

## 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	23/05/2019 13:41
Date Of Accident	23/05/2019 06:40
Exact Location Of Accident	T JUNCTION BTW SERANGOON NORTH AVE3 & AVE4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH411B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOH ENG GHEE
NRIC No	S7614331E
Email Address	ZEITOU@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96380314
Alternative Phone No	Office-NOPHONE

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 6

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
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### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900010642
Cover Note Number	

### Driver

Name of Driver	NG FENNY
NRIC No	S7805896Z
Date Of Birth	28/02/1978
Occupation	INDOOR
Date Of Driving Pass	06/08/2002
Driving Experience	16 YEARS AND 9 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-93384525
Fax Number	
Contact Number	
EMail Address	ICEMOCHI@GMAIL.COM
Address	15S KANG CHOO BIN ROAD SINGAPORE 548289
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 ON 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	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: : AERITH KOH KAI XIN 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

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	SGA231L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RAJD

NRIC/Passport Number	
Contact Number	93214353
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:

23/9/19 1130am

Driver's Signature

(If driver is not the policyholder)

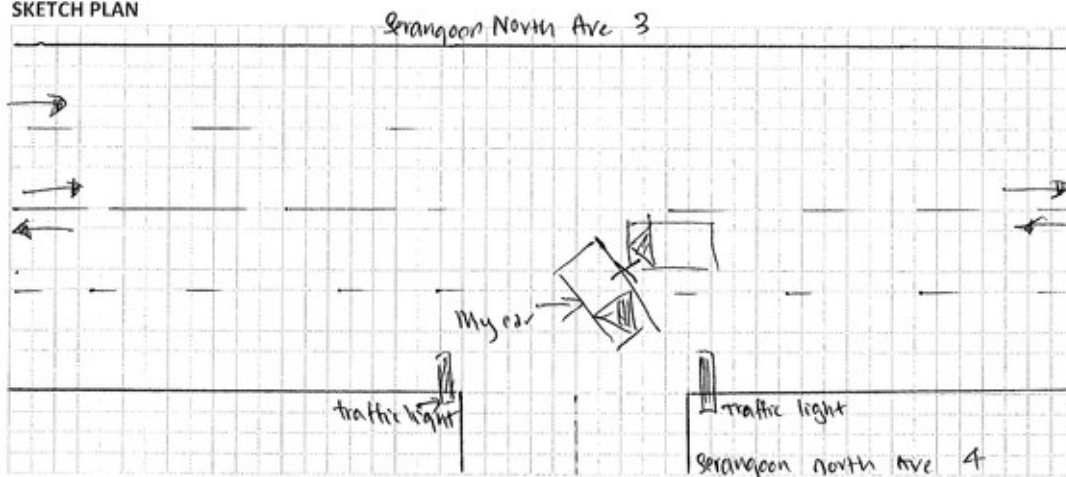
Date & Time: 23/9/19 1130am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



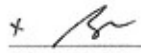
## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

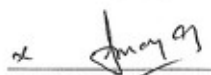
LICENSE PLATE NO: SMH 411 B

ACCIDENT DATE: 23 May 2019	CONTACT NUMBER: 93384525
ACCIDENT TIME: Around 6:40am	EMAIL: KEMDCH1@GMAIL.COM
LOCATION: T-junction between Serangoon north ave 3 and Serangoon north ave 4	
<p>At the T-junction, I was 3rd in <del>line</del><sup>time</sup> to turn right. After the front 2 cars had turned, I saw the light was in my favour and turned as well. The oncoming car hit my car at that moment, when it was red light for his direction.</p> <p>I was very shocked and after checking that my daughter (9 year old) was not hurt, I alighted. The other driver and his daughter also alighted and I asked to make sure they were not hurt. The other driver wanted to call Traffic Police (TP) so we only exchanged particulars after he confirmed with his friend that TP was not required.</p> <p>I was driving my daughter to school and so was <del>driving</del><sup>driving</sup> very slowly and carefully.</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.	
PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
PLEASE STATE: <input checked="" type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> REPORTING ONLY	

## DECLARATION

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

\*   
 Policyholder's Signature  
 Date & Time: 23/5/19 11:30am

\*   
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 23/5/19 1130am

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



# CERTIFICATE OF INSURANCE

## MAZDA AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : Koh Eng Ghee (Xu Yong Yi)  
**Period of Insurance** : 09 Jan 2019 To 08 Jan 2021  
**Engine No.** : PE21257390  
**Chassis No.** : JM6GL1072K0312095

**Vehicle No.** : SMH411B  
**Policy No.** : 1900010642  
**Endorsement No.** :  
**Issued Date** : 25 Jan 2019

### ABOUT THE COVER

**Make/Model** : MAZDA 6 2.0 SKYACTIV

**Engine Capacity/Tonnage** : 1,998.00 CC

**Driver Restriction** : NA

**Sum Insured** : Market Value

**Off Peak Car** : No

**First Year of Registration** : 2019

**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)

Koh Eng Ghee (Xu Yong Yi) - \$600 (Own Damage)

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

1. Trans Eurokars Pte Ltd Add: 27A Tanjong Penjuru, Singapore 609042 63310608

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](http://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:** HONG LEONG FINANCE LTD

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, 1950 (Malaysia).

0503599190

ARF (AP) PTE LTD - MAZDA

7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX

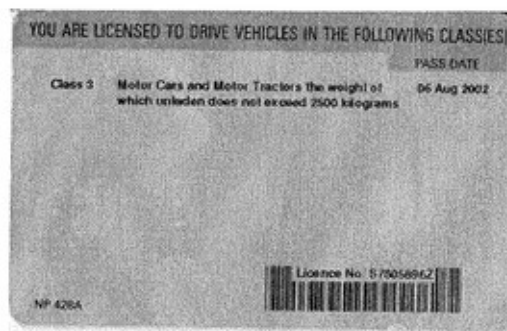
SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Janile*

**AIG Asia Pacific Insurance Pte. Ltd.**  
 AUTHORISED REPRESENTATIVE

SSCA58



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7805896Z

Name  
NG FENNY

黄 靖 怡  
Race

CHINESE  
Date of Birth 28-02-1978  
Country of Birth SINGAPORE

Sex F

57103896Z



driver

A0236444

Barcode

NRIC No. S7805896Z

Blood Group Date of issue 15-10-2002

15S KANG CHOO BIN ROAD  
SINGAPORE 548289  
NRIC No. S7805896Z Date 15/09/2018





Accident Photo



**Accident Photo**



Accident Photo



**Accident Photo**

