SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass Driving Experience

- 1. Please report <u>correctly</u> 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 <u>truthful and accurate</u> 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 insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	29/03/2019 11:18
Date Of Accident	29/03/2019 07:10
Exact Location Of Accident	ALONG KPE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SLV3206X
nsured/Policyholder	
Name Of Registered Owner	RMA CONTRACTORS PTE LTD
Co Reg No	199601730C
mail Address	MELVINNGOH@RMAGROUP.COM.SG
Mobile Phone No	
Alternative Phone No	Office-64941520
/ehicle Particulars	
<i>N</i> anufacturer	MAZDA
Лodel	5 2.0 SKYACTIV
exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE
are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE CAR
nsurance Company	
lame of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
ype Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800003312
Cover Note Number	
Driver	
Name of Driver	NGOH SHUAN CHEK, MELVIN (WU XUANZI, MELVIN)
IRIC No	S7923030H
Date Of Birth	27/07/1979

INDOOR 21/08/2012

6 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83385568

Fax Number

Contact Number

EMail Address MELVINNGOH@RMAGROUP.COM.SG

Address BLK 468B FERNVALE LINK

#19-543

Postcode 792468
Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

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 3

Number of Passengers (Including Driver)

Passenger 1 Name: : CASSIE ESPERANZA NGOH

Gender: : Female

Passenger 2 Name: : DOREEN NG

Gender: : Female

Details of Police Action

Was the accident reported to the police?

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?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLG1479S

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 SKS7486E

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

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)
 - (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
- 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.
- 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.
- 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; 2 5 NAC 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time: 29 13/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No. Poli Kwee Choo \$6340683A

GIARROS StreetsPlantern Ve-

KETCH PLAN	
4 B NAINCI	
KPE towneds old avport Road	
C1 C (333-43) (14 45 457) C328	
Vehicle A: SZV 3206X Vehicle C: SEG14795	
Vehicle B: SKS 7486E	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
I was driving along KPE, Suddenly Vehice	y & Jam
Brake. I have managed to stop in time.	Suddenly I
3.10	-
felt a bong at the back and my vehicl	e was pushed
forward. I come out to see and found out	Hart
Tornera. I come out is see ma toma out	I INIV!
Vehicle C has knocked onto the Ben of n	11 10- and
Venica C 165 philas site 1150 san of the	9 00 11
My the was prived forward and Know	ento the
1779 (10 1011) 711 011 011 011 011 011	V-1-0
Rev of Vehicle B.	
New Of Action 19.	
Repair workshop: Falcon-air auto servius P7	FIID
DE VALLE TOWN POLICE TO THE PO	1, 12, 17
DECLARATION	
/We declare the foregoing particulars are true in every respect.	
(a) (MB)	1
Policyholder's Signature Driver's Signature Reporting Cen	tre Personnel's Signature
Date & Time: 23 MAD 2019 (If driver is not the policyholder) Name: Date & Time: 24 3 1 4 NRIC/FIN No.5	oh Kwee Choo
Statistical and set of second sets and second secon	S6840583A

11:22 am

CHARLE Storchell of ours, v3



CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : RMA CONTRACTS PTE LTD Period of Insurance : 27 Dec 2017 To 26 Dec 2019

Engine No. : PE10540927

Chassis No. : JM6CW1071H0127491 Vehicle No. : SLV3206X Policy No.

: 1800003312

Endorsement No.

Issued Date : 10 Jan 2018

ABOUT THE COVER

: MAZDA 5 2.0 SKYACTIV

Engine Capacity/Tonnage : 1,998.00 CC Sum Insured : Market Value First Year of Registration : 2017 Driver Restriction Insuring with COE/PARF : Yes : NA Off Peak Car : No

Person or Classes of Persons Entitled to Drive*:

Any person who is driving on the Policyholder's order or with their 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 fullion, driving test, rading, 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 - S0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - S0

Windscreen: \$100

Named Driver and Excess (where applicable)

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

1. Trans Eurokars Pte Ltd. Add: 5 Ubi Close, Singapore 408605 63958899

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.nig.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: HONG LEONG FINANCE LTD

I/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).

0503599190

ARF (AP) PTE LTD - MAZDA

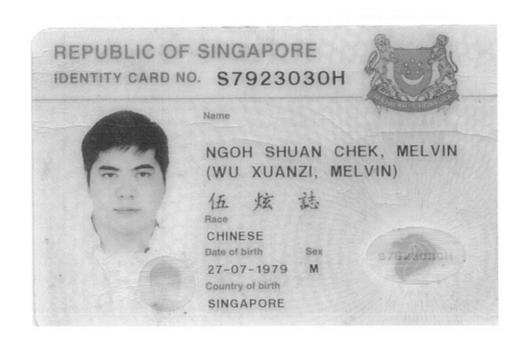
7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX

SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE







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

EFFECTIVE DATE

#for Cars =< 3000 kg with =<7 passengers, exclusive the driver; and other motor vehicles =< 2500 kg

NP 428A

Licence No: 57923030H

Accident Photo



Accident Photo



Accident Photo















CHASSIS NUMBER

