#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

**Driving Experience** 

- 1. Please report <u>correctly</u> 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.

Date Of Accident 20/01/2020 20:30  Exact Location Of Accident WOODLANDS CHECKPOINT TO SINGAPORE  Country/State of Loss SINGAPORE  DETAILS OF OWN VEHICLE  Vehicle Registration Number SGH1788D  Insured/Policyholder  Name Of Registered Owner NG PONG HOY  NRIC No S0116885A  Email Address PONGHOY@GMAIL.COM  Mobile Phone No (LOCAL) +65-94553545  Alternative Phone No Others-94553545  Vehicle Particulars  Manufacturer NISSAN  Model SYLPHY-1.6 CVT ABS D/AIRBAG 2WD 4DR (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?  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.  COMPREHENSIVE  Fleet Policy  OPOLICY NUMBER  COWER NOTH ON	7. By the lodgement of this report to the insurers, you hereby conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
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Exact Location Of Accident Country/State of Loss  SINGAPORE  DETAILS OF OWN VEHICLE  Vehicle Registration Number SGH1788D  Name Of Registered Owner Mobile Particulars  Monufacturer No Monufacturer Mon	Date Of Report	21/01/2020 16:24
Country/State of Loss SINGAPORE  DETAILS OF OWN VEHICLE  Vehicle Registration Number SGH1788D  Insured/Policyholder  Name Of Registered Owner NG PONG HOY  NRIC No S0116885A  Email Address PONGH0Y@GMAIL.COM  Mobile Phone No (LOCAL) +65-94553545  Alternative Phone No Others-94553545  Alternative Phone No SYLPHY-1.6 CVT ABS D/AIRBAG 2WD 4DR (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?  If No, Please state action to be taken REPORTING ONLY  Vehicle Category RINGARD AG AIRBAG 2WD 4DR (A)  Insurance Company  Name of Insurance Company  AIG ASIA PACIFIC INSURANCE PTE. LTD.  Type Of Coverage COMPREHENSIVE  Fleet Policy NO  Policy Number 2100460171-03  Cover Note Number 90/04/2019 - 08/04/2020  Driver  Name of Driver NG PONG HOY  NRIC No S0116885A  Date Of Birth 200060171-04  Doccupation INDOOR	Date Of Accident	20/01/2020 20:30
DETAILS OF OWN VEHICLE   Vehicle Registration Number   SGH1788D     Insured/Policyholder     Name Of Registered Owner   NG PONG HOY     NRIC No   S0116885A     Email Address   PONGHOY@CMAIL.COM     Mobile Phone No   (LOCAL) +65-94553545     Alternative Phone No   Others-94553545     Vehicle Particulars     Manufacturer   NISSAN     Model   SYLPHY-1.6 CVT ABS D/AIRBAG 2WD 4DR (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?     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   2100460171-03     Cover Note Number   09/04/2019 - 08/04/2020     Driver     Name of Driver   NG PONG HOY     NRIC No   S0116885A     Date Of Birth   20/08/1948     Occupation   INDOOR     NDOOR     Date Of Birth   DOOR     DATE OF MILE OF MAIL TO MAI	Exact Location Of Accident	WOODLANDS CHECKPOINT TO SINGAPORE
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Cover Note Number         09/04/2019 - 08/04/2020           Driver         NG PONG HOY           NRIC No         \$0116885A           Date Of Birth         20/08/1948           Occupation         INDOOR	Fleet Policy	NO
Driver           Name of Driver         NG PONG HOY           NRIC No         \$0116885A           Date Of Birth         20/08/1948           Occupation         INDOOR	Policy Number	2100460171-03
Name of Driver  NG PONG HOY  S0116885A  Date Of Birth  Occupation  INDOOR	Cover Note Number	09/04/2019 - 08/04/2020
NRIC No         S0116885A           Date Of Birth         20/08/1948           Occupation         INDOOR	Driver	
Date Of Birth 20/08/1948 Occupation INDOOR	Name of Driver	NG PONG HOY
Occupation INDOOR	NRIC No	S0116885A
·	Date Of Birth	20/08/1948
Date Of Driving Pass 30/06/1970	Occupation	INDOOR
	Date Of Driving Pass	30/06/1970

49 YEARS AND 6 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-94553545

Fax Number

**Contact Number** OTHERS-94553545

**EMail Address** PONGHOY@GMAIL.COM

Address BLK 11 EUNOS CRESCENT #08-2745

Postcode S400011

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** 

2

NO

NO

YES

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 body injured in the Accident?

Was any injured conveyed to hospital by

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** 

Refer to sketch plan

Attachment(s)

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

NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SKH7519C

Vehicle Make/Model/Colour SUZUKI SWIFT YELLOW

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver SAY YEN WEN TERRENCE

NRIC/Passport Number S7711852G Contact Number 96325965

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

SKETCH PLAN	
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CV BUILDING CT. CT.	
enter 1988 P	
enter 1991	
pare	<del></del>
1 - SKH1751914	+++++++++++++++++++++++++++++++++++++++
Lone, Mine 2 Lane 3	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
was driving back to Singapore through Vootle inch forward when I felt a bump from the bac	nds Cholesent. Was about to
	100
inch forward when I felt a bown form the base	4.
The part of the pa	
Important:	- Reporting Only
You have been advised by the workshop that in the event that you wish to	- Claim OD
claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame	- Claim TP
from the day of the occurrence.	- Claim OD/ TP at other workshop
	Common ir acoust workshop

Policyholder's signature

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

Date & Time

Driver's Signature (if driver not the policyholder) Date & Time Reporting Centre Personnel's Signature Name:

Nric/Fin No.

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 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:
  - 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:

r) Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

GIARMIC SketchillanForm, VS

AIG

#### CERTIFICATE OF INSURANCE

First Year of Registration : 2018 Insuring with COS/PARF : Yes

#### NISSAN AUTO PROTECTOR PRIVATE VEHICLE

 
 Name of Policyholder
 : Ng Porg Hoy

 Period of Insurance
 : 02 Agr 2019 To 08 Agr 2020

 Engine No.
 : HR169840108

 Chusain No.
 : MN 188481720028730
 : : 06 Mar 2019

ABOUT THE COVER

Makefilledel: : NidSAN SYI, PHY 1,6 PREMIUM
Engine Cepacity/Torrange : 1,350.00 CC Sum Insured : Market Value
Denne Resilición : NA OFFICE CONTROL CONTROL CONTROL
Parson or Classes of Persons Critical to Drive\* :

d) The Policyholder (Chary State) passes who is aboling an the Policyholder's note: service blother primitedee. This Policy will informity the Policyholder as any automated thest pay of "cast-communities specified age condition."

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Age Condition: All Age Condition:
Underline as to use?

Underlined to the Condition of the

Loss of Use 1980cs 1990cs

\* List Date necessarily a part of the Polar 1980cs (IV 974c); Data and Companyabri An Stage 199, and Stade 191 die Food Sunger And, 1997 (Maryin), any roll in the Indian control and sociology.

EXCESS

Section 1 Rev 80 Own Carago (SNS) The 1 St Plant Cover 52

Section 2 Property Contage - \$8

Windscreen: \$100

Named Driver and Excess prevented and

Ng Pang Hay I (2002) (Cure Director)

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

1.70 Amorbino (No.) Sode John Nach Step Noor Singapore - Basilde Babasi Itali Zwalanian Hebrania Ada: Na Baid Road - Gingapore - Basilde Adameira 500 Amorbino - Baro - Basilde Nord - Gingapore - Source - Source - Norman in Amorbino - Talle 4 Ten Stepp Mont Selan - Adom - Talle - Talle - Source - Basilde - Source - Basilde - Basilde - Basilde - Source -

For other Appends Pacceting Denocated Authorised Repairest, places content out in house executive recognity feature of the total state. Alternatively, you may an AS 550 Month Ass. Simply search and combined Wid SC form (Turner or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Lonn: H. Bank

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AIG Asia Pacific Insurance Pte. Ltd.

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#### **Identification Card**





#### **Driving License**











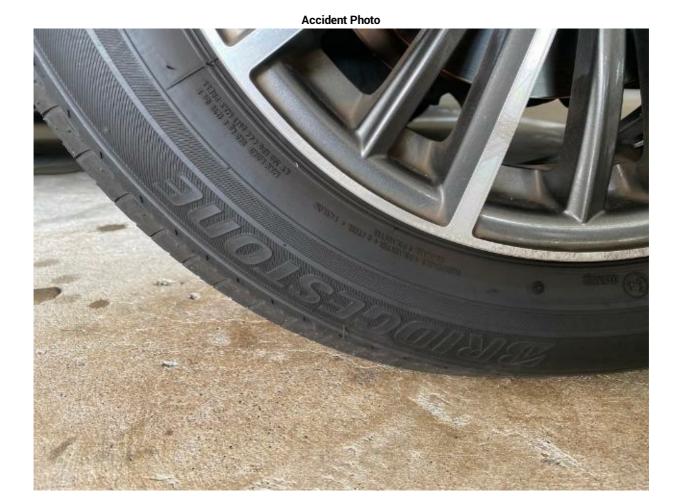








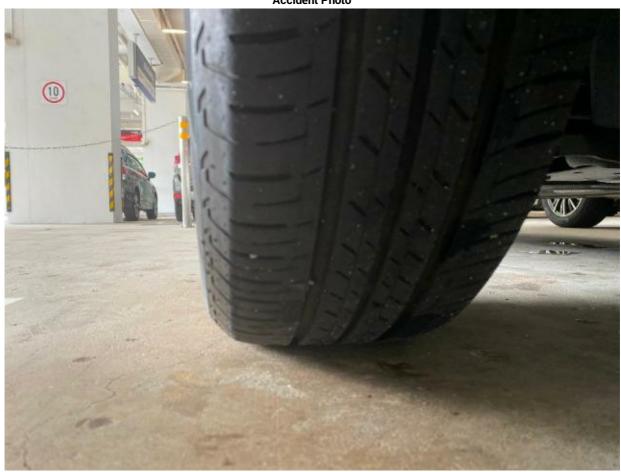








































**Identification Card** 





**Identification Card** 

