## SINGAPORE ACCIDENT STATEMENT

# **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 1. 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.
- 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 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

	ACCIDENT STATEMENT
Date Of Report	03/06/2019 17:17
Date Of Accident	02/06/2019 13:50
Exact Location Of Accident	MBS CONVENTION CENTER PICK-UP POINT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDY3292A
Insured/Policyholder	
Name Of Registered Owner	NEO CHEE KIONG
NRIC No	S6928309H
Email Address	BENNYNCK@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98170031
Alternative Phone No	Office-NOPHONE
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER-2.0 I-L CVT AWD SR (A)
Exact Purpose for which vehicle was being used at ime of accident	PERSONAL / LEISURE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Гуре Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100439511-03
Cover Note Number	
Driver	
Name of Driver	NEO CHEE KIONG
NRIC No	S6928309H
Date Of Birth	06/08/1969
	NIDOOD

**INDOOR** 

30/01/1992

27 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98170031

Fax Number

Contact Number OFFICE-NOPHONE

EMail Address BENNYNCK@HOTMAIL.COM

Address APT BLK 551 SERANGOON NORTH AVE 3 #08-43

Postcode 550551 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

neuronea Company 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

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

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 THE ATTACHED DOCUMENT AND VIDEO FOOTAGE

# Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SMF1526H

Vehicle Make/Model/Colour HONDA FREED GREEN

Details Of Properties REAR PORTION
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)

#### Accident Sketch Plan

## SKETCH PLAN

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- 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
- 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, admowledge, agree and consent that:

- 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 t external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively th "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permit to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providen agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Put
- (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 frau regulators, law enforcement and government agencies as reasonably required for the purposes states, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

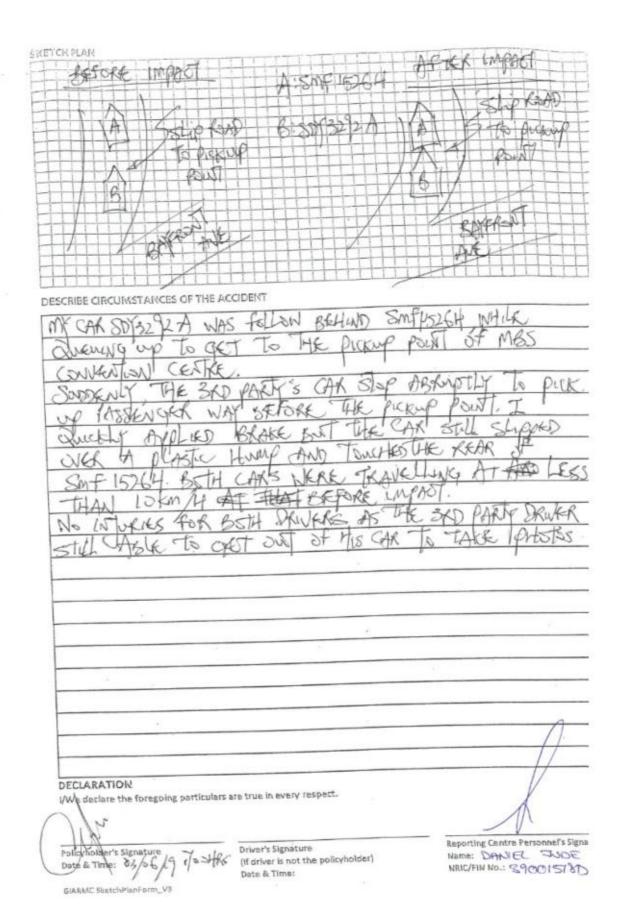
Date & Time: 75

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

Date & Time:

Reporting Centre Personnel's Signati Name: DANIEL JUDE

NRIC/FIN NO .: 59 001 51 80







NEO CHEE KIONG

1283-

梁志强

CHINESE

06-08-1969 M SINGAPORE









# CERTIFICATE OF INSURANCE

#### SUBARU AUTO PROTECTOR PRIVATE VEHICLE

 Name of Policyholder
 : NEO CHEE KIONG

 Period of Insurance
 : 23 Nov 2018 To 22 Nov 2019

 Engine No.
 : FB20Y076527

 Chassis No.
 : JF1SJ5KC5FG059380

: SDY3292A Vehicle No. Policy No. : 2100439511-03

Endorsement No.

: 07 Nov 2018 Issued Date

ABOUT THE COVER

: SUBARU FORESTER 2.0I-L Make/Model

Engine Capacity/Tonnage : 1,995.00 CC Sum Insured : Market Value First Year of Registration : 2015 Off Peak Car : No Insuring with COE/PARF : Yes Driver Restriction : NA

Person or Classes of Persons Entitled to Drive\*:

You have to pay an additional sum of \$3,030 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (numed or unnamed) has less than 2 years' driving separations.

Age Condition

: 40 years old and above

Limitation as to use\* :

Loss of Use 1500cc - 1600cc

\* Limitations rendered insperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cop. 189) and Section 95 of the Road Transport Act, 1997 (Malaysia), are not to be included under these headings.

Section 1 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Named Driver and Excess (where applicable)

NEO CHEE KIONG - \$600 (Dwn Damage)

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

1.Motor Image Enterprises Ple Ltd: Add: 19 Lorung 8 Top Payoh Singapore 319255 54170100

For other Approved Reporting Centres/A/G Authorised Repairers, please contact for 24-hd or A/G 5G Mobile App. Simply search and download "A/G 5G" from iTunes or Google Play.

# IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS 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. 1997 (Malaysia); and Motor Vehicles (Third Party Risks) Rules, 1999 (Malaysia).

0500619202

TAN CHONG CREDIT SUBARU-JAT 911 BUKIT TIMAH ROAD SINGAPORE 589622

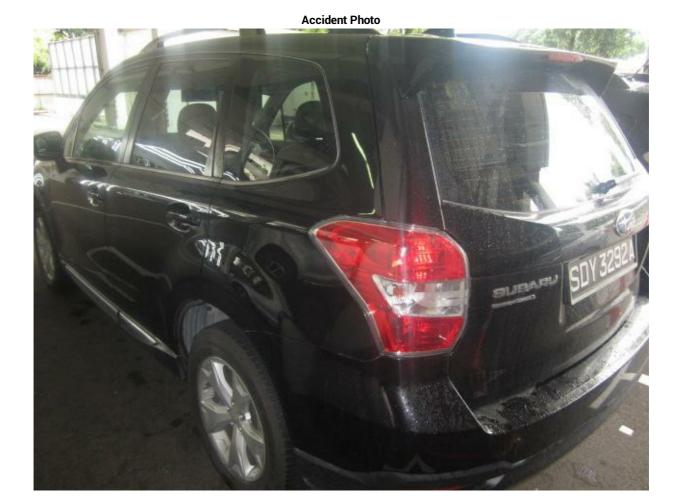
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE



























**Accident Photo** 



