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TP Particulars: Veh No: <	Lc 63335 . ! INC		
Owner/Driver: (20 63333	Tel:)
Policy No: () Perio	d: ()	Cover Type: (
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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 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.
- 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	24/05/2019 13:59		
Date Of Accident	24/05/2019 06:35		
Exact Location Of Accident	ALONG BLK 217B COMPASSVALE DRIVE		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLT4684C		
Insured/Policyholder			
Name Of Registered Owner	KHOO KAI YUN KELVIN		
NRIC No	S8615696B		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-97528152		
Alternative Phone No	OFFICE-97528152		
Vehicle Particulars			
Manufacturer	MAZDA		
Model	MAZDA 3		
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	1700076698-01		
Cover Note Number			
Driver			
Name of Driver	KHOO KAI YUN KELVIN		
NRIC No	S8615696B		
Date Of Birth	30/05/1986		
Occupation	INDOOR		
Date Of Driving Pass	26/07/2012		
Driving Experience	6 YEARS AND 9 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-97528152		
Fax Number	receive and the constitution of the constituti		
Contact Number	OFFICE-97528152		
EMail Address	NOEMAIL		

Address

BLK 216C COMPASSVALE DRIVE #09-568

Postcode

543216

OWNER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

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)

NO

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: ANG LAY HOON

GENDER:

: FEMALE

Passenger 2

NAME:

: KHOO JUN QUAN MAVERICK

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?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLC6333S

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

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
 - (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:

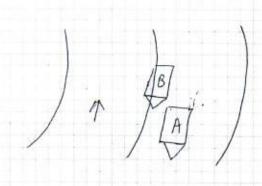
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



A-SLT 4684C B-SLC 63335

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	stated tin					
	217B comp				vehic	le Bhi
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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)

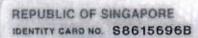
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

*	7			
Date of Accident	: 24 /5/19 Accident Time: 6.35am (24-HR-Format)			
Accident Place	: Alon BIK 217B companyale Drive			
Vehicle. No. (Car Plate No.)	: SLT4684C Make/Model: Mazda 3			
Insurace Company	:A 61 Policy No: 17 0076698-01			
Owner or Company Name /IC No.				
Owner or Company Contact No.	:Owner's Hp 97528152Company Tel			
DRIVER'S Name / IC No.	:_ as . Above			
DRIVER'S Date Of Birth	: 30/5/1986 DRIVER'S License Pass Date 26/7/2012			
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: O W			
DRIVER'S Address	: BIK 216C compassible Drive			
DRIVER'S Contact No./ Alt No.	:1) #09-568 5543216			
DRIVER'S Occupation	: INDOOR \OUTDOOR (e.g. working inside or outside office)			
Email Address	1			
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET			
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance			
Number of Passengers (Including Dr				
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state):	camera: YES\NO being used at the time of accident: Private use \ Work purpose			
	arty Driver's Particular (if any)			
Vehicle. No: SLC 6333	veincie, ivo.			
Vehicle Make\Model:	Vehicle Make\Model:			
Name Driver:	Name Driver:			
IC No. Driver/Contact:	IC No. Driver/Contact:			
* NEW - Passenger's name & g	gender:			
Ang Lay Hoon (F)				
KHOO INN QUAN MAVER	WK (M)			







KHOO KAI YUN KELVIN

CHINESE 30-05-1986

Country of birth. SINGAPORE



APT BLK 216C COMPASSVALE DRIVE #00-568 SINGAPORE 543216 NRIC No: \$8615696B Date: 11/12/20

Date: 11/12/2016



SINGAPORE Pass Date

POLICE FORCE

Class 28 - 14/6/2007

Class 28 - 14/6/2007

Class 20 - 5/4/2008

Class 2 - 23/2/2000

Private & Confidential

Class 3 - 26/7/2042

KHOO KAI YUN KELVIN

APT BLK 216C COMPASSYALE DRIVE #09-568

www.police.gov.sg

SINGAPORE POLICE FORCE

RAFFIC POLICE

SINGAPORE 408865 10, UBI AVENUE 3

Tel: 65470000

unless you made a special request to collect working days from the date of application RAFFIC POLICE your photocard driving cence by registered post within 10 to at Traffic Police at the time of application CUSTOMER SERVICE OFFICER
CORPORATE SERVICES BRANCH

You can drive while awaiting the delivery of your photocard driving licence

Please turn overleaf for important notes.

S8615696B (2B/2A/2/3)

C001487943

(Please do not detach)



CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder Period of Insurance

1 NHOO KAI YUN KELVIN 1 30 Ool 2018 TO 20 Ool 2019 1 PS20478444 1 JAIOBN24ABJ0187898

Engine No. Chassis No.

Vehicle No. Policy No. Endorsement No. Issued Date 1 SLT46840 : 1700076698-01

1 28 Sep 2018

ABOUT THE COVER

Make/Model

MAZDA 3 1 B SKYACTIV

Engine Capacity/Tonnage 1,400.00 CC Driver Restriction

NA

fium insured Market Value Off Peak Car | No

First Year of Registration : 2017 Insuring with COE/PARF Yes

Person or Classes of Persons Entitled to Drive*

Pro-Publishman
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Age Condition

: All Age Condition

Limitation as to use'

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Loss of Use 1500cc - 1600cc Optional

"Liverature reviewed Expension by Section 8 of the Make Values (Horis Posty Rocks and Compensation) Act (Hogs 180) and Section 96 of the Rock Transport Act 1967 (Makeyste), are not to be an according to the Rock Transport Act. 1967 (Makeyste), are not to be

EXCESS

Region I For 50 Dan Denage \$600 TheR \$0 Feed Cover \$6

Windscreen : \$500

Named Driver and Excess more systems

SHOO KAI YUN KELVIN - \$600 (Own Damage)

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

1 from Eurana Photal And Star Came, Sequence \$18605 \$1958659

For USer' Approved Reporting ContinentAS Authorised Reporting please section on 24-loss acclaims emorphism at 166 8348 8200. Alternatively, you may refer to AIG website www.alg.com.sq. or AISI SIG Middle App. Simply secret, and discrete and Sign Street and Sign Street AIG website www.alg.com.sq.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OCBC Bank Ltd

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AlG Asia Pacific Insurance Pte. Ltd.