SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

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 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

	ACCIDENT STATEMENT
Date Of Report	17/02/2020 13:35
Date Of Accident	16/02/2020 15:50
Exact Location Of Accident	ANG MO KIO AVE 5
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMR6174T
Insured/Policyholder	
Name Of Registered Owner	CHEUNG NGOK FUNG
NRIC No	S8671138I
Email Address	STYFER@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91903490
Alternative Phone No	Others-91903490
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO
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?	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	2070005305
Cover Note Number	
Driver	
Name of Driver	CHEUNG NGOK FUNG
NRIC No	S8671138I
Date Of Birth	03/03/1986
Occupation	INDOOR

15/09/2008

11 YEARS AND 5 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-91903490

Fax Number

Contact Number OTHERS-91903490 **EMail Address** STYFER@GMAIL.COM

Address BLK 267B COMPASSVALE LINK #17-57

Postcode 542267 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 SIDE SWIPE **Weather Conditions CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

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)

Passenger 1 Name:

> Gender: : Female

: KONG KA YEE

NO

2

NO

NO

YES

NO

2

NO

NO

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 ATTACHMENT

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

GV8824M Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category Name of Driver SOH BOON HENG

NRIC/Passport Number Contact Number

S7614580F 94898330

Address

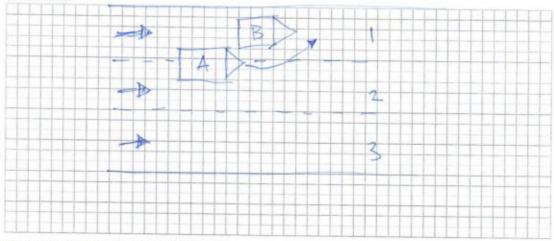
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- 01 12 1 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1
- Am filtering to middle lane.
o oncoming car closer that expected in haddle land
- more vehicle back to have I to avoid impact from car
widdle lane
- with left front of the vehicle hit right back of the other
relicle in front
- cas continued to move and slop in front of
offer to vehicle
- no other damage other then the above impact described

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)

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

Date & Time:
GRADMC Skrtch(NanForm_V3)

















































AIG

CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

 Name of Policyholder Period of Insurance
 I CHEUNG NGOK FUNG

 1 18 Jan 2020 To 15 Jan 2022
 1 18 Jan 2020 To 15 Jan 2022

 Engline No.
 1 KNAF34184KS251708

Policy No. Endorsement No. Issued Date : 30 Jan 2020

ABOUT THE COVER

Miska/Model : KIA Cereto Engine Capacity/Tonnage : 1,591,00 CC : NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2020 Insuring with COE/PARF : Yes

: SMR8174T

Person or Classes of Persons Entitled to Drive":

If the Bridgerige

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Age Condition

All Age Condition

Limited on set to use*;

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* Liststines rectional insposable by Section 6 of the Model Makings (Third-Park Plants and Comparability Art (Cop. 189), Section 65 of the Equal Transport Art. 1887 (Makings), and Place Transport Art. 1887 (Makings).

Section 1 Fire- 50 Over Damage - 5000 Titel - 50 Plant Cover - 5500

Windowson: 5100

Named Driver and Excess (www.egg)

DHEUMO NOOK FUND - 5600 (Dwn Demagni), \$500 (Plond Cover)

APPROVED REPORTING CENTRESIAUTHORISED REPAIRERS (FOR LI AIMS RELATED REPAIRS)

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IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

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CYCLE & CARRAGE - JANUAG

239 ALEXANDRA ROAD

SINGAPORE 158600 Underwitter by AIG Asia Pacific Insurance Pts. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

Identification Card







