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 conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	22/07/2019 16:06
Date Of Accident	22/07/2019 09:30
Exact Location Of Accident	TRAFFIC LIGHT AT JUNC OF SEMBAWANG DR & SMBWG AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL3187U
Insured/Policyholder	
Name Of Registered Owner	NG BOON HUONG
NRIC No	S1488427J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97318329
Alternative Phone No	Office-97318329
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100501678
Cover Note Number	
Driver	
Name of Driver	NG KOK CHAI KEVIN
NRIC No	S8312183A
Date Of Birth	22/04/1983

INDOOR

25/11/2005

13 YEARS AND 7 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-97777530

Fax Number

Contact Number

EMail Address ORANJJI@HOTMAIL.COM

Address 589A MONTREAL DRIVE #12-174

Postcode 751589

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN**

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**

2

NO

NO

YES

NO

1

NO

NO

Weather Conditions CLEAR DRY Road Surface

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?

Was any injured conveyed to hospital by

ambulance?

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)

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

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

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

SGD9641Y Vehicle Registration Number

Vehicle Make/Model/Colour HONDA FIT RED

Details Of Properties BOOT

PRIVATE CAR Vehicle Category

Name of Driver DINESH S/O RADARKRISHNAN

NRIC/Passport Number S8916379Z Contact Number 97206838

Address 129A CANBERRA STREET #03-632 Postcode 751129

Insurance Company Name NTUC Income Insurance Co-operative Ltd

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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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:
 - 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)

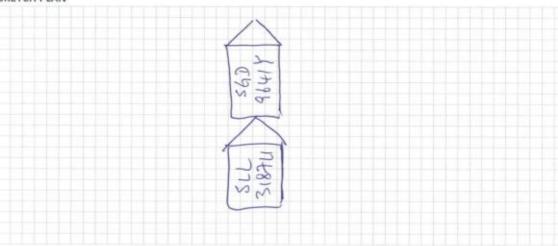
Date & Time: 27 2/19

ler)

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

S	K	E	T	C	H	1	P	L	A	N



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TRIVER	in from	at 10	invared	drate	ed th	e lest	min	when	He
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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: 27/7/19 1240.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

AIG

MOTOR ACCIDENT INTERVIEW FORM

. . . .

NAME (DRIVER)	: Na tac quai	tevi n
VEHICLE NUMBER	: SCC 3187	h
DATE/TIME OF ACCIDENT	: 22 7/19	0930hr
PLACE OF ACCIDENT	: Sembanany A	lve.
THIRD PARTY VEHICLE (IF ANY) :_ Shī 9	6417
*******************	*******	*******
WHERE DID YOU START YOU DESTINATION BEFORE THE ACCESSION TO THE COMP 3	IDENT?	heading towards
THE ACCIDENT? IF YES, DID TANALYSER TEST ON YOU? IF YE WAS WHAT IS THE TYPE OF COLLIS	S, WHAT IS THE RESU	LT?
TO ALL VEHICLES INVOLVED? Crashed into the back	of the nechocle	in Fart.
Fruit angine damaged; Boot of the mechale i	n front domaged	
WERE YOU OR YOUR PASSENG WERE YOU TAKEN TO THE TRA	GER/S INJURED? IF IN	
lC-2		
Name: COVIN NA		

I Affirmed The Above Information Is Given To My Best Knowledge.

AIG Asia Pacific Insurance Pte. Ltd. AIG Building 78 Shenton Way #07-16 Singapore 079120 Tel: 6419 3000











CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Ng Boon Huong

Period of Insurance : 21 Feb 2019 To 20 Feb 2020

Engine No. : 1ZRX590433

Chassis No. : MR053REH104556503 Vehicle No.

Issued Date

: SLL3187U : 2100501678-01

Policy No. Endorsement No.

