MSME19084430 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 28/06/2019 17:55 SUBMITTED BY: Chia Pei Ying

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 <u>completed by the Policyholder and/or the Authorised Driver.</u>
- 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.

By the lodgement of this report to the insurers, you hereby conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	28/06/2019 17:55
Date Of Accident	28/06/2019 15:30
Exact Location Of Accident	BEDOK SOUTH AVE 1 TWDS BEDOK NORTH ST 3
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDM3928M
Insured/Policyholder	
Name Of Registered Owner	NG HOCK SING
NRIC No	S6900545D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96919556
Alternative Phone No	Office-96919556
Vehicle Particulars	
Manufacturer	HONDA
Model	INTEGRA
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
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	2100148026
Cover Note Number	
Driver	
Name of Driver	NG HOCK SING
NRIC No	S6900545D
Date Of Birth	11/01/1969
Occupation	INDOOR

16/06/1990

29 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96919556

Fax Number

OFFICE-96919556 Contact Number

EMail Address NOEMAIL

Address 74 FRANKEL AVE

Postcode 458203 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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident **CHAIN 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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

3

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

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 ATTACH.

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 SLA8513L

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B PRIVATE CAR Vehicle Category

Name of Driver

Contact Number

NRIC/Passport Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHD486R

Vehicle Make/Model/Colour

Details Of Properties VEHICLE C

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NG HOCK SING

Approximate Age Injuries Sustain

Injured person in which vehicle? SDM3928M

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

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- 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:
 - (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:

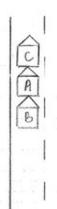
Oriver's Signature (
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



- (A) SDM 3928M
- (B) SLA 8513L
- (C) SHD 486R

Bedok North Avenue 1 towards Bedok North Street 3 (Before Bedok North Road Junction)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	/
	_
	_
A	_
Refer to attach	
	_
	_
	_
	_
DECLARATION	

DECLARATION

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

Policyholder's Signatute Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

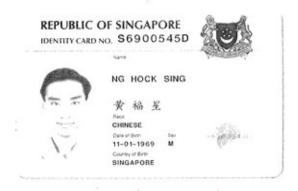
On 28.06.19 at about 15:30 hours, I was driving along Bedok North Avenue 1 towards Bedok North Street 3 (Before Bedok North Road Junction). I was travelling straight on the lane 2, when my front Vehicle (C) stopped hence I followed suit and my vehicle (A) came to a complete stop.

Suddenly I heard a loud bang from behind and the impact forced my vehicle (A) to move forward hit onto the rear portion of vehicle (C). When I alighted I realised it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my front & rear portion of my vehicle (A). It was a chain collision of a total of 3 vehicles involved.

Vehicle (A): SDM 3928M

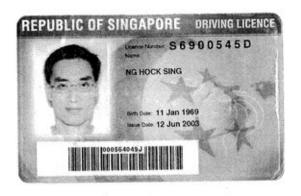
Vehicle (B): SLA 8513L

Vehicle (C): SHD 486R



SDM 3928 M Owner & Driver





'SDM 3428m

Owner & Driver





CERTIFICATE OF INSURANCE

PRIVATE AUTO THIRD PARTY FIRE AND THEFT PRIVATE VEHICLE

Name of Policyholder : Ng Hock Sing

: 02 Jul 2018 To 01 Jul 2019 Period of Insurance

: K20A34800886 Engine No.

: JHMDC54505S201212 Chassis No.

Vehicle No. : SDM3928M Policy No. : 2100148026-09

Endorsement No.

Issued Date : 11 Jun 2018

ABOUT THE COVER

Make/Model : HONDA INTEGRA GSR

Engine Capacity/Tonnage: 1,998.00 CC Sum Insured : Market Value First Year of Registration : 2005 Driver Restriction Insuring with COE/PARF : Yes Off Peak Car : No

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.

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-lessing, the carriage of goods other 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 Theft - \$0

Section 2

Property Damage - \$0

Windscreen: NA

Named Driver and Excess (where applicable)

Ng Hock Sing

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

Approved Reporting Centres! AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For Approved Reporting CentresIAIG 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: DBS BANK LTD

IWe 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).

0503982000

KHC HOLDINGS PTE, LTD. 389A BALESTIER ROAD SINGAPORE 329796

Underwritten by AIG Asia Pacific Insurance Pte, Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

Accident Photo







Accident Photo











Accident Photo

