

## 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	30/11/2019 12:13
Date Of Accident	29/11/2019 18:30
Exact Location Of Accident	ALONG ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC7623H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LILY KHO
NRIC No	S8061621Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83230830
Alternative Phone No	Others-83230830

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (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
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### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800134825
Cover Note Number	

### Driver

Name of Driver	LING KENG HWA
NRIC No	S8020086B
Date Of Birth	02/07/1980
Occupation	INDOOR
Date Of Driving Pass	23/10/2014
Driving Experience	5 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-97255591
Fax Number	
Contact Number	
E-Mail Address	ERIC_LING@OUTLOOK.SG
Address	BLK 489C CHOA CHU KANG AVE 5 #05-217
Postcode	683489
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	1
Was any body injured in the Accident?	NO
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)	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

KINDLY REFER TO 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	SMQ4566P
Vehicle Make/Model/Colour	TOYOTA CHR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAY TIONG HOCK
NRIC/Passport Number	S1692770H
Contact Number	97969966

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Sketch Plan

## SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

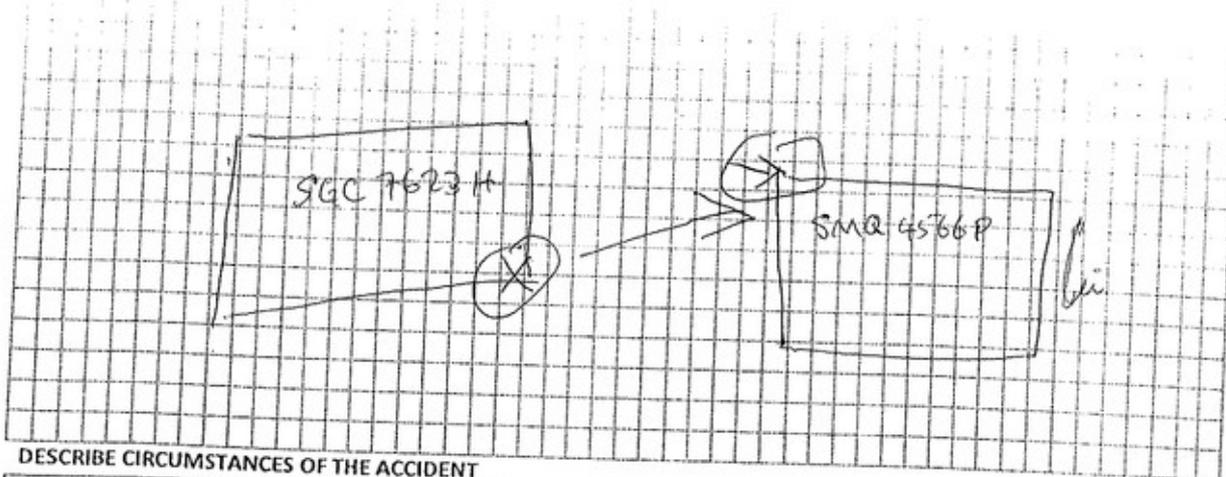
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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:

  
30/11/19  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24th Nov, I was driving along Alexandra Road and accident happens  
 to I can't on time stop my car and hit SMA 4566 P.  
 My car front right hit the car left back.

U

**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

*U 30/11/19*  
 -----  
 Driver's Signature  
 (if driver not the policyholder)  
 Date & Time

*[Signature]*  
 -----  
 Reporting Centre Personnel's Signature  
 Name:  
 Nric/Fin No.



**AUTOPLUS PRIVATE VEHICLE**

Name of Policyholder : KHO LI LI  
 Period of Insurance : 12 Nov 2018 To 22 Jan 2020  
 Engine No. : 1ZZ2468944  
 Chassis No. : ZNE100285988

Policy No. : SGC7623H  
 No. : 1800134825  
 Issuance Date : 12 Nov 2018

**ABOUT THE COVER**

Make/Model : TOYOTA WISH MPV  
 Engine Capacity/Tonnage : 1,794.00 CC  
 Driver Restriction : NA  
 Person or Classes of Persons Entitled to Drive\* :

Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2006  
 Insuring with COE/PARF : Yes

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 authorized 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 Authorized Driver (named or unnamed) is under the age of 23 and/or has less than 2 year 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 test 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 150000 - 100000 Optional

\* Limitations provided inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 149) 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 - \$500 Theft - \$0 Flood Cover - \$0

Section 2  
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

KHO LI LI - \$500 (Own Damage), MAH KOK TONG(MA GUOQONG) - \$500 (Own Damage), LING KENG HWA(LIN QINGHUA) - \$500 (Own Damage)

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

Approved Reporting Centres/ AIG Authorized Repairers (For claims related repairs)  
 Any accident reports to the Vehicle must be dictated out by one of our Authorized Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repaired carried out at the Sole Agent's workshop.  
 For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency helpline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.com.sg or AIG 3D Mobile App. Simply search and download "AIG 3D" from iTunes or Google Play.

**IMPORTANT NOTES**

Hire Purchase Company/Employer's Loan: INDEX CREDIT PTE 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. 149), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1992 (Malaysia).

0500659000

INSMART (INSURANCE) AGENCY PTE  
 NO 1 KAKI BUKIT ROAD 1 #02-27 ENTERPRISE ONE  
 SINGAPORE 415934  
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*J. J. J.*  
**AIG Asia Pacific Insurance Pte. Ltd.**  
 AUTHORIZED REPRESENTATIVE  
 Joo Doy Gandy Fong

I (Owner Name) LILY KHO i/c S8061621Z owner of this  
car no. S06 2677 # authorize the driver (Name) King Kong i/c no.  
S180280868 to file accident report which happened on (Accident Date)  
29/1/19 at (location) Alexander Road

Owner's Name :

Signature :

A large, stylized handwritten signature in black ink, appearing to be 'Lily Kho', written over the 'Signature' line.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8020086B**

Name:  
**LING KENG HWA  
(LIN QINGHUA)**

Birth Date: **02 Jul 1980**  
Issue Date: **23 Oct 2014**

002358194B

FOR ACCIDENT CLAIM  
USE ONLY

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8020086B**



Name:  
**LING KENG HWA  
(LIN QINGHUA)**  
**林庆华**

Race:  
**CHINESE**

Date of birth: **02-07-1980** Sex: **M**

Country of birth:  
**SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 23 Oct 2014

NP 428A

Licence No: S8020086B

4620153

S8020086B

FOR ACCIDENT CLAIM  
USE ONLY

Date of issue:  
**24-08-2010**

**APT BLK 480C CHOA CHU KANG AVE 5 #05-217  
SINGAPORE 083489**

NRIC No: **S8020086B** Date: **15/09/2015**

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8061621Z**



Name

LILY KHO

許 瓊 荔

Race

CHINESE

Date of birth

23-07-1980

Country/Place of birth

MALAYSIA

FOR ACCIDENT CLAIM  
USE ONLY



Sex

F



6061122



NRIC No. **S8061621Z**



FOR ACCIDENT CLAIM  
USE ONLY

Date of issue

08-11-2018

Address

APT BLK 487C CHOA CHU KANG AVENUE 5  
#12-113  
SINGAPORE 663487

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



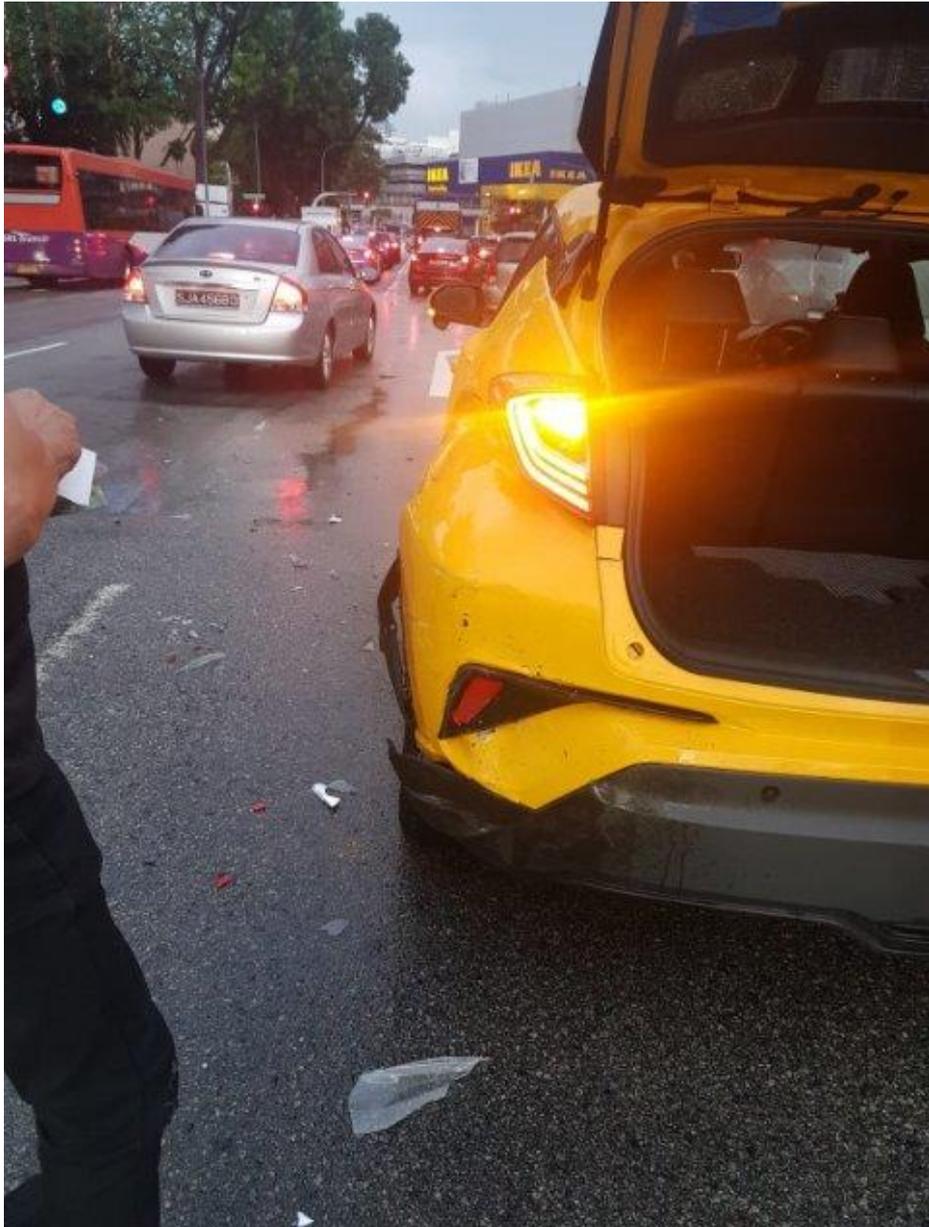
Accident Photo



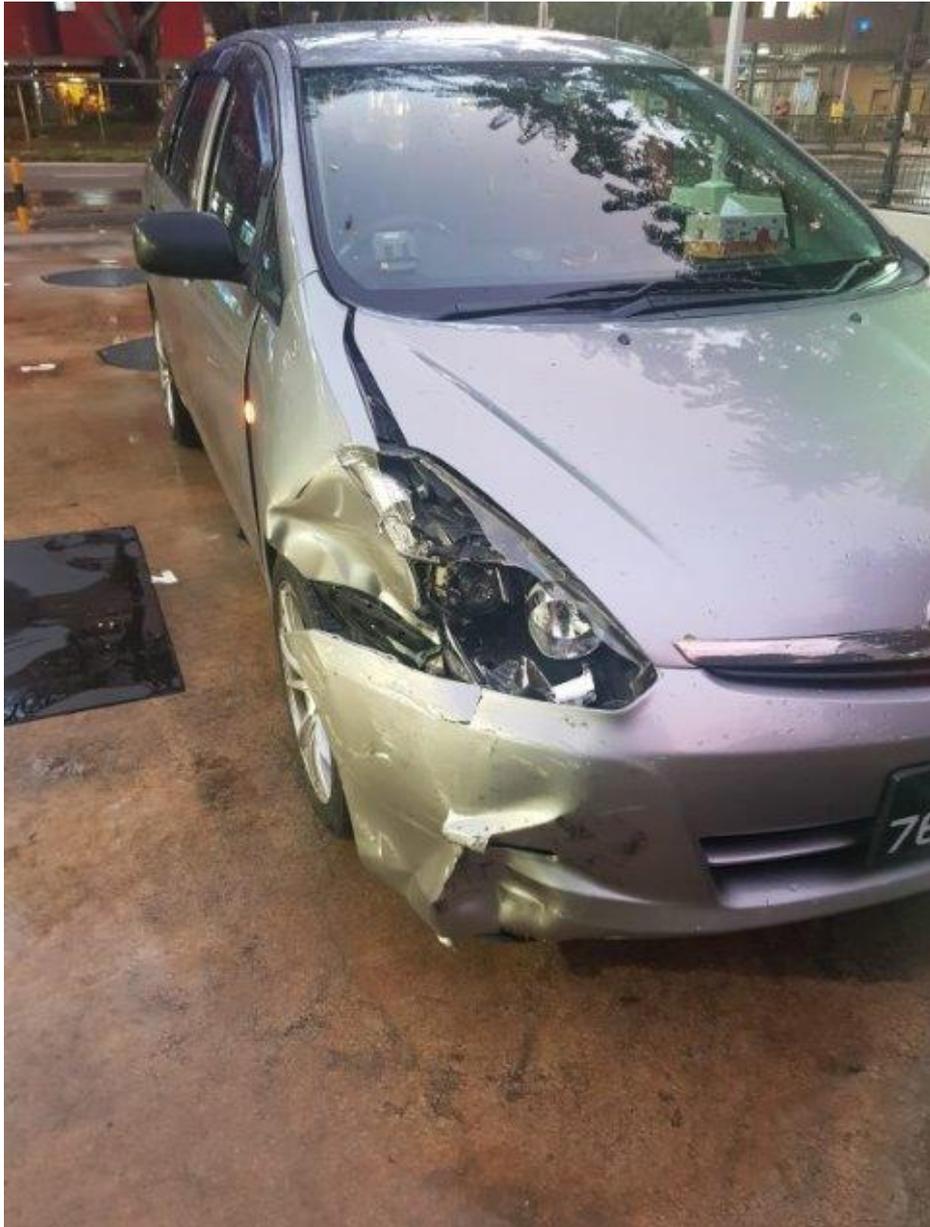
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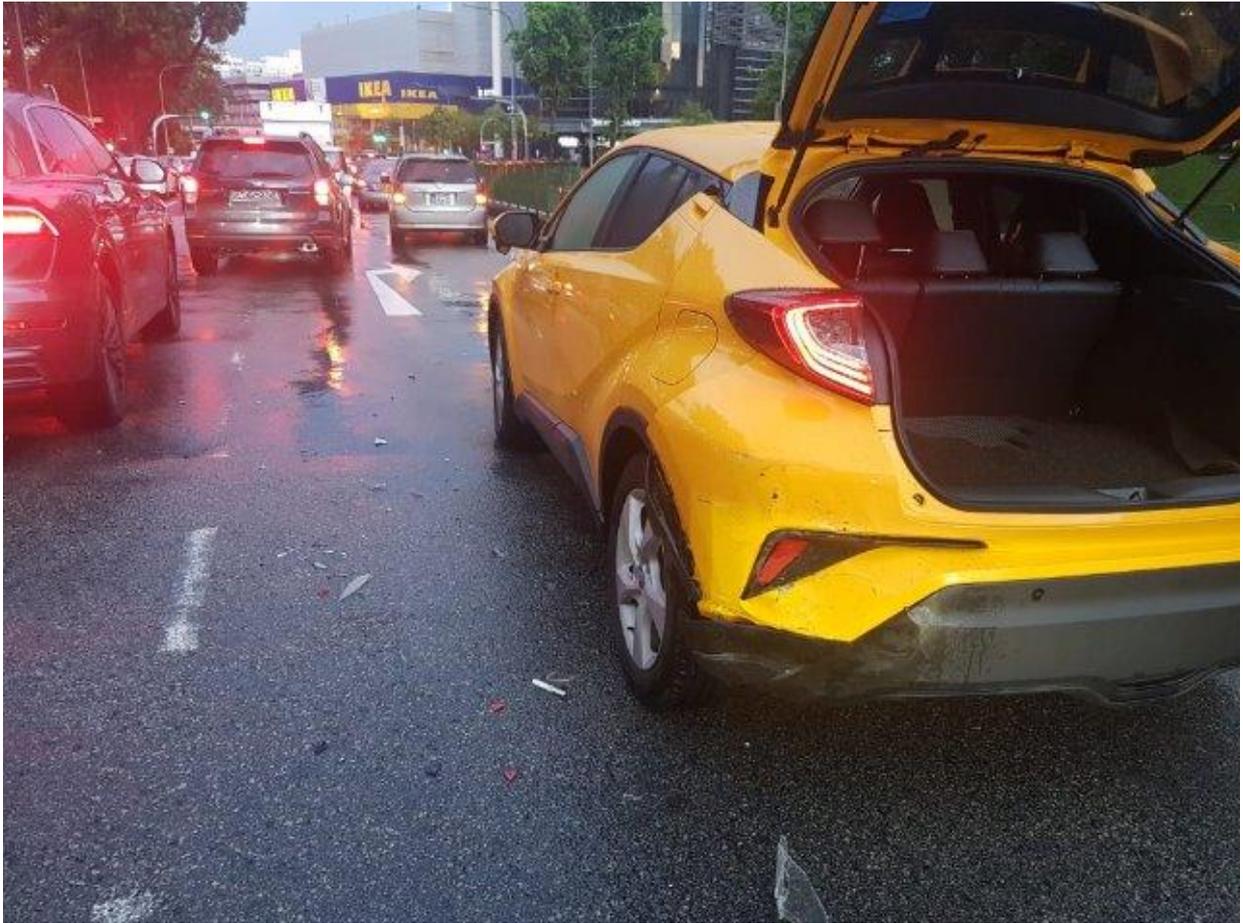
Accident Photo



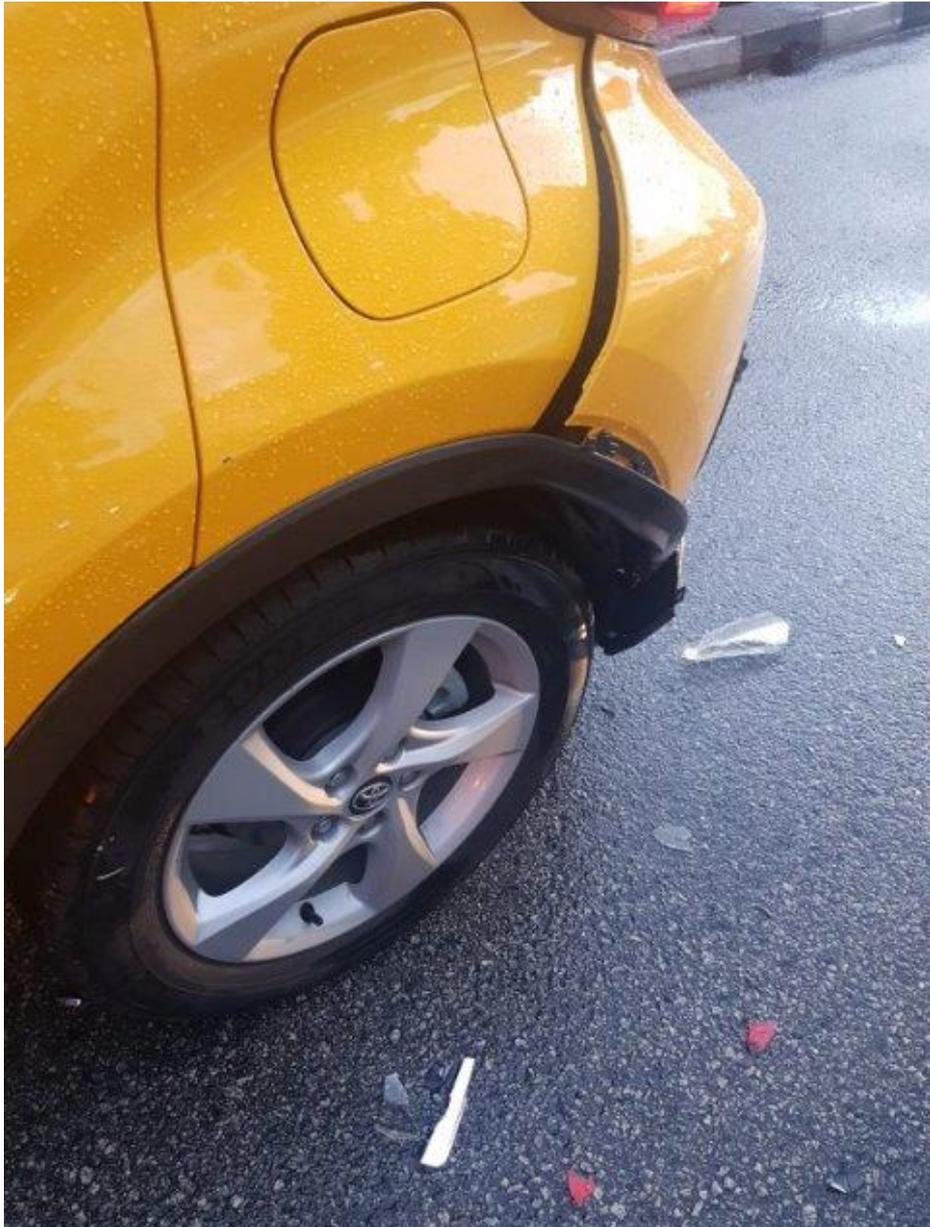
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