Of Driving Pass	27/01/1979
Driving Experience	40 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96382579
Fax Number	
Contact Number	OTHERS-96382579
Email Address	NOEMAIL

Address	89 LORONG K TELOK KURAU
Postcode	425722
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	COLLIDED INTO PARKED VEHICLE
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	SDU2908K
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)	

SKETCH PLAN

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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: Res J. Nataraj
NRIC/ EIN No: 0104/2009

SKETCH PLAN

BLK 505 JURONG WEST CARPARK

A) FW 2345Y

B) SD 2708K



(carpark lot)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While trying to drive out from my parking lot, I accidentally hit auto vehicle B which was parked beside my vehicle.

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.:

21/06/2019
Rajesh Muthusamy

ACCIDENT DATE & LOCATION	
Date & Time of Accident *	Date: 29/3/19 Time: 09:30 (24 hr format)
Exact Location of Accident *	BK 505 Jang West Carpark
INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE	
Vehicle Registration Number *	SFN 23XSY Make & Type *:
Name of Registered Owner *	Goh Lay Jau
NRIC / FIN / Passport / Co Regn No. *	S1200663B
Contact Number *	9638 2579 Email/Fax No:
Exact Purpose for which vehicle was being used at Time of Accident	<input checked="" type="checkbox"/> Private Usage / <input type="checkbox"/> Commercial or Company's Usage
Are you claiming under your own insurance policy for repair to your vehicle? *	<input type="checkbox"/> Yes / <input type="checkbox"/> No if No, Please state action to be taken <input type="checkbox"/> Third Party Claim (SYH/Other workshop?) / <input type="checkbox"/> Reporting Only
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	China/EQ/Erta/MSIG/Tokio Marine/Great American AIG
Type of Policy *	Comprehensive / Third Party / Third Party Fire & Theft
Policy No. (Certificate No.) / Cover Note No.	1900062642
DRIVER	
Name of Driver *	Goh Lay Jau Gender* Male / Female
NRIC / FIN / Passport Number *	S1200663B
Date of Birth *	29/12/1956 (dd/mm/yyyy)
Occupation *	<input checked="" type="checkbox"/> Indoor / <input type="checkbox"/> Outdoor
Date of Driving Pass (Pass Date) *	27/1/1979
Contact Number *	9638 2579
Address	89 Lor K Telok Kurau
Email Address / Fax Number *	Email: Fax:
Relationship of the Driver with the Insured *	Owner / Employee / Spouse / Friend / Others:
Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company *	Veh No: 1) 2) 3) Ins Co: 1) 2) 3)
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision	Chain Collision / Side-Swipe / Front to Rear / Others:
Weather Conditions *	Clear / Raining / Others:
Road Surface *	Wet / Dry / Others:
OTHER INFORMATION	
Was anybody Injured in the accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes (Police Report required)
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any foreign vehicle involved in this accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: Veh Category:
Number of vehicles involved in the accident	(2)
Was there any witness?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any other VEHICLE / Property involve / damage? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
DETAILS OF POLICE ACTION	
Was the Accident Reported to the Police? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, Please state which Police Station
Was Notice of Intended Prosecution given? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, against whom?
Number of Passengers (Including DRIVER)? *	(1)
Passengers	Name: Gender: Male / Female
	Name: Gender: Male / Female
Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / No	

DETAILS OF OTHER VEHICLE(S) / PROPERTIES

Vehicle Registration Number *	1)	SDU 2908/K	2)
Vehicle Make / Model / Colour			
Damage to Vehicle/Property?			
Vehicle Category *			
Name of Driver			
NRIC/Passport Number			
Contact Number			
Address			
Insurance Company Name			
DETAILS OF WITNESS			
Name			
Contact No. / Email Address			

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1200663B



Name

GOH LAY SEOW

吴丽娇

Race

CHINESE

Date of Birth

29-12-1956

Sex

F

Country of Birth

SINGAPORE



1137598



NRIC No. S1200663B



Blood Group

Date of issue

O+

25-07-1993

Address

89 LORONG K TELOK KURAU
SINGAPORE 1542

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1200663B**

Name:

GOH LAY SEOW

Birth Date: **29 Dec 1956**

Issue Date: **12 Dec 2003**



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

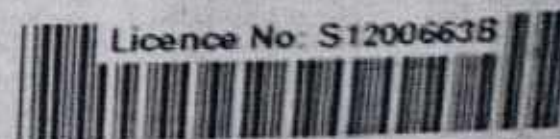
PASS DATE

Class 3

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

27 Jan 1979

NP 428A





CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Goh Lay Seow
 Period of Insurance : 11 Mar 2019 To 10 Mar 2020
 Engine No. : 27492031250550
 Chassis No. : WDC2533462F351881

Vehicle No. : SFN2345Y
 Policy No. : 1900062842
 Endorsement No. :
 Issued Date : 11 Mar 2019

ABOUT THE COVER

Make/Model : MERCEDES-Benz GLC250 Coupe
 Engine Capacity/Tonnage : 1.991.00 CC
 Driver Restriction : NA
 Sum Insured :
 Market Value :
 Off Peak Car : No
 First Year of Registration : 2018
 Insuring with COE/PAFF : 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 authorized driver only if he/she meets the specified age condition

*You have to pay an additional sum of \$3,000 as "Transported Driver Excess" ("DTF") if you are or your Authorized Driver (named or unnamed) has less than 2 years' driving experience

Age Condition : 40 years old and above

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 school, 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.

Class of Use 1500cc - 1800cc Optional

* Limitations rendered compulsory by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 188) 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 - \$400 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

Goh Lay Seow

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

Approved Reporting Centres/AIG Authorized Repairers (For claims related repair):

Any accident repairs to the Vehicle must be carried out by one of our Authorized 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 Authorized Repairers, please contact our 24-hour accident emergency hotline at 195 535 4200. Alternatively, You may refer to AIG website: www.aig.com.sg or AIG iG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MALAYAN BANKING BERHAD

We hereby certify that the policy in which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 188), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third-Party Risks) Rules, 1999 (Malaysia).

0504043000

TAN HEJMIN

1 TAMPINES GRANDE #03-15 AIA TAMPINES SINGAPORE 528795 SP-HM (STRATEGIC ALLIANCE)
 SINGAPORE 528795 SP-HM (STRATEGIC ALLIANCE)

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Handwritten signature

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE

HEJMIN TAN