#### 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 <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.
- 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

aforesaid.									
	ACCIDENT STATEMENT								
Date Of Report	14/02/2020 15:21								
Date Of Accident	14/02/2020 07:40								
Exact Location Of Accident	JUNCTION OF SEMBAWANG RD & YISHUN AVE 3								
Country/State of Loss	SINGAPORE								
	DETAILS OF OWN VEHICLE								
Vehicle Registration Number	SKS9037E								
Insured/Policyholder									
Name Of Registered Owner	SEE JUN HONG MASON								
NRIC No	SXXXX660I								
Email Address	MASONSEE@GMAIL.COM								
Mobile Phone No	(LOCAL) +65-96733823								
Alternative Phone No	OTHERS-63184127								
Vehicle Particulars									
Manufacturer	KIA								
Model	CERATO								
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	1900109006								
Cover Note Number									
Driver									

#### Driver

Name of Driver SEE JUN HONG MASON

NRIC No SXXXX660I
Date Of Birth 23/05/1989
Occupation INDOOR
Date Of Driving Pass 22/04/2008

Driving Experience 11 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96733823

Fax Number

Contact Number OTHERS-63184127

EMail Address MASONSEE@GMAIL.COM

Address BLK 997B BUANGKOK CRESCENT #13-851

Postcode 532997

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 - CHANGE/CROSS LANE

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?

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 1

Number of Passengers (Including Driver)

#### **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?

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHD3834A
Vehicle Make/Model/Colour TOYOTA BLUE

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver WEE TIT MIN
NRIC/Passport Number SXXXX249H
Contact Number 82799118

Address

Postcode

Insurance Company Name INDIA INTERNATIONAL INSURANCE PTE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 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>.
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- 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:
  - 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: 14/2/20

1329H

Driver's Signature

(If driver is not the policyholder)

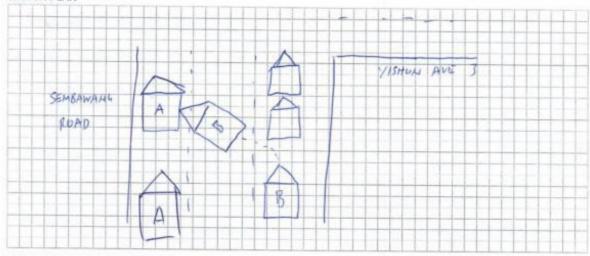
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

### SKETCH PLAN



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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#### DECLARATION

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

more

Policyholder's Signature Date & Time: 14/2/20 1335H

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GOUDAC Sketch/NanForm, V3



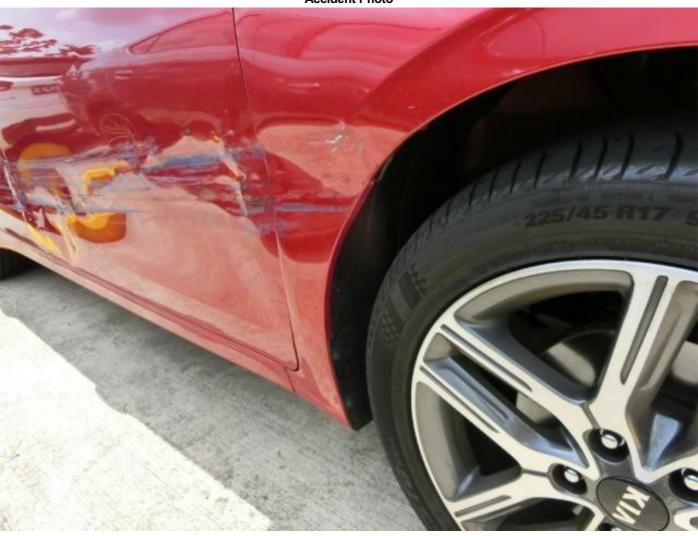


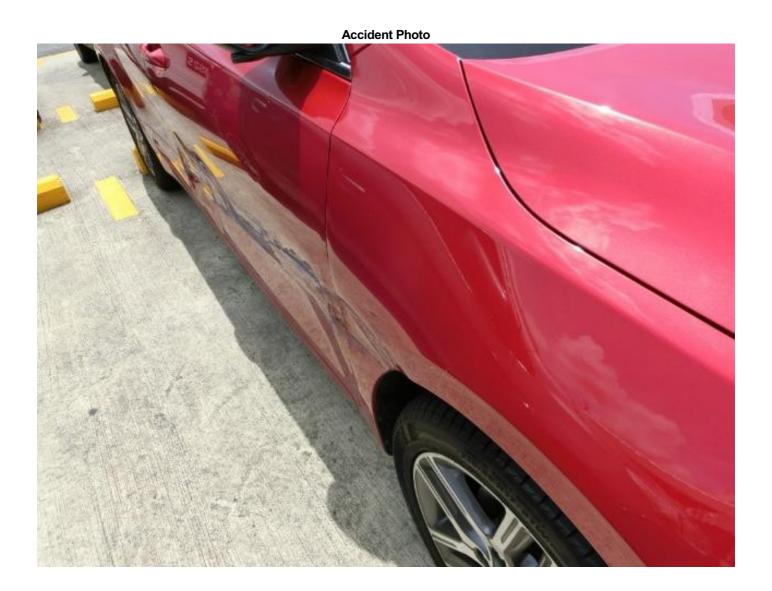


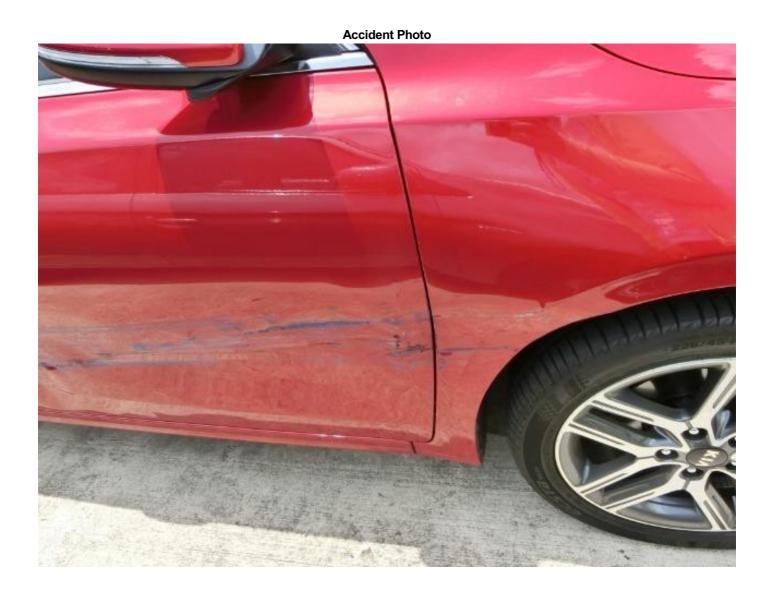


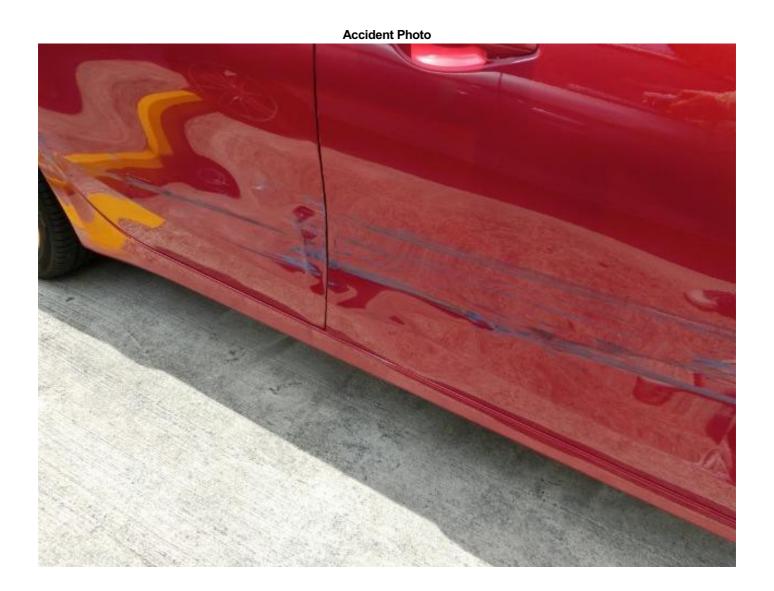


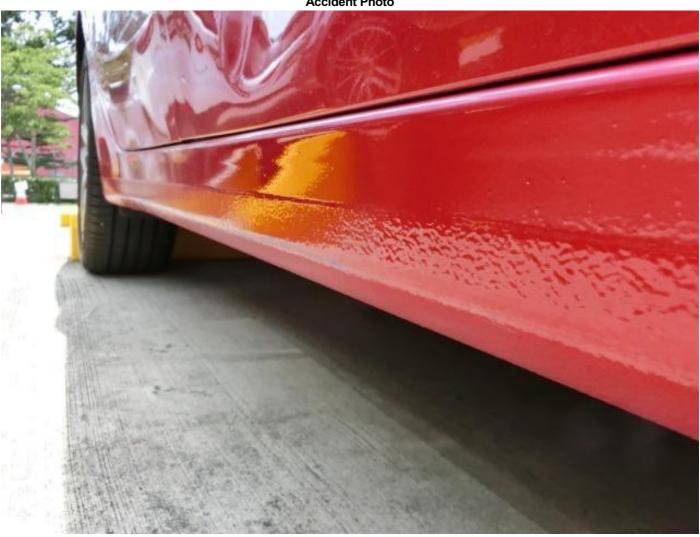








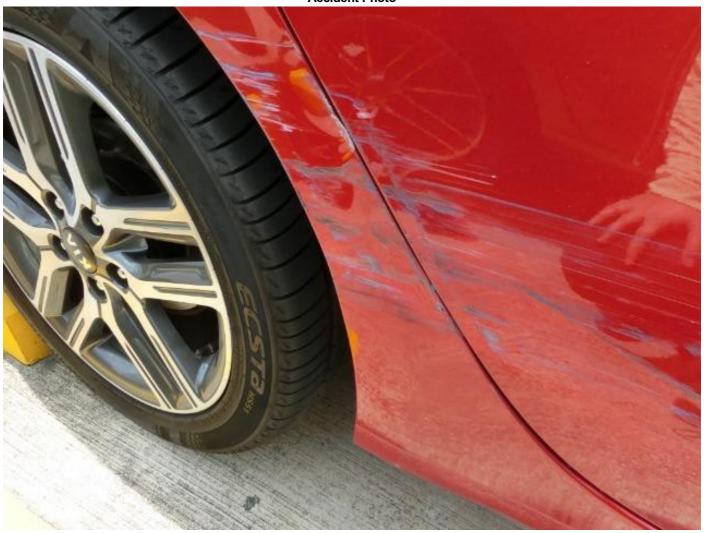


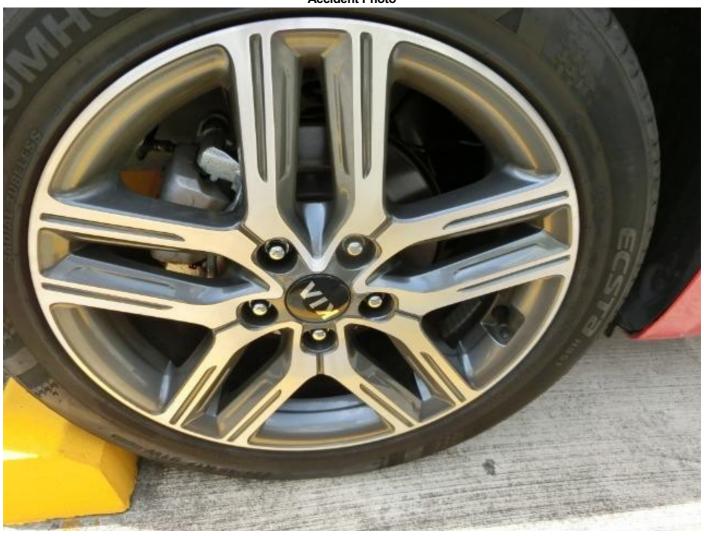


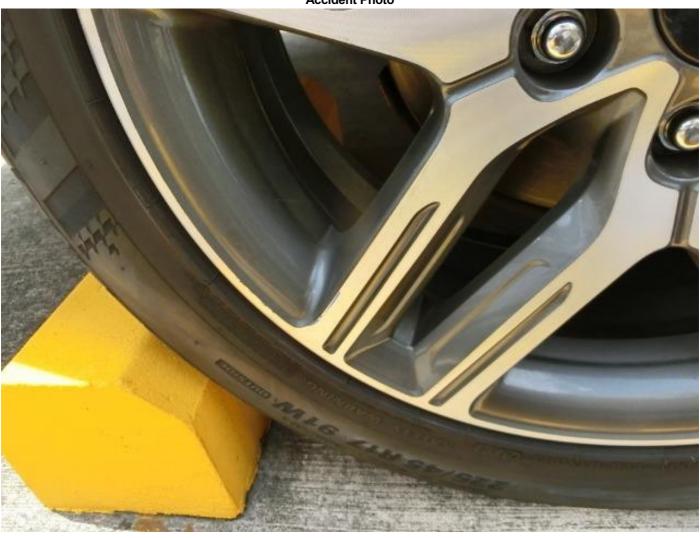




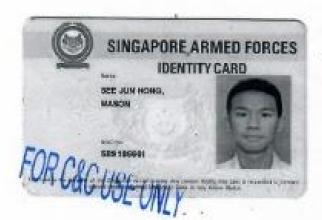




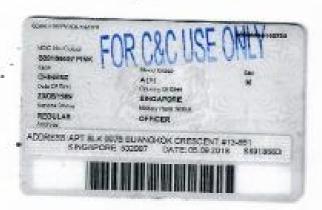




#### **Identification Card**











# CERTIFICATE OF INSURANCE

# KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder Period of Insurance

I SEE JUN HONG, MASON : 27 Jun 2019 To 28 Jun 2021

Engine No.

: G4FGKH744158

Chassis No. 1 KNAF3416MK5049702 Vehicle No.

: SXSB037E : 1900100008

Policy No. Endorsoment No.

logued Date

: 02 Jul 2019

# ABOUT THE COVER

Wake/Model

: KIA Cereto

Engine Capacity/Tonnage : 1,591,00 CC Driver Restriction MA

Sum Insured : Market Value Off Pask Car : No

First Year of Registration 2019 Insuring with COE/PARF Yes

Person or Classes of Persons Entitled to Drive":

a) The Policyholder b) Ally offer person who is disking on the Publishelder's order or with terfer/personance. This Policy will retensify the Publishelder or any authorized driver only if nertice meets the specified age condition.

The have been an extension such at \$0,000 or "Young popular insupervisional Driver Expose" ("100") if him any or host elemented Driver planted or removed its order the age of \$2 entire has Expose" (100") if him any or host elemented Driver planted or removed its order the age of \$2 entire has Expose (100").

Age Condition

: All Age Condition

Limitation as to use\*

Use only for access, convents and program guapones and for the Policy indicates management.

The Policy does not seven use for firs or reward, driving state, chiefly less; leading price-country, values by find or speed boding. It is consequent prints of their being particular with their transfer or country purposes in convention with their Transfer.

Loss of Use 150000 - 160000

\* Emissions construct respective by Section is at the Make-Vehicles (Third-Party make and Comparisations Act (Day, 198), Section in all the Head Temport Act, 1997 (Makeping and Reed Transport) Act (Day, 198), Section in at the Interest Temport Act, 1997 (Makeping and Reed Transport)

#### EXCESS

Section 1
Fire 50 Ovn Danage - Stdo Tree 50 Ploof Cover - St

Windscreen: \$100

Named Driver and Excess (when applicable)

REF JUN HONG, WASON - \$600 (Over Damage)

# APPROVED REPORTING CENTRESIAUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1.Cycle & Certisge Autorities Sendor Curs a (For excident reporting & windstance mister only). Add 600 for tilling Ave Singapore (FEFS) trickingson If Jovie & Certisge Sody & Paul Cartie. Add 309 Panelse Cartiers Singapore (600)00 stealeston. 5.Cycle & Certisge Authorities Sendor Centre (For excident reporting & windstance claim only). Add 341 Alexandre Facel Singapore (6000)1 destructes a Cycle & Certisge Authorities Sendor Centre (For excident reporting & windstance claim only). Add 241 Alexandre Root Singapore 400000 or excident

For effect Approved Requiring Control NG Additional Requirems, please contact our 24-boar scribert strangering holdow at 465 6000, Alternatively, you may refer to AUD settable were approximate at 600 6000, Alternatively, you may refer to AUD settable were approximate.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

The bearty codfy that the policy to orbid this Certificial of Insurance relates in security and the province of the Make Velecian Tree Party Robe and Compensation) Act (Cap. 1891, Part by of the Make Treesport Act. 1997, Brakeyeau, Third Treesport Act. 1997, B

8804822216

CROKICEZ-JAMES 219 ALEXANDRIA ROAD SINGAPORE 168886

Underwritten by AIG Axia Pacific Insurance Pts. Ltd.

AIG Asia Pacific Insurance Pto. Ltd. AUTHORISED REPRIESENTATIVE