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 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.

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	ACCIDENT STATEMENT		
Date Of Report	03/02/2020 12:42		
Date Of Accident	01/02/2020 14:05		
Exact Location Of Accident	BUANGKOK FLYOVER TOWARDS KPE		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SKU2175A		
Insured/Policyholder			
Name Of Registered Owner	KOH KEI HUAT DENNIS		
NRIC No	SXXXX747I		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-86665686		
Alternative Phone No	OTHERS-86665686		
Vehicle Particulars			
Manufacturer	HONDA		
Model	ODYSSEY 2.4		
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE		
Are you claiming under your own insurance policy for repair to your vehicle?	NO		
If No, Please state action to be taken	THIRD PARTY		
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	1900111132		
Cover Note Number			
Driver			

Name of Driver KOH KEI HUAT DENNIS

NRIC No SXXXX747I Date Of Birth 18/01/1983 Occupation **OUTDOOR Date Of Driving Pass** 08/12/2003

Driving Experience 16 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-86665686

Fax Number

Contact Number OTHERS-86665686

EMail Address NOEMAIL

47B EDGEFIELD PLAINS Address

#08-21 828715

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME: : MS KOH

GENDER: : FEMALE

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

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

VIDEO - ESTEEM PERFORMANCE

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

GBD7826T Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Remarks/ Reasons:

COMMERCIAL VEHICLE Vehicle Category

S.M. PANG Name of Driver

NRIC/Passport Number

91093149 **Contact Number**

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
 - (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")
- 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.

Polloyholder

Date & Time -3 FEB 2020 Driver Sign (If driver is not the policyholder)

Date & Time EB 2020

Reporting Centre Personnel's Signature

Name: Poh Kwee Choo NRIC/FIN No.:

GIARMC SketchPlanForm_V3

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SKETCH PLAN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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DECLARATION I/We declare the foregoing particular	s are true in every respect.	
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n-li- Librig compaga	Driver's Signature	Reporting Centre Personnel's Signature .
Policy And Frankling	(If driver is not the polytypolder) Date & Time:	Name: Poh Kwee Choo

GIARMC SketchPlanForm_V3

CERTIFICATE OF INSURANCE Pg. 1



CERTIFICATE OF INSURANCE

AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : KOH KEI HUAT DENNIS
Period of Insurance : 21 Jun 2019 To 20 Jun 2020
Engine No. : K24W71000899
Chassis No. : JHMRC1890EC201502

Vehicle No. Policy No.

: 1900111132

Endorsement No. Issued Date

: 20 Jun 2019

ABOUT THE COVER

Make/Model

: HONDA ODYSSEY 2.4

Engine Capacity/Tonnage : 2,386.00 CC Driver Restriction : NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2014 Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder b) Any other person who is circling on the Policyholder's order or with his/her permission. This Policy his indemnity the Policyholder or any authorised circum only if ne/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young antitor inexperienced Dever Excess" ("YIDR") 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 only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for here or reward, driving basin, dimining test, enough pace-making, reliability final or speed delarge, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Mater Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Componention) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, as not to be included under these headings.

Section 1
Fire - \$0 Own Danage - \$600 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (afters applicable)

KOH KELHUAT DENNIS - \$600 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS FOR CLAIMS RELATED REPAIRS.

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers.
For other Approved Repairing CentreANIA Authorised Repairers, please contact our 24-hour accident emistgency hothins at +65-6378-6200. Alternatively, you may refer to AVG website www.aig.com.sg.
er AVG SO Model App. Eleipt's Search and downtood AVG SOF from Ifuna or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Maybank Singapore Limited

USB hiereby constity that the policy to which this Cedificate of Insurance relates in assert in accordance with the provisions of the Motor Vehicles (fixed Party Risks and Compensation) Act (Cap. 1919, Part SV of the Risks Transport Act, 1912 (Malayana), Risks (Risks Compensation) Act (Cap. 1919, Part SV of the Risks Transport Act, 1912 (Malayana)

0504629000

CHAUTO SOLUTION

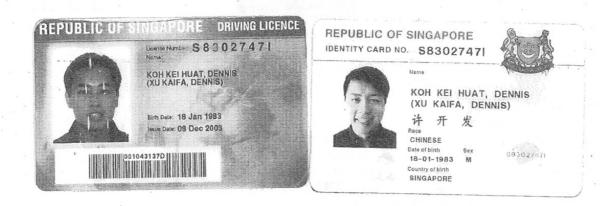
BLK 17 EUNOS CRESCENT #12-2865

SINGAPORE 400017

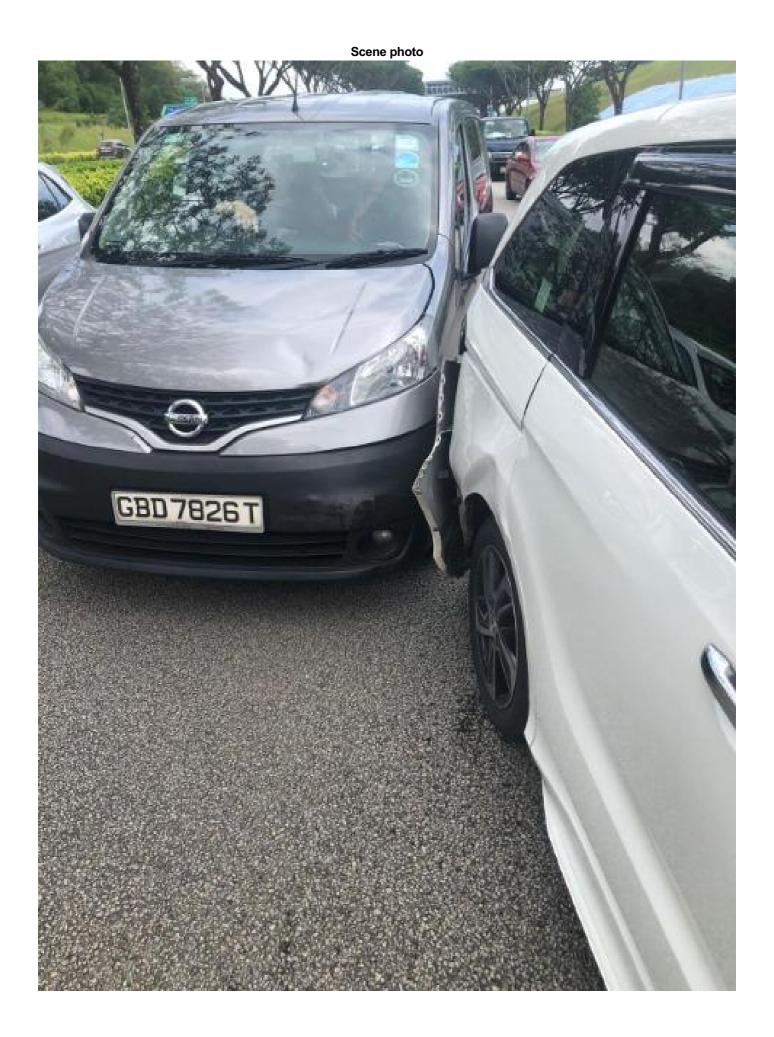
Underwritten by AIG Asia Pacific Insurance Pte, Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

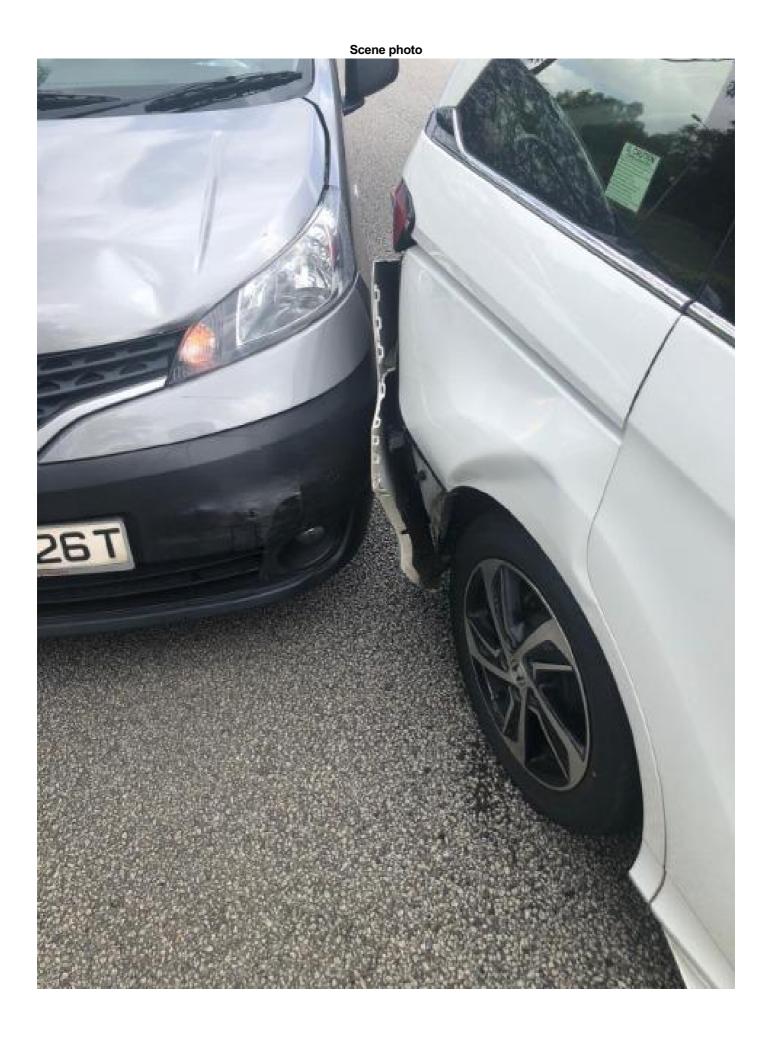
Driver's Identification Card & Driving Licence Pg. 1















Accident Photo



Accident Photo



Accident Photo

