

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	21/10/2019 18:01
Date Of Accident	20/10/2019 16:30
Exact Location Of Accident	TPE SLIPROAD INTO PASIR RIS DRIVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW3695L
Insured/Policyholder	
Name Of Registered Owner	INNERVISION
Co Reg No	40057200A
Email Address	INNERVISION.AV@MAC.COM
Mobile Phone No	(LOCAL) +65-91057750
Alternative Phone No	Office-91057750

Vehicle Particulars

Manufacturer	KIA
Model	SORENTO-2.2 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900023008
Cover Note Number	

Driver

Name of Driver	CHENG JUNG MENG
NRIC No	S1281344I
Date Of Birth	09/02/1958
Occupation	INDOOR
Date Of Driving Pass	04/07/2003
Driving Experience	16 YEARS AND 3 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-91057750
Fax Number	
Contact Number	
EMail Address	INNERVISION.AV@MAC.COM
Address	959, HOUGANG ST.91, #03-292
Postcode	530959
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)	1

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

01, WAS ON SLIPROAD FROM TPE INTO PASIR RIS DRIVE 8. 02, FRONT CAR(SFT6262U) STARTED MOVING AND I FOLLOWED TO FILTER OUT TO DRIVE 8. 03, SUDDENLY THE FRONT CAR JAMMED HIS BRAKE CUZ THERE WAS VEHICLE COMING FROM RIGHT. 04, I COULDN'T STOP IN TIME AND REAR ENDED THE BACK OF THE FRONT VEHICLE. 05. WE SLOWLY MOVED TO THE SIDE OF THE ROAD TO ENSURE THAT THERE WAS NO INJURY AND INSPECTED THE DAMAGE TO BOTH CARS. 06, THERE WAS NO INJURIES. 07, WE EXCHANGED OUR CONTACT NUMBERS AND LICENCE DETAILS AND MOVED ON AFTER ENSURING IT WAS SAFE TO DO SO.

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	SFT6262U
Vehicle Make/Model/Colour	HONDA CITY SILVER
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	SIM TECK KWANG
NRIC/Passport Number	S0002187C
Contact Number	91395423
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR SECTION DAMAGED
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- 1) Was on sliproad from TPE into Pasir Ris Drive 8.
- 2) Front car (SFT 6262 U) started moving and I followed to filter out to Drive 8.
- 3) Suddenly the front car jammed his brakes as there was vehicle coming from right.
- 4) I couldn't stop in time and rear-ended the back of the front vehicle.
- 5) We slowly moved to the side of the road to ensure that there was no injury and inspected the damage to both cars.
- 6) There was no injuries.
- 7) We exchanged our contact numbers and ~~the~~ license details and moved on after ensuring it was safe to do so.

DECLARATION

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

Policyholder's Signature

Date & Time: 21/10/19, 1625hrs

Driver's Signature _____

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: William
NRIC/FIN No.: A3414498a



Exceptional Journeys

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
COMPANY NO. 197701469G

CYCLE & CARRIAGE KIA PTE LTD
COMPANY NO. 199405410K

CYCLE & CARRIAGE FRANCE PTE. LIMITED
COMPANY NO. 2006093271A

DIPLOMAT PARTS PTE LIMITED
COMPANY NO. 196400304H

Accident Statement

☐ Mitsubishi ☒ Kia ☐ Citroen ☐ Others (Please tick accordingly)

Motor Accident Repair Basic Information

Date of Accident	20/10/2019.
Time of Accident (24hr format)	1629 HRS.
Exact Location of Accident	TPE SLIPROAD INTO PASIR RIS DRIVE 8.

Own Vehicle Details

Vehicle Registration Number	SLN3695L.
INSURED/ POLICY HOLDER (OWN VEHICLE)	
Name of Registered Owner	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Company INNERVISION.
ID of Registered Owner	<input checked="" type="checkbox"/> Co. Reg. No. <input type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN 40057200A

Vehicle Particulars (Own Vehicle)

Model	KIA SORENTO
Exact purpose for which vehicle was being used at the time of accident	PTE USE
Are you claiming under your own Ins. Policy	<input type="checkbox"/> Yes <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/> Reporting Only
Vehicle Category	Private Car / Comm Vehr / Goods Vehr / Motor Trade / Government

Insurance Company (Own Vehicle)

Insurance Company	AIG.
Type of Coverage	Comprehensive / Third-Party / Third-Party Fire and / or Theft
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number / Cover Note Number	1900023008.

Driver

Name of Driver	CHENG JUNG MENG.
ID of Driver	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN S1281344I
Date of Birth	09/02/1956.
Occupation	Indoor / Outdoor
Driving Pass Date	08/12/1978.
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified
Mobile Phone No.	91057750
Office / Home / Other Numbers	-
Home Address	959, HOUANG ST. 91, #03-292 (S30959)
Email Address	innervision.av@mac.com.
Was Driver an employee of the Insured's Company	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Reason: _____
Does the driver own any other vehicle? If YES, please indicate driver's own car vehicle number and insurance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vehicle No: Insurance:

OWNER/ DRIVER'S SIGNATURE:

INNERVISION

Common Statement

Ver. Jun 2018/869

General Information Of The Accident			
Type Of Accident			
Weather Condition	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Raining	<input type="checkbox"/> Other
If Others, please state the condition:			
Road Surface	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Raining	<input type="checkbox"/> Other
If Others, please state the condition:			
Other Information			
Was anybody injured in the accident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Was any foreign vehicle involved in the accident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Foreign Vehicle Registration Number			
Foreign Vehicle Category			
Number of vehicles involved in the accident	2		
Was there any witness? (Name, Phone, Email)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Was there any other vehicle or property damaged?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Was the accident reported to the police?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Click here if not in the above list
Was notice of intended Prosecution given?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
If Yes, against whom?			
I have been approached by unknown person(s) soliciting/offering accident claims assistance	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Number of Passengers (Including Driver)	4. 1		
Passenger (Name and Gender)	NIL.		
Circumstances of Accident			
Refer attachment			
Third Party Vehicle Detail			
Details of Other Vehicle / Property			
Vehicle Registration No.	SFT6262U		
Vehicle Make/ Model/ Colour	HONDA CITY SILVER.		
Details of Property Damaged in Accident			
Vehicle Category	PTE VEHICLE		
Name Of Driver	SIM TECK KWANG.		
Driver's NRIC	<input type="checkbox"/> Co. Reg. No.	<input checked="" type="checkbox"/> NRIC No.	<input type="checkbox"/> Passport No. / FIN
Contact Number	S 0002187C		
Name of Insurance Company	91395423.		
Nature of Damage	REAR SECTION DAMAGED.		
Damages to Other Vehicles & Property (Other than Vehicles A & B)	Vehicle Regn No. or Details of Property	Name of the Driver	Contact Number
	/	/	/
	/	/	/
Details of Injured Person			
Name	/		
Injury Sustained	/		
Injured person is on which vehicle?	/		
Were seat belts worn?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	NA.

OWNER/ DRIVER'S SIGNATURE:

[Signature] INNERSVISION

Common Statement




SKETCH PLAN

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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: 21/10/19 1625hrs	 Driver's Signature (If driver is not the policyholder) Date & Time: 21/10/19 1625hrs	 Reporting Centre Personnel's Signature Name: AUSTIN M NRIC/FIN No.: 93414498A
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Form 16E SketchPlan (1/18) V18

Common Statement



CERTIFICATE OF INSURANCE

RIDE SHARE PRIVATE VEHICLE

Name of Policyholder : INNERVISION
 Period of Insurance : 28 Feb 2019 To 27 Feb 2020
 Engine No. : D4HBHH347411
 Chassis No. : KNAPH81BMJ5411574

Vehicle No. : SLW3695L
 Policy No. : 1900023008
 Endorsement No. :
 Issued Date : 28 Feb 2019

ABOUT THE COVER

Make/Model : KIA SORENTO 2.2 A DIESEL
 Engine Capacity/Tonnage : 2,199.00 CC
 Driver Restriction : NA
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2018
 Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive*

Any 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.

When the Vehicle is used for the carriage of passenger for hire or reward, such authorised driver must be named under the Policy and registered with an intermediary which facilitates the carriage of passengers for hire or reward.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDRE") 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 for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired.
 Use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired.
 This Policy does not cover:
 1) use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing;
 2) use whilst towing a trailer except the towing (other than for reward) of anyone disabled using a mechanically propelled vehicle, and
 3) 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 - \$2100 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$2000

Windscreen : \$100

Named Driver and Excess (where applicable)

Cheng Jung Meng - \$2100 (Own Damage) \$2000 (Property Damage)

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 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 accident repairs carried out at the Sole Agent's workshop.
 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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

If the vehicle is used for the carriage of passenger for hire or reward, such driver must be named under the Policy and registered with an intermediary which facilitates the carriage of passengers for hire or reward. Should you decide to include any other driver, please contact us. (Company reserves the right to accept/reject the inclusion of any Named Drivers)

Hire Purchase Company/Employer's Loan: NA

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).

0000064000

DIRECT CLIENTS 01.4.95

AIG BUILDING 78 SHENTON WAY #07-16

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Janile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSPH0A

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AIG Asia Pacific Insurance Pte. Ltd.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

