

## 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             | 14/02/2020 18:08                                 |
| Date Of Accident           | 14/02/2020 14:55                                 |
| Exact Location Of Accident | WEST COAST PLAZA(HDB OPEN SPACE CARPARK BLK 601) |
| Country/State of Loss      | SINGAPORE  |

### DETAILS OF OWN VEHICLE

|                             |                           |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SMJ8342D                  |
| <b>Insured/Policyholder</b> |                           |
| Name Of Registered Owner    | GOHMEN INDUSTRIES PTE LTD |
| Co Reg No                   | 201420473N                |
| Email Address               | NOEMAIL                   |
| Mobile Phone No             |                           |
| Alternative Phone No        | Office-NOPHONE            |

### Vehicle Particulars

|  |                   |
|--|-------------------|
| Manufacturer   | MITSUBISHI        |
| Model  | OUTLANDER-2.0 (A) |
| Exact Purpose for which vehicle was being used at time of accident           | COMPANY USE       |
| 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             | 1900079445                           |
| Cover Note Number         |                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | FU ANQI               |
| NRIC No              | S8243457G             |
| Date Of Birth        | 21/12/1982            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 08/08/2007            |
| Driving Experience   | 12 YEARS AND 6 MONTHS |

|   |                           |
|---|---------------------------|
| Gender  | FEMALE                    |
| Mobile Number                                       | (LOCAL) +65-97420302      |
| Fax Number  |                           |
| Contact Number                                      |                           |
| E-Mail Address                                      | QIQI32@HOTMAIL.COM        |
| Address   | 11 WEST COAST WALK #03-22 |
| Postcode  | 127161                    |
| Was driver an employee of the Insured's Company     | YES                       |
| If No, Relationship of the Driver with the Insured  |                           |
| 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?  | 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

REFER TO ATTACHMENT COLLISION-HEAD TO SIDE

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |               |
|-----------------------------|---------------|
| Vehicle Registration Number | SLJ1346B      |
| Vehicle Make/Model/Colour   | HONDA         |
| Details Of Properties       |               |
| Vehicle Category            | PRIVATE CAR   |
| Name of Driver              | ONG KIAN SENG |
| NRIC/Passport Number        | S7002458F     |
| Contact Number              | 97804288      |

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:

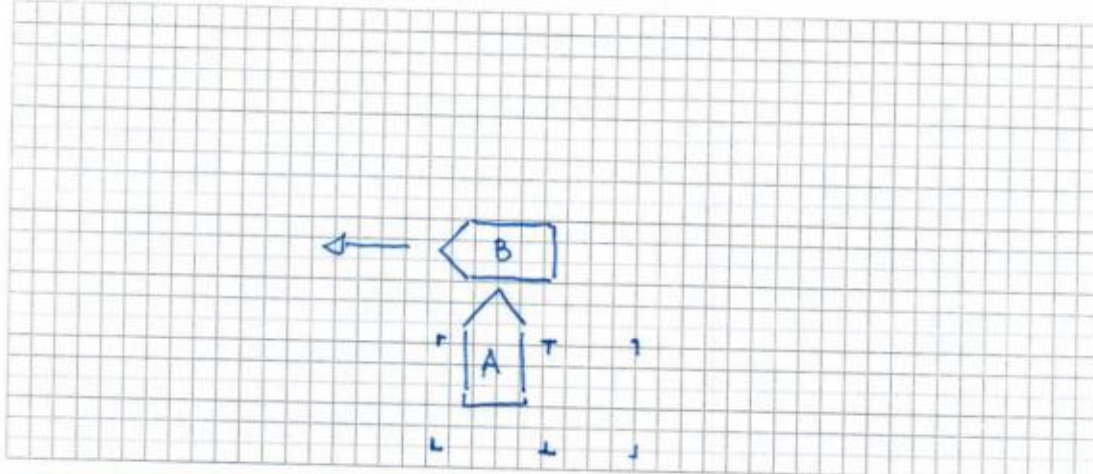
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was in carpark lot. Checking the coast was clear, I slowly drove out wanting to turn right. Before I wanted to turn, just protruding out, the said vehicle drove past in high speed and I hit it.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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

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





Accident Photo



Accident Photo



Accident Photo





## COVER NOTE

## CYCLE &amp; CARRIAGE AUTO PROTECTOR - PRIVATE VEHICLE

The following has been used on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder : BOHLEN INDUSTRIES PTE LTD  
 Period of Insurance : 20 Mar 2019 to 20 Mar 2020  
 Engine No. : 4J11ARC003  
 Chassis No. : GF7W001161

Vehicle No. : SMCPS YSD  
 Cover Note No. : 1900079445  
 Endorsement No. :  
 Issued Date : 20 Mar 2019

## ABOUT THE COVER

Make/Model : MITSUBISHI Outlander 2.0 Elegance/Sports  
 Engine Capacity/Tonnage : 1,968.00 CC  
 Driver Restriction : NA  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2019  
 Insuring with COE/PAF : Yes

## Person or Classes of Persons Entitled to Drive\*

Any person who is living on the Policyholder's premises or with that person.

This Policy automatically insures the Policyholder or any authorized driver only if he/she meets the specified age condition.

You must pay an additional sum of \$5,000 as "Young and/or Inexperienced Driver Excess" ("YIDEX") if You are an Authorized Driver (named or unnamed) in under the age of 25 within any 12m (then 2 years) driving experience.

Age Condition : All Age Condition

## Limitation as to use\*

Use only for road, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, delivery, towing, racing, stunt driving, robbery, trial 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 Taxis.

Limit of Use 100000 : 100000

\* Underwritten subject to Section 5 of the Motor Vehicle (Third Party Rules and Compensation) Act (Cap. 180) and Section 20 of the Road Transport Act, 1987 (Malaysia). See note to be included under these headings.

## EXCESS

Section 1  
 Fire - \$0; Own Damage - 2000; Theft - \$0; Flood Cover - \$0

Section 2  
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

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

1. Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only): Axis 808 Sri May, Singapore 670731 9638800
2. Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only): Axis 30 Long Hoe Rd, Singapore 100044 94718888
3. Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only): Axis 30 Long Hoe Rd, Singapore 100044 94718888
4. Cycle & Carriage Body & Panel Centre: Axis 308 Pandan Gardens, Singapore 602229 90944667

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6298 0226. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg)

## IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately. We hereby certify that this Cover Note is issued in accordance with the provisions of the Motor Vehicle (Third Party Rules and Compensation) Act (Cap. 180), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicle (Third Party Rules, 1979) (Malaysia). For Corporate Policies, this Cover Note is valid for 90 days from the commencement date of the period of insurance.

0000728788

CYCLE & CARRIAGE - REPAIR/RENT

229 ALEXANDRIA ROAD

SINGAPORE 169435 (NORTH MOTOR)

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORIZED REPRESENTATIVE

# Identification Card





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

