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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- 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 GtA Records Management Centre established by the General Insurance Association of Singapore (GtA) 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.

CANAL TO THE MENT OF SHAPE	ACCIDENT STATEMENT
Date Of Report	09/04/2019 12:22
Date Of Accident	09/04/2019 09:25
Exact Location Of Accident	TPE TOWARDS CHANGI (BEFORE LORONG HALUS)
Country/State of Loss	SINGAPORE
SHE MILE SHE WAS TOO SHOW	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDS8990S
Insured/Policyholder	
Name Of Registered Owner	YOO CHENG HUANG (YANG JINGFANG)
NRIC No	\$7522508C
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96347836
Alternative Phone No	OTHERS-96347836
Vehicle Particulars	
Manufacturer	NISSAN
Model	X-TRAIL
Exact Purpose for which vehicle was being used at time of accident	
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	1800080821
Cover Note Number	
Driver	
Name of Driver	YOO CHENG HUANG (YANG JINGFANG)
NRIC No	S7522508C
Date Of Birth	28/07/1975
Decupation	INDOOR
Date Of Driving Pass	30/11/1994
Driving Experience	24 YEARS AND 4 MONTHS
A CONTROL OF	AT THE OWN A MONTHS

FEMALE

(LOCAL) +65-96347836

HANCARREPAIRS@GMAIL.COM

OTHERS-96347836

Address

BLK 116 EDGEFIELD PLAINS

#15-332

Postcode

820116

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

NO 2

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

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

SMD7621L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MOK WEIJUN (MO WEIJUN)

NRIC/Passport Number

S8231607H

Contact Number

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.
- 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. 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 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 policyhalder)

Date & Time:

Reporting Centre

Name:

SKETCH PLAN			and the second second
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DECLARATION	S 10		
I/We declare the foregoing parti	culars are true in every respe	ect.	
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Policyholder's Signature	Driver's Signature		OTE TOUR
Date & Time:	(If driver is not the po Date & Time:	licyholder)	Name: NRIC/FIN No.:

PERSONAL PARTICULARS

Date of Accident: 09/04/2019 Time of Accident: 09: 25 (24Hrs)
/ehicle No: SDS8990S Vehicle Make/Model: Nissan X-Trail
ixact Location of Accident: TPE towards Changi Chefore Lorong Halus)
Owner's Name/NRIC: 400 Cheng Huang (Yang Jingfang) 57522508C
Driver's Name/NRIC: 400 Chang Huang (Yang Jingfang) 575225080
Oriver's Contact: 96344836 Insurance Co & Policy No: 1916 / 1800080821
Driver's Email Address: hancorrepairs @ gmail. com
Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify:
What do you wish to claim (Please circle one only) 1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)
Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only) Private Use / Work Purpose
Weather Condition & Road Conditions? Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet Occupation Indoor / Outdoor
Any Injuries? (MC of 3 Days or more, police report is required)
Yes / No If Yes, which police station?
The Other Party (Vehicle B) Details Driver's Name/IC: Mok Weijun (Mo Weijun) S8231607H Unsurance Company: Driver's Contact:
Officer's contact.
(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)
Other Vehicle (Vehicle C):
Independent Witness (if Any): Contact:
Preferred Workshop (If Any); Contact:
* If no proper document are produced, IDAC should not file the report. * Information will be discarded after one wools.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7522508C



YOO CHENG HUANG (YANG JINGFANG)

楊

CHINESE

28-07-1975 F

晶

07522500c

Country of saids BINGAPORE



4978947

27-07-2007

APT BLK 116 EDGEFIELD PLAINS #15-332 SINGAPORE 820118

NRIC No: \$75225080

Date: 25/08/2012 No: 7116749

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of

30 Nov 1994

which unladen does not exceed 2500 kilograms.

NP 428A

Name of Policyholder

: Yoo Cheng Huang (Yang JingFang)

Period of Insurance Engine No.

: 09 Jul 2018 To 08 Jul 2019

Chassis No.

: MR20329776C : JN1JANT32Z0011298 Vehicle No.

: SDS8990S

Policy No.

: 1800080821

Endorsement No.

Issued Date

: 20 Jul 2018

ABOUT THE COVER

Make/Model

: NISSAN X-TRAIL

Engine Capacity/Tonnage : 1,997.00 CC

Sum Insured : Market Value

First Year of Registration : 2018

Driver Restriction

: NA

Off Peak Car No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*;

a) The Policyholder
b) Any other person who is criving on the Policyholder's order or with his/her permission.
This Policy will indemnify the Policyholder or any authorisand driver n'ny if he/she meets me specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or inexpenenced 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 him or inward, driving fullion, driving test, racing, pace-making, reliability trial or speed-testing, the carnage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade

Lass 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 - \$8 Own Damage - \$600 Theft - \$0 Flood Cover - \$0.

Section 2

Property Damage - \$0

Windscreen \$100

Named Driver and Excess (where applicable)

Yoo Cheng Huang (Yang JingFang) - \$600 (Own Damage)

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

f TC AutoClimic Add: No.1, Sixth Lok Yang Road Singapore 528099 82622212

2 Autolution Industrial Add: 19 Ubi Road 4 Singapore 408825 64909686 3.TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67008512 67038513

4 Tan Chong Motor Sales. Add. 913 Bukit Timat: Road Singapore 589623 64994091 54894093 54894093. 5 Tan Chong Motor Sales. Add. 17 Lorong 8 Tos Payoh Singapore 319254 63570753 63570754

For other Approved Reporting CentrewAlG Authorised Requirers, please contact our 24-hour accident emergency holling at +65 6338 6200. Alternatively, you may refer to AlG website www.aig.com.sg or AlG 3G Mobile App. Simply search and download "AlG 3G" from (Tunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

I/We hereby centry 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 N of State Road Transport Act. 1987 (Malaysis) and Motor Vehicles (Third Party Risks) Rules. 1959 (Malaysis)

0500810315

TAN CHONG CREDIT PTE LTD-CPH

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

SINGAPORE 589622 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE