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 <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 aforesaid

atoresaid.			
	ACCIDENT STATEMENT		
Date Of Report	22/08/2019 12:10		
Date Of Accident	21/08/2019 19:40		
Exact Location Of Accident	BUKIT TIMAH ROAD		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	EY54D		
Insured/Policyholder			
Name Of Registered Owner	CHOY POH KEE		
NRIC No	S2548682Z		
Email Address	TFRAME13@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-96318290		
Alternative Phone No	OTHERS-NOPHONE		
Vehicle Particulars			
Manufacturer	MERCEDES-BENZ		
Model	C180 ML		
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	REPORTING ONLY		
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	0100381061		
Cover Note Number			
Driver			

Name of Driver CHOY POH KEE

NRIC No S2548682Z

Date Of Birth 13/04/1947

Occupation INDOOR

Date Of Driving Pass 19/05/1972

Driving Experience 47 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96318290

Fax Number

Contact Number OTHERS-NOPHONE
EMail Address TFRAME13@GMAIL.COM

Address 71 NAMLY PLACE

Postcode 267219

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?

Was any injured conveyed to hospital by

ambulance?

NO

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)

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?

NO

NO

1

Circumstances of Accident

-

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 SLX4580Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver YONG WEN GIN LEONARD

NRIC/Passport Number S8919726J Contact Number 97329139

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- 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 aforesald.
- 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN A - E 1 5 4 D B A B SL X 1 5 8 0 Y DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: E754D ACCIDENT DATE & TIME: 21 08/19 CONTACT NUMBER: 96318290 E-MAIL ADDRESS: - Pame 13 @gmail. com LOCATION: BUICIT TIMAH ROAD (IN FRONT OF HWA CHONG INST. AFTER TAN KAH KEEMRT STN.) while driving, the front vehicle No. SLX 4580Y braked suddenly and I couldn't brake in time. his vehicle's back. No injuries NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY, PLEASE CHECK YOUR POLICY FOR MORE INFORMATION Please state: () Claim Own Policy (Reporting Only () Claim Third Party () Claim OD/TP at other workshop

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



CERTIFICATE OF INSURANCE

PRIVATE AUTO THIRD PARTY FIRE AND THEFT PRIVATE VEHICLE

Name of Policyholder : Choy Poh Kee

: 30 Dec 2018 To 29 Dec 2019

Period of Insurance Engine No. : 27194630210885

Chassis No. : WDC2030462R125464 Vehicle No. : EY54D

Policy No. : 0100381061-15

Endorsement No. : 13 Dec 2018 Issued Date

ABOUT THE COVER

: MERCEDES BENZ C180 1.8 [Sedan] Make/Model

Engine Capacity/Tonnage : 1,796.00 CC Driver Restriction

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2003

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

: NA

a) The Policyholder b) Any other parson 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 harshe 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 tastion, driving test, recing, 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 thase headings.

EXCESS

Section 1 Fire - \$0 Theft - \$0

Section 2 Property Damage - \$0

Named Driver and Excess (where applicable)

Choy Poh Kee, KWONG KING SENG

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

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

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

For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotins at +65 6335 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 Geogle Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

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 (Cep. 189), Part IV of the Road Transport Act, 1897 (Maleysia), and Motor Vehicles (Third Party Risks) Rules, 1959 (Maleysia).

0500660050

CYCLE & CARRIAGE - CORPORATE

239 ALEXANDRA ROAD

SINGAPORE 159930 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte, Ltd.

AIG Asia Pacific Insurance Pte. Ltd. **AUTHORISED REPRESENTATIVE**

Accident Photo



Accident Photo



Accident Photo





Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: 5665500206 / GST Reg. No.: M400017735

 $\underline{\textbf{IMPORTANT NOTE}} : \ \ \text{Please submit the completed Addendum form to the } \underline{\textbf{same}} \ \ \text{Authorised Reporting Centre}$ with whom you submitted the Original Report.

	AD	ADDENDUM		
)	PARTICULARS OF PERSON MAKING THE AMENI	DMENTS:		
	Original Report No: MmoV/9(10439	Vehicle Registration No: EY 540		
	Name(as shownin NRIC): Choy Abh Kee	NRIC/FIN/PassportNo : \$2546682 Z		
	(*Vehicle Driver / Vehicle Owner) (*) Please del	ete as appropriate		
	Address :	Singapore(
	Contact (Tel) :	Mobile No.: 963/8290		
	Email Address :			
	Date of Accident : 31/08/19	Time of Accident :19:40		
	Place of Accident : Bukit / mah	Koacf		
	Insurance Company: 416			
B)	ADDITIONALINFORMATION / AMENDMENTS:			
	Amend date of accident	from 12/08/19 to 21/08/19		
		11		
	Policyholder / Driver's Signature Date:	Reporting Centre Personnel's Signature Name: NBIC/FIN No.:		

Date: