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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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 <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.
- 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	10/05/2019 15:06			
Date Of Accident	09/05/2019 07:05			
Exact Location Of Accident	HOUGANG AVE 4 TWDS LOR LOW KOON			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SLK7143A			
Insured/Policyholder				
Name Of Registered Owner	FONG KAI HONG			
NRIC No	S7640091A			
Email Address	NOEMAIL			
Mobile Phone No	(LOCAL) +65-98282168			
Alternative Phone No	OFFICE-98282168			
Vehicle Particulars				
Manufacturer	JAGUAR			
Model	XE			
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	1700088639-01			
Cover Note Number	*			
Driver				
Name of Driver	FONG KAI HONG			
NRIC No	S7640091A			
Date Of Birth	03/12/1976			
Occupation	OUTDOOR			
Date Of Driving Pass	22/10/1998			
Driving Experience	20 YEARS AND 6 MONTHS			
Gender	MALE			
Mobile Number	(LOCAL) +65-98282168			

OFFICE-98282168

NOEMAIL

Address BLK 408C FERNVALE RD #10-08

Postcode

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? NO

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

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

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)

2

Passenger 1

ambulance?

NAME: : AIDAN FONG

GENDER: : MALE

**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 ATTACHED STATEMENT.

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

SME8048E

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)

Page 2 of 14

## **DETAILS OF INJURED PERSON 1**

Name

FONG KAI HONG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

**SLK7143A** 

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

#### 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.
- 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:
  - 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:

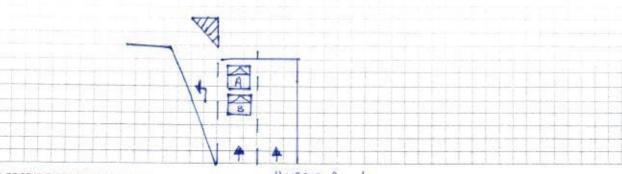
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Lorong Low toon

vehice A: SLK7 143A velice 8: SME 8048E



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### 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:

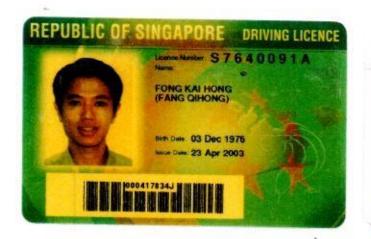
Reporting Centre Personnel's Signature

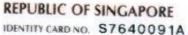
NRIC/FIN No.:

## **ACCIDENT STATEMENT**

ACCIDENT DA	(E) 7/5/2019 (DD/M	M/YYYY), TIME: ( 7 . 05 ) (HH:MM)
LOCATION:	Hougang are 4 tods 1	er Law toon
	OF VEHICLE	10-400
	DLE NUMBER SLK 7143A	
	PANCE COMPANY: ALG	41
	CY NUMBER: 1700088639 -	
e)MAKE	* MODEL: Jaguar XE	RD PARTY / THÍRD PARTY FIRE &THEFT)
g VEHIC h PURPC	CLE CATEGORY: (PRIVATE / COM DSE OF USING AT ACCIDENT TIM	E: Private USC
IF NO, I	DU CLAIMING UNDER YOUR OW PLEASE STATE (THIRD PARTY CLA	
<ol><li>INSURED</li></ol>	/ POLICY HOLDER	
A)NAME	Fong kai Hong	(MADE / FEMALE)
		CONTACT: 98182168
	555: BIK 408c Ferniau Rd	
* CONTIN	IUE TO 3.d IF DRIVER ALSO POLI	CYTIOLOGO
HNO of passange DRIVER	INC. TO S. G IF DRIVER ALSO POLI	C1 HOLDER
(Incl. d. I. ) GINAME:		S
第二十分では、これでは、これでは、できない。	IN/PASSPORT:	(MALE / FEMALE)
(01) CIADDRE		CONTACT:
) Aidan Fong (more)		
"d)DATE	DF BIRTH: (3 / 12/1976	I[DD/MM/YYYY]
RUDDOLe	PATION: [INDOOR / OUTDOOR)	.,,,,,
	F DRIVING EXPRERIENCE:	
		SURED'S COMPANY? (YES / NO)
IF NO, RE	ELATIONSHIP OF THE DRIVER	WITH INSURED : Owner
5. a)WEATH	R CONDITION: (QLBAR / RAINI	NG / OTHERS
b)ROAD S	URFACE: (DRY / WET / OTHERS	VG / OTHERS
6. WAS ANY	BODY INJURED ((FES / NO) d	
7 gireport	ED TO POLICE (YES / NO)	river-
JE VEC BI	EASE STATE WILLIAM STATE	
9 71100 040	EASE STATE WHICH POLICE STA	NION:
8. THIRD PAR	Y VEHICLE	3 7 3
4 His of passenger al VEHIC	LE NUMBER: SM F 8048 E	MODEL: Honda Civic
(Inducting driver) D) DRIVE	R'S NAME:	
() 9. THIRD PART	FIN/PASSPORT:	CONTACT:
d) VEHIC	LE NUMBER:	MODEL
1 had not hat 2 25 well.		MODEL:
(Including driver) f) NRIC/F	( ) NAME:	
( ) NRIC/F	IN/PASSPORT:	CONTACT:

email = rico 60 autosurvices egmail. com fax = 6286 7060











FONG KAI HONG

方 凱 弘

CHINESE 03-12-1976

SINGAPORE

# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

NP 428A

Class 2B Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 killograms

PASS DATE

28 Apr 1995 28 Mer 2000

22 Oct 1998

HIC № S7640091A

12-05-2003

APT BLK 408C FERNVALE ROAD #10-08 SINGAPORE 793408

NRIC No: \$7640091A

Date: 02/10/2018

3330071



## CERTIFICATE OF INSURANCE

### AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: FONG KAI HONG

Period of Insurance

: 24 Jan 2019 To 23 Jan 2020

Engine No.

: 160923W0202204DTD

Chassis No.

: SAJAB4ANXHCP04640

Vehicle No.

: SLK7143A

Policy No.

Endorsement No.

**Issued Date** 

: 16 Jan 2019

1700088639-01

#### ABOUT THE COVER

Make/Model

: JAGUAR XE 2.0D Prestige

Engine Capacity/Tonnage: 1,999.00 CC

Sum Insured : Market Value

First Year of Registration : 2017

Driver Restriction

: NA

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

Off Peak Car : No

a) The Policyholder

a) The Policyhologic 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.

You have to pay an additional sum of \$3,000 as: "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised 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 tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with Motor Trade.

The policy does not cover 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

Fire - \$0 Own Damage - \$900 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

FONG KAI HONG - \$900 (Own Damage), FONG KAI YUEN - \$900 (Own Damage), NG BENG HWEE - \$900 (Own Damage), FONG WAI MUNG - \$900 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised 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/AlG Authorised Repairers, please contact our 24-hour accident emergency hoffine at +65 6338 6200. Alternatively, You may refer to AlG website www.aig.com.sg. or AlG SG Mobile App. Simply search and download "AlG SG" from iTunes or Geogle Play.

## **IMPORTANT NOTES**

Hire Purchase Company/Employer's Loan: OCBC Bank 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).

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FONG KAI HONG PATRICK

3 TAMPINES GRANDE #04-36 AIA TAMPINES

SINGAPORE 528799 SP-STACYCHENG

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