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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.
- 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

电影影响 医电影 医电影	ACCIDENT STATEMENT
Date Of Report	11/05/2020 13:16
Date Of Accident	10/05/2020 21:40
Exact Location Of Accident	PIE TWDS CITY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW9332T
Insured/Policyholder	
Name Of Registered Owner	WONG HON YIP
NRIC No	SXXXX962I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98576303
Alternative Phone No	OFFICE-98576303
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE
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	2100205860-10
Cover Note Number	
Driver	
Name of Driver	WONG HON YIP
NRIC No	SXXXX962I
Date Of Birth	02/11/1948
Occupation	INDOOR
Date Of Driving Pass	26/09/1979
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98576303
Fax Number	
Control Number	OFFICE ASSESSED

OFFICE-98576303

NOEMAIL

Address

BLK 529 BEDOK NORTH STREET 3 #11-592

Postcode

460529

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

DRIZZLING

Road Surface

WET

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?

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)

2

Passenger 1

NAME:

: UNKNOWN

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

REFER TO STATEMENT.

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

SKS3045X

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

TOH YONG CHAY

NRIC/Passport Number

SXXXX288C

Contact Number

96190677

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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
- 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.
- 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 Signatur

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I W	AS TRAVELLING ALONG PIE FROM JALAN BAHAR TO
BEDOK NO	27H -
I WAS	TRAVELLING IN LANE 2, THE VEHICLE B IS TRAVELLING
IN LANE	. HE LOST CONTRUL & HIT UNTO THE CENTER PAILING.
After t	hat His CAR CTEER BACK & HIT ON TO MY RIGHT SIDE.

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: Tool

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

SINGAPO	RE ACCIDENT STATEMENT
AC	CIDENT STATEMENT
Date Of Accident	* 10 MAY 2020 Time 9 407MHrs
Exact Location Of Accident	· PIE Gant TO CITY.
	F OWN VEHICLE (VEHICLE A)
Vehicle Registration Number	· SJW 813327
Institute of the control of the cont	1907 1902
Name of Registered Owner	· I Mare How Air
NRIC/FIN/Passport Number	- 150002562 [2]
Mahidipas areniens)	[300001-2]2]
The state of the s	
Manufacturer	CERATO FORTE 1.65%
Model	the same of the sa
Exact Purpose for which vehicle was being used at time of accident	* Private use Commercial use Hire & reward Others -please specify
Are you claiming under your own insura	The state of the s
policy for repair to your vehicle?	* Yes No Others
if No, please state action to be taken	* Third Party Claim Reporting Only
Vehicle Category	* Private Commercial Motorcycle
hemicande communer	A CONTRACTOR OF THE PROPERTY O
Name of Insurance Company	* AIG
Type of Coverage	* COMPREHENSIVE
Fleet Policy	Yes No
Policy Number	* 2100205860-10
Cover Note Number	
Driver the area wat how services	toe at the least two transports and the same of
Name of Driver	* WONG HON YIP
NRIC/FIN/Passport Number	* 500029622
Date of Birth	2-11-1948
Occupation	* STOLK BROKOY
Date of Driving Pass	* 269 1979
Gender	* Male Female
Mobile Number	98576303
Address	BEDOK NORTH STREET 3 BLUSZE
	X11-592 460529
Email Address Was driver an employee of the Insured's	davidworghon tip @ tahoo. com
Email Address	

SAS 1

2 - female.

Vehicle Registration Number of Driver's Own Vehicle (if applicable) insurance Company of Driver's Own Vehicle (if applicable)	
General Information of the Accident	The state of the s
Type of Accident	•
Weather Conditions	* Clear Raining Others Clort 22.22LL
Road Surface	* Dry Wet Others
Other Information	- Culd's
Was any body injured in the Accident?	Yes No
Was any other material or property damaged?	Yes No
Details of Injured Persons	
Name	*
Address	
Approximate Age	*
Injuries Sustained	*
If vehicle Occupants, state in which vehicle?	
	* Yes No
Was injured conveyed to hospital by	
ambulance?	* Yes No
Details of Police Action	A STANSON OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF
Was the Accident reported to the Police?	* Yes No
If Yes, please state which Police Station	
Was notice of intended Prosecution given?	Yes No
If Yes, against whom?	
DETAILS OF OTHER VE	HICLE(S) / PROPERTIES (VEHICLE B)
Vehicle Registration Number •	sks 3045 x
Vehicle Make / Model / Colour	
Detail Of Properties	
Name of Driver	TOIT YONG CHAY
NRIC/Passport Number	597742886
Contact Number •	89234296190677
Email Address	
Address	
Insurance Company Name	
Nature of Damage	
Details Of Witness	A CONTRACT OF THE PARTY OF THE
Name	
Phone Number	
Email Address	Control of the Contro



CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: Wong Hon Yip

Period of Insurance

: 29 Apr 2020 To 28 Apr 2021

Engine No.

: G4FCAH389860

Chassis No.

: KNAFW411MA5233204

Vehicle No.

S.IW9332T

Policy No.

: 2100205860-10

Endorsement No.

Issued Date

: 20 Apr 2020

ABOUT THE COVER

Make/Model

: KIA CERATO FORTE 1.6

Engine Capacity/Tonnage : 1,591.00 CC

Sum Insured : Market Value

First Year of Registration : 2010

Driver Restriction

: NA

Off Peak Car : Yes

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

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.

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

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1967 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$1100 Theft - \$0 Flood Cover - \$1100

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Wong Hon Yip - \$1100 (Own Damage), \$1100 (Flood Cover)

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

Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

2 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000 3 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278800 4. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000

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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

I/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), Pert IV of the Road Transport Act, 1967 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia).

0500710050

C&C FULCO-CORP SALES

22 UBI ROAD 4 FULCO BUILDING SINGAPORE 408617 ANSP - MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSCSAN