Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 08/07/2019 19:09

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

- 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.
- 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

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	ACCIDENT STATEMENT
Date Of Report	08/07/2019 18:53
Date Of Accident	28/06/2019 16:00
Exact Location Of Accident	ALONG JURONG GATEWAY BLK 132
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKB3850C
Insured/Policyholder	
Name Of Registered Owner	PNEUCON ENGINEERING PTE LTD
Co Reg No	200404784E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-65604515
Vehicle Particulars	
Manufacturer	SUBARU
Model	EXIGA MPV 2.0I AWD 4AT ABS AIRBAG
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?	NO
lf No, Please state action to be taken	REPORTING ONLY
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	2100474323-02
Cover Note Number	25/11/2018-24/11/2019
Driver	
Name of Driver	HLA SOE
NRIC No	F7627599T
Date Of Birth	05/04/1961
Occupation	OUTDOOR
Date Of Driving Pass	28/09/2017

1 YEAR AND 9 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-92467175

Fax Number

Contact Number

EMail Address NOEMAIL

NO 7 TOH GUAN ROAD EAST Address

06-03

Postcode 608599 YES

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

2

NO

1

NO

NO

В

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? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

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

SKM192E Vehicle Registration Number

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

SKETCH PLAN

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- 6. The report will be forwarded by the insurers of the GtA 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 .
 - (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 Elemeture Date & Time;

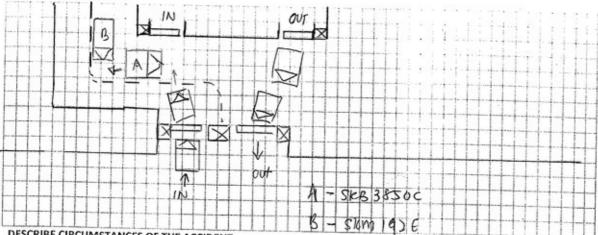
CONTRACT ASSESSED BANKEROW

INEE

Oriver's Signature (if driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

THE CARPARK WAS VERY CONGESTED AT THE	E EXIT GA	HTRY BE TURBAL CLASS
I CHECKED MY TOTAL BUND STOT AND RESTED OF	FUFRSES	Shoully To CUTTISION TO
ANOTHER VEHICLE WHICH INTERDED TO TURN IN	TO THE	MULTI STORY CAPRAGE AC
WAS REVERSING SLOWLY I DID NOT NOTICED T	HAT VE	WHOLE BY CHANGE AND I
BEALING MY YEHICLE AND MY REAR BUMBER TOU	CHEDA	TO VERYINE BOD WAS
1 ALIGHTED FROM MY VECHICLE TO CHECK AND	THEOR.	O VECHICLE & FRONT BUMTER.
OUR VEHICLE.	I THORE	MAS NO DAMAGES ON BOTH OF
	30,000,000	
	/	
Important: You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.		- Reporting Only
		- Claim OD
		- Claim TP
		- Claim OD/ TP at other workshop

DECLARATION

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



Policyholder's signature Date & Time The .

Driver's Signature (if driver not the policyholder) Date & Time 08.07.19

Reporting Centre Personnel's Signature Name:

Nric/Fin No.



EMPLOYOR PROINCERING PTE. LTD.

Sector: SERVICE



Name
HLA SDE
Occupation
ELECTRICAL ENGINEERING TECHNICS/N (GENERAL)
Gate of Application





L6917123

VISIT PASS

Name HLA SOE



Date of Birth Sex 05-04-1961 M FIN Date of Itave F7627599T 17-08-2018

Nationality MYANMAR Date of Expiry 04-09-2019



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE:

EFFECTIVE DATE

Class 3C Motor cars with unladen weight =< 3000kg with =< 7 28 Sep 201

min = 1 20 30p 2017

NP 428A

Licence No:F76275991



CERTIFICATE OF INSURANCE

AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : PNEUCON ENGIEERING PTE, LTD. Period of Insurance : 25 Nov 2018 To 24 Nov 2019

: EJ20D673436

Engine No. Chassis No. : YA5011693 Vehicle No. Policy No.

: SKB3850C : 2100474323-02

Endorsement No.

Issued Date : 19 Nov 2018

ABOUT THE COVER

Make/Model : SUBARU EXIGA 2.01

Engine Capacity/Tonnage: 1,994.00 CC Sum Insured : Market Value First Year of Registration : 2011 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

Any person who is driving on the Policyholder's order or with their 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 yours' driving experience.

Age Condition

: All Age Condition

'mitation as to use* :

a 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 offer than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

* 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 - \$800 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

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.
For other Approved Reporting Certives/AIG Authorised Repairers, please contact our 24-hour accident emergency holline 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 Times or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

WWe 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).

0504615000

COSMO INSURANCE AGENCY PTE LTD 210 TURF CLUB ROAD LOT A16, THE GRANDSTAND SINGAPORE 287995 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

Accident Photo













Accident Photo



Accident Photo



Accident Photo

