MTE119153385 / Trans Eurokars Pte Ltd - Sungei Kadut ENTRY DATE & TIME: 20/11/2019 15:14 SUBMITTED BY: Ng Pei Fang

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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 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

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	ACCIDENT STATEMENT		
Date Of Report	20/11/2019 15:14		
Date Of Accident	19/11/2019 16:50		
Exact Location Of Accident	PIE EXIT TO JURONG TOWN HALL		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SDJ6896S		
Insured/Policyholder			
Name Of Registered Owner	KAN KUON WENG		
NRIC No	S0137995Z		
Email Address	KAWKW2113@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-96385046		
Alternative Phone No	Office-96385046		
Vehicle Particulars			
Manufacturer	MAZDA		
Model	3-1.5 L (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			
Cover Note Number			
Driver			
Name of Driver	KAN KUON WENG		
NRIC No	S0137995Z		
Date Of Birth	01/11/1949		

INDOOR

24/11/1976

42 YEARS AND 11 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-96385046

Fax Number

Contact Number OFFICE-96385046

EMail Address KAWKW2113@GMAIL.COM Address 51 JURONG EAST AVE 1

Postcode

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 - CROSS JUNCTION**

2

NO

NO

NO

NO

1

NO

NO

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 injured conveyed to hospital by

Was any body injured in the Accident?

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

KINDLY REFER TO THE SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SG5851R Vehicle Make/Model/Colour **SMRT BUS**

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- 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
- (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
- 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.
- 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 Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No :

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DESCRIBE CIRCUMSTANCES O				SDJ 68968	
ACCIDENT DATE: 19	NOV 2019		CONTACT NUMBER:	96385046	
ACCIDENT TIME: Arow			EMAIL: Kankwi	2\$13@gmail.com	
LOCATION: PIE EX	it to Juno	ng Town	Hall Road.		
I was trav	elling alon	PIE	towards Tub	K exiting	
to Jurong To	Wi Had	COAG, 1	Kept left	to get into	
Juring Town H	all Road,	1 moved	forward	after seeing	
the traffic a	he cleared,	but the	m I a	bus came	
from my ri	ght hand	Sidem	side At gr	inte a fast	
from my ri	my car's	right	hand side	bumper and	
it dropped o.	ff. No das	neges ca	use to the	bus and	
it dropped off. No daneges cause to the bus and there were no one injured.					
(1000)	()			
NOTE: PLEASE NOTE THAT YOUR INSUR	RER MAY HAVE 14 DAYS TIP	ME FRAME FOR YOU	TO SUBMIT AN OWN DAMAGE	CLAIMS UNDER YOUR OWN POLICY.	
	PLEASE CHECK YO	OUR POLICY FOR	MORE INFORMATION		
PLEASE STATE: () CLAIM OV	NN POLICY ()C	LAIM THIRD PARTY	()REPORTING ONLY		
DECLARATION	er pro truo la cucaci				
We declare the foregoing particula	irs are true in every res	pect.	R	/	
m			/)	(
olicyholder's bignature	Driver's Signature		Panarilas Cali	re Personnel's Signature	
	eriter a albitatore		reporting centr	e i craoriner a agriature	

INSURANCE COVER NOTE

NRIC/FIN No.:

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

Policyholder's signature Date & Time:



CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Kan Kuon Weng
Period of Insurance : 31 Jan 2018 To 30 Jan 2020
Engine No. : P520487169

Chassis No.

: JM6BN22A8J0195132

Vehicle No.

: SDJ6896S

Policy No.

: 1800014962

Endorsement No. Issued Date

: 00000000186010 : 13 Mar 2018

ABOUT THE COVER

Make/Model

: MAZDA 3 1.5 SKYACTIV

Engine Capacity/Tonnage : 1,496.00 CC

Sum Insured : Market Value

First Year of Registration : 2018

Driver Restriction

: NA

Off Peak Car : No

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

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 fution, driving fest, racing, pace-making, reliability frial 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

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Property Damage - \$0

Named Driver and Excess (where applicable)

Kan Kuon Weng - \$600 (Own Damage)

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

1.Trans Eurokars Pte Ltd Add: 5 Ubi Close, Singapore 408605 63958899

For other Approved Reporting Centres/A/G Authorised Repairers, please contact our 24-hour accident emergency hoffine at +65 6338 6200. Alternatively, you may refer to A/G website www.aig.com.sg or A/G S/G Mobile App. Simply search and download "A/G S/G" 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 plants (Cap. 189), Part IV of plant

0503599190

ARF (AP) PTE LTD - MAZDA

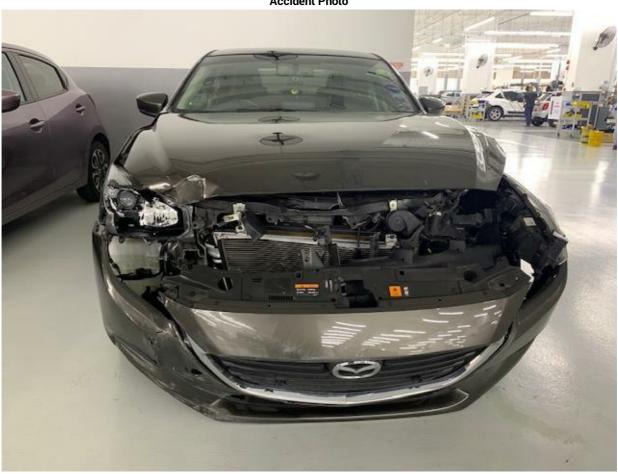
7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX

SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE































Accident Photo