: 28 Jan 2019

ABOUT THE COVER

Make/Model

: TOYOTA COROLLA ALTIS 1.6 DUAL

Engine Capacity/Tonnage : 1,598.00 CC Driver Restriction : NA

Sum 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*;

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

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 tution, 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 - S0 Own Damage - S600 Theft - S0 Flood Cover - S0

Section 2 Property Damage - 50

Windscreen: \$100

Named Driver and Excess (where applicable)

Ng Boon Huong - \$600 (Own Damage)

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

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine 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 Trunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

IAWe 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 and Compensation) Act (Cap. 189), Part IV of

0030210000

AIG ASIA PACIFIC INSURANCE PL 78 SHENTON WAY #07-16 AIG BUILDING

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

prile

AUTHORISED REPRESENTATIVE

78 Scienton Way #37-15 AVS Building \$079120 | T +65 6419 3000 | www.irig.com.sg

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AUTHORIZATION LETTER

Date: 22/3/19			×.		
To: ALL		*			
Cc : Borneo Motors (S) Pte Ltd					
Attn: To Whom It May Concern					
	1				
Dear Sir / Madam,					
RE: Authorization to Act on t	Behalf for Insu	rance Claims I	Documentation		
1. (full name) NG BOOH	HUONG	HRIC	no. 148845	75	_ hereby
authorized my (relationship)	son	(full_name)	ua kek c	HAI Y	EU/N
HRIC 110: 8312183A	to exercise an	d execute to	tion all / aw/ na		
documentation pertaining to my r	egistration yehi	de number	SLL 3187	U	_ as 1 am
					_ 0.5 1 0.11
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Please do not hesitate to contact me Thank You Yours truly.	es schedules / a	way from Singap	ore on duty overse	ea travel.	40 1 000
Please do not hesitate to contact me Thank You Yours truly. Signature:	es schedules / a	way from Singap	ore on duty overse	ea travel.	40 1 000

Accident Photo













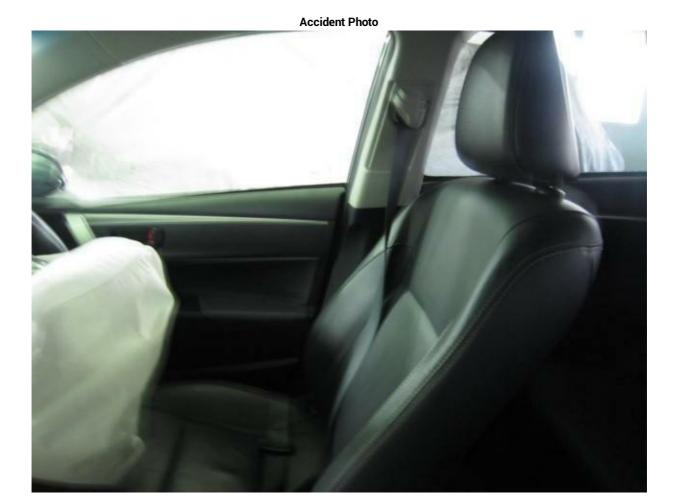




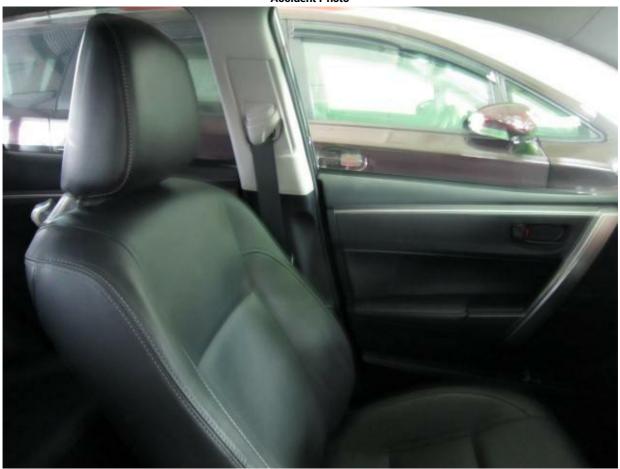












Accident Photo





Accident Photo

