

## 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	02/08/2019 10:38
Date Of Accident	02/08/2019 08:10
Exact Location Of Accident	ALONG BOON LAY WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB3321M
-----------------------------	----------

### Insured/Policyholder

Name Of Registered Owner	CHANG WEE TYNG
NRIC No	S7886599G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94578459
Alternative Phone No	Office-94578459

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA-2.4 AERAS (A)
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

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800051498-07
Cover Note Number	16/05/2019-15/05/2020

### Driver

Name of Driver	CHANG WEE TYNG
NRIC No	S7886599G
Date Of Birth	09/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	18/05/2012
Driving Experience	7 YEARS AND 2 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-94578459
Fax Number	
Contact Number	OFFICE-94578459
EMail Address	NOEMAIL
Address	BLK 205 BUKIT BATOK EAST AVENUE 4 03-385
Postcode	650265
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	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?	
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)	3
Passenger 1	Name: : EBIE CHANG Gender: : Female
Passenger 2	Name: : HANNAH CHANG 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 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

Vehicle Registration Number	SLU4630C
Vehicle Make/Model/Colour	B

Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAM TER WEI
NRIC/Passport Number	S7960143H
Contact Number	82008537
Address	
Postcode	
Insurance Company Name	
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.
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. 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.
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.
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:

7/8/19 10:19am

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

A B

A - SKB 3321M

B - SLC 4630C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The car in front suddenly stop  
We, car behind (SKB 3321M) couldn't stop in time, then hit the  
back of front car.

**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.

<input type="checkbox"/>	- Reporting Only
<input checked="" type="checkbox"/>	- Claim OD
<input type="checkbox"/>	- Claim TP
<input type="checkbox"/>	- Claim OD/TP at other workshop

**DECLARATION**

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

Policyholder's signature

Date & Time

21/01/19 10:19 am.

Driver's Signature

(if driver not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.



# CERTIFICATE OF INSURANCE

## AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : CHANG WEE TYNG  
Period of Insurance : 16 May 2019 To 15 May 2020  
Engine No. : 2AZF144565  
Chassis No. : ACR507058344

Vehicle No. : SKB3321M  
Policy No. : 1800051498-01  
Endorsement No. :  
Issued Date : 03 May 2019

### ABOUT THE COVER

Make/Model : TOYOTA ESTIMA WELCAB

Engine Capacity/Tonnage : 2,362.00 CC

Sum Insured : Market Value

First Year of Registration : 2008

Driver Restriction : NA

Off Peak Car : No

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.

\* 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 - \$400 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

CHANG WEE TYNG - \$400 (Own Damage)

### 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 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, 1959 (Malaysia).

0503962000

KHC HOLDINGS PTE. LTD.  
389A BALESTIER ROAD  
SINGAPORE 320796

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

Cha Ying Lim

Accident Photo





Accident Photo





Accident Photo



Accident Photo



# Driving License



Accident Photo





Accident Photo



Accident Photo



Accident Photo

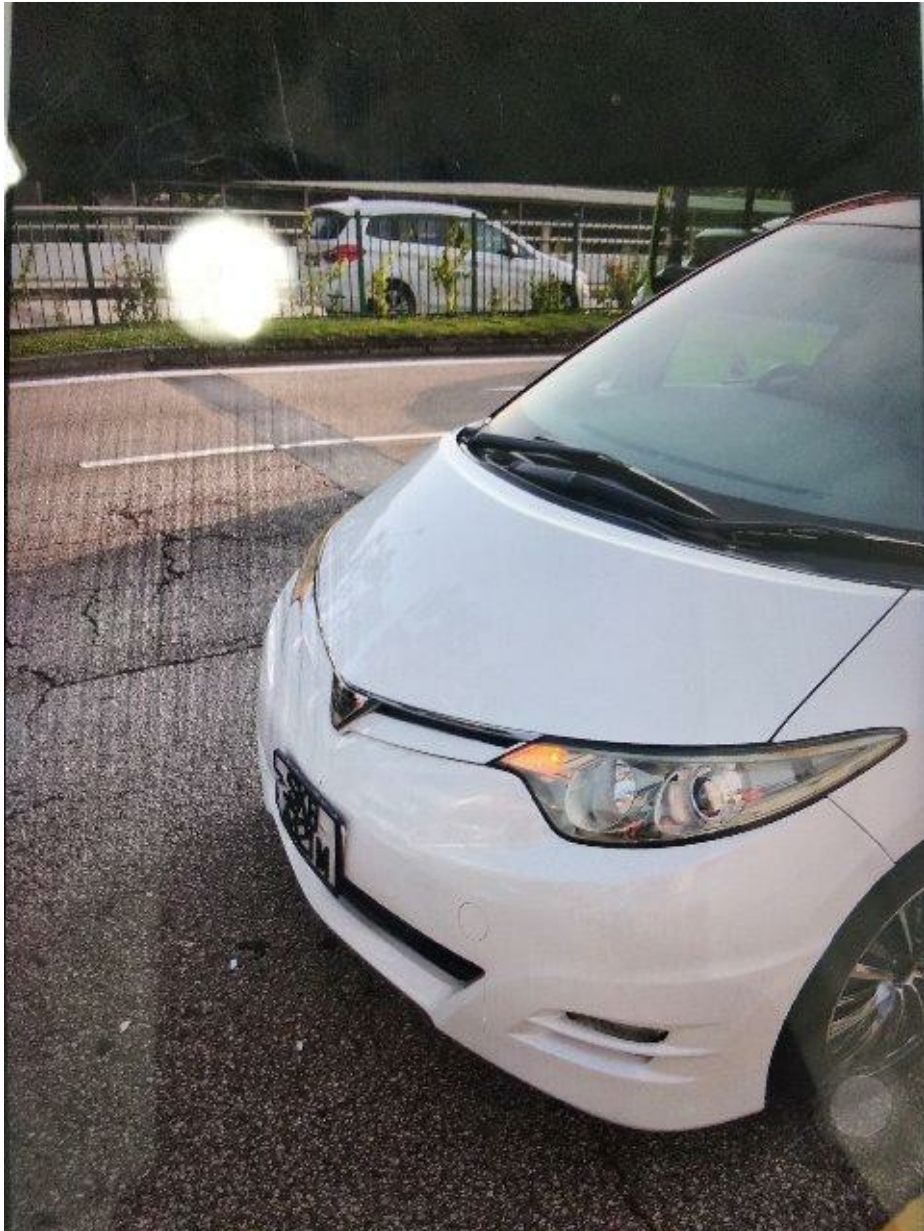




Accident Photo





Accident Photo



Identification Card

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7886599G



Name  
CHANG WEE TYNG



張 偉 廷

Race  
CHINESE

Date of birth  
09-06-1978

Sex  
M

Country of birth  
MALAYSIA





Identification Card



Driving License



# Driving License

