

MEMORANDUM FOR THE RECORD

STATE OF NEW YORK

NOTICE TO THE INSURANCE COMPANIES OF THE RECORD TO BE KEPT UP IN THE CLAIMS PROCESS.

1. This form must be completed by the Policyholder and/or the Authorized Driver.

2. It must be completed by the Policyholder and/or the Authorized Driver. Any other misrepresentation or withholding of material facts may result in the denial of coverage.

3. The report and all attachments of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.

4. Any false reporting may be referred to the Police for investigation.

5. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of New York State, Inc. to the State of New York Department of Insurance, Division of Insurance, for the purpose of maintaining a record of all accidents involving motor vehicles in this State.

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Signature

Print Name

Date of Report



方商昭噴漆
POON SIANG SEOW

Sin Ming Autocity, No 160 Sin Ming Drive, #05-13, Singapore 575722
Tel: 6453 7511 Fax: 6453 8046 Email: sitt1@singnet.com.sg Regn. No: 05396600K

Our ref.: SMH 8518A

Date: 24/02/2020

Time: 9AM

AIG PACIFIC INSURANCE PTE LTD

FAX: 68357416

Attn.: Motor Claims Department

Dear Sirs

ACCIDENT ON 21/02/2020 INVOLVING SMH 8518A AND FBJ 9402M
ALONG SLE

We are instructed by LEOW HAI LIONG, the owner
of SMH 8518A

You are the insurers of motor car no. FBJ 9402M

We are instructed to give you 48 hours Notice for the per- repair inspection under NIMA
Protocol of the damage to our clients' car before any repairs are carried out

Our client's car may be inspected at POON SIANG SEOW SIN MING AUTOCITY
NO. 160, SIN MING DRIVE, #05-13, SINGAPORE 575722
Tel; 64537511, Fax 64538046

Your faithfully

ALBERT POON

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	21/02/2020 17:30
Date Of Accident	21/02/2020 12:25
Exact Location Of Accident	SLE TOWARDS MANDAI EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH8518A
Insured/Policyholder	
Name Of Registered Owner	LEOW HAI LIONG (LIAO HAILIANG)
NRIC No	SXXXX048B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97971454
Alternative Phone No	OFFICE-97971454

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.6 (A)
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MS000417-R00
Cover Note Number	

Driver

Name of Driver	LEOW HAI LIONG (LIAO HAILIANG)
NRIC No	SXXXX048B
Date Of Birth	27/07/1971
Occupation	OUTDOOR
Date Of Driving Pass	19/02/1991
Driving Experience	29 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97971454
Fax Number	
Contact Number	OFFICE-97971454
EMail Address	NOEMAIL

Address	APT BLK 11 LORONG 8 TOA PAYOH #16-304 SINGAPORE
Postcode	310011
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
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 ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH OWNER / WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBJ9402M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	JAMALUDIN BIN MOHAMED
NRIC/Passport Number	SXXXX020H
Contact Number	91446425
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

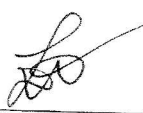
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8. Consent under the Personal Data Protection Act (PDPA)

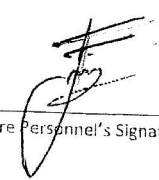
I understand, acknowledge, agree and consent that:

- (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:

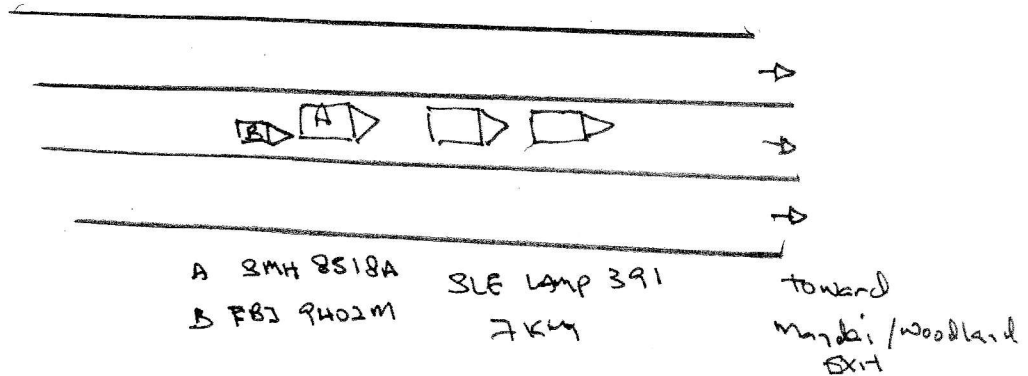
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

FB3 vehicles slowed down & stopped. As I follow

Few second later a motor bike ~~fail~~ fail to stop

in time & hit my rear portion

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.: