





## 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	13/03/2020 17:26
Date Of Accident	12/03/2020 10:05
Exact Location Of Accident	ALONG BUKIT BATOK CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT8485H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH JONG NAN
NRIC No	SXXXX266J
Email Address	KOHPEIWEN96@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98890358
Alternative Phone No	OTHERS-97903726

### Vehicle Particulars

Manufacturer	LEXUS
Model	NX300H
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	2100398820-05
Cover Note Number	

### Driver

Name of Driver	KOH PEI WEN
NRIC No	SXXXX063C
Date Of Birth	12/11/1996
Occupation	INDOOR
Date Of Driving Pass	08/01/2016
Driving Experience	4 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98890358
Fax Number	
Contact Number	OTHERS-97903726
Email Address	KOHPEIWEN96@GMAIL.COM

Address: 26 JALAN LAYANG LAYANG  
 Postcode: 598492  
 Was driver an employee of the Insured's Company: NO  
 If No, Relationship of the Driver with the Insured: CHILDREN  
 Vehicle Registration Number of Driver's Own Vehicle: -  
 Insurance Company of Driver's Own Vehicle: -

#### General Information of the Accident

Type Of Accident: HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED  
 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): 3  
 Passenger 1: NAME: : RACHEL CHUA  
 GENDER: : FEMALE  
 Passenger 2: NAME: : JIA YANG  
 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? NO  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number: SLS8371J  
 Vehicle Make/Model/Colour: BMW  
 Details Of Properties  
 Vehicle Category: PRIVATE CAR  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)


## SKETCH PLAN


### 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. 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.
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: 13/3

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



SKETCH PLAN

ALONG BUKIT BATOK CENTRAL

A) SGT 848KH

B) SLS 8371J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident occurred on 12/03/2020 at 10.05 pm  
 I was dropping my friend off at the side of the road  
 (drop-off point with no double yellow line etc.),  
 and the other car (B) brushed against my car (right back)  
 to squeeze through my car & the truck (X).

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: 13/3

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

13/03/2020  
 Rosh MATHAB

# ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 03 / 2020) (DD/MM/YYYY), TIME: (10 : 05) (HH:MM)

LOCATION: Bukit Bukit Central

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJT 8485H  
 b) INSURANCE COMPANY: AIG  
 c) POLICY NUMBER: 2100398820-05  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Lexus NX300H  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Goh Jeng Nam (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S150726J CONTACT: 98890358  
 c) ADDRESS: 26 Jalan Layang Layang 5598492

## \*d) CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Koh Pei Wen (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S9642063C CONTACT: 97905726  
 c) ADDRESS: 26 Jalan Layang Layang

\*d) DATE OF BIRTH: (12 / 11 / 1996) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 8/1/16

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Mother

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLS8371J MODEL: BMW  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

Email = kohpeiwen96@gmail.com

VIDEO



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

**Name of Policyholder** : Goh Jong Nan  
**Period of Insurance** : 22 Jan 2020 To 21 Jan 2021  
**Engine No.** : 2AR1218642  
**Chassis No.** : JTJBJRBZ302010206

**Vehicle No.** : SJT8485H  
**Policy No.** : 2100398820-05  
**Endorsement No.** :  
**Issued Date** : 09 Jan 2020

### ABOUT THE COVER

**Make/Model** : LEXUS NX300H

**Engine Capacity/Tonnage** : 2,494.00 CC

**Driver Restriction** : NA

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

a) The Policyholder

b) Any other person who is driving on the Policyholder's order or with his/her permission.

This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver 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.

**Sum Insured** : Market Value

**Off Peak Car** : No

**First Year of Registration** : 2015

**Insuring with COE/PAFF** : Yes

**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 hire or reward, driving tuition, driving test, racing, pace-making, reliability 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 Trade.

**Loss of Use** 1500cc - 1600cc Optional

\* Limitations rendered inoperative by Section 5 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

### EXCESS

#### Section 1

Fire - \$0 Own Damage - \$500 Theft - \$0 Flood Cover - \$500

#### Section 2

Property Damage - \$0

**Windscreen** : \$100

**Named Driver and Excess** (where applicable)

Goh Jong Nan - \$500 (Own Damage), \$500 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to this vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website [www.aig.sg](http://www.aig.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

**Hire Purchase Company/Employer's Loan:** OCBC Bank Ltd

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0030211000

AIG ASIA PACIFIC INSURANCE PTE. LTD.

78 SHENTON WAY #07-16 AIG BUILDING

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

55PG00

1002904482AC1