

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	18/05/2019 09:31
Date Of Accident	17/05/2019 09:50
Exact Location Of Accident	GHIM MOH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
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Vehicle Registration Number	SGD4099K
Insured/Policyholder	
Name Of Registered Owner	FOK JUN HENG
NRIC No	S1406662D
Email Address	HGVSPORE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97854479
Alternative Phone No	Office-NOPHONE

Vehicle Particulars	
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Manufacturer	TOYOTA
Model	VIOS 1.5E A
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company	
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Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900001189
Cover Note Number	

Driver	
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Name of Driver	FABIAN YEO FANG YI
NRIC No	S9428803G
Date Of Birth	08/08/1994
Occupation	INDOOR
Date Of Driving Pass	04/03/2014
Driving Experience	5 YEARS AND 2 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-82285710
Fax Number	
Contact Number	
E-Mail Address	FABIO117@GMAIL.COM
Address	126 HOLLAND GROVE VIEW
Postcode	276280
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	Name: : SAMANTHA LEE Gender: : Female

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 THE 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	SHB382S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ABDUL JALEEL BIN KADER MYDIN

NRIC/Passport Number	S6909383C
Contact Number	93626229
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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.

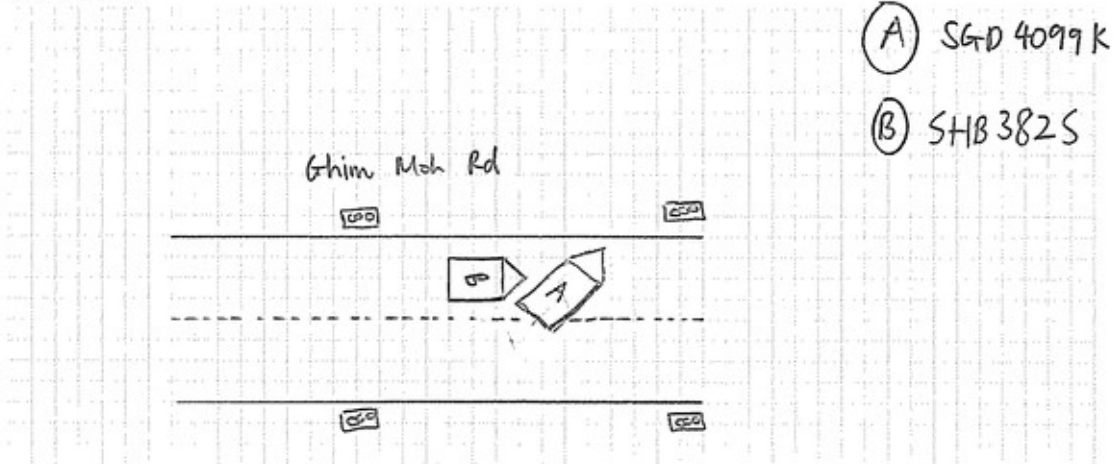
Policyholder's Signature
Date & Time: 18.5.19
9.45am.

Driver's Signature
(If driver is not the policyholder)
Date & Time: 18.5.19
9.45 am



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SGD 4099K	ACCIDENT DATE & TIME: 17 May 2019, 9:50 am
CONTACT NUMBER: 82285710	E-MAIL ADDRESS: fabio117@gmail.com
LOCATION: Ghim Moh Road	
<p>I was driving along ghim moh road at about 9:50 am on 17 May 2019 (Thursday). I was on the right lane and put on my indicator to filter to the left lane. I made sure I had more than enough time to change lanes.</p> <p>SMRT Taxi driver Abdul Jaleel Bin Kader Mydin suddenly collided into my vehicle's left rear side. we then stopped by the side of the road and exchanged details before leaving shortly.</p> <p>Taxi driver's IC number is S6909383C.</p> <p>His vehicle plate number is SHB 382S.</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION</p>	
Please state:	
<input type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input checked="" type="checkbox"/> Reporting Only	

DECLARATION

I/We declare the foregoing particulars are true in every respect.


 Policyholder's Signature
 Date & Time: 18.5.19
 9.45am


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 18.5.19
 9.45am


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



CERTIFICATE OF INSURANCE

ENHANCED AA AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : FOK JUN HENG
 Period of Insurance : 17 Feb 2019 To 16 Feb 2020
 Engine No. : 1NZX378877
 Chassis No. : MR053HY4204175236

Vehicle No. : SGD4099K
 Policy No. : 1900001189
 Endorsement No. :
 Issued Date : 22 Jan 2019

ABOUT THE COVER

Make/Model : TOYOTA VIOS
 Engine Capacity/Tonnage : 1,497.00 CC
 Driver Restriction : NA
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2006
 Insuring with COE/PAF : 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 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 tuition, 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.

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 - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

FOK JUN HENG - \$600 (Own Damage)

APPROVED REPORTING CENTRES/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/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.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: NA

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).

0503487000

AAS INSURANCE AGENCY PTE LTD
 535 KALLANG BAHRU #02-08 GB POINT
 SINGAPORE 339351

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

Rahmad B Mohd I
 Mohd I



Owner



REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of Fabian Yeo Fang Yi

License Number: S9428803G

Name: FABIAN YEO FANG YI

Birth Date: 08 Aug 1994

Issue Date: 04 Mar 2014

Barcode: 002281179G

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9428803G

Portrait of Fabian Yeo Fang Yi

Name: FABIAN YEO FANG YI

杨丰奕

Race: CHINESE

Date of birth: 08-08-1994

Sex: M

Country of birth: SINGAPORE

4779273

Driver.

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 04 Mar 2014

NP 428A

Barcode: Licence No: S9428803G

Portrait of Fabian Yeo Fang Yi

Barcode: 4779273

NRIC No: S9428803G

Date of issue: 17-09-2011

Address: 126 HOLLAND GROVE VIEW SINGAPORE 276280

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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