#### 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 <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.

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7. By the loagement of this report to the insurers, you nereby conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	11/05/2020 11:02	
Date Of Accident	10/05/2020 16:30	
Exact Location Of Accident	MARINA BOULEVARD TO SHEARES AVE TRAFFIC JUNCTION	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLE7318U	
Insured/Policyholder		
Name Of Registered Owner	DAVID YEOH CHIA KIAT	
NRIC No	S7175632G	
Email Address	DAVIDCKYEOH@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-96658930	
Alternative Phone No	Others-96658930	
Vehicle Particulars		
Manufacturer	NISSAN	
Model	X-TRAIL-2.0 (A)	
Exact Purpose for which vehicle was being used at time of accident		
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	2100476809-03	
Cover Note Number	29/07/2019 - 28/07/2020	
Driver		
Name of Driver	MAGDALENE WONG MEI LING	
NRIC No	S7273698B	
Date Of Birth	11/07/1972	
Occupation	INDOOR	

20/03/2003

17 YEARS AND 1 MONTH

Gender **FEMALE** 

Mobile Number (LOCAL) +65-93663694

Fax Number

**Contact Number** 

**EMail Address NOEMAIL** 

Address 150 MARIAM WAY #02-11

Postcode S507079

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE** 

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 RAINING** Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

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? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 3

Passenger 1 : Joseph Yeoh Kai Meng Name:

> Gender: : Male

Passenger 2 Name: : Matthew Yeoh Kai Wei

> Gender: : Male

**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?

NO NO

NO

2

NO

NO

NO

**Circumstances of Accident** 

Refer to attached 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?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number **SMR121G** 

Vehicle Make/Model/Colour **AUDI Q3 ORANGE** 

**Details Of Properties** 

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR JANG WOO SUK

92991006

SKETCH PLAN	
——————————————————————————————————————	
SHEARES DE ACCIDENTA	
h m m 7	
MARINA BOULEVARP	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
Time 4:30pm Sunday 10th MAY2020. Heavy heading towards junction of sheares Avenue. as a result of the pouring rain the casecond lane. This is an area which is in no other car beside me. I throve slow the collision happened suddenly with right. He had come from the 3rd lane	roun along Marina Boulevard
heading towards junction of sheares Avenue.	Due to very poor visisitity
as a result of the pouring rain the ca	- was moving along slowly on the
second lane. This is an area which is a	infamiliar to me. There was
no other car beside me. I shrove slow	ly towards the junction before
the collision happened suddenly with	an orange and coming from the
right. He had come from the 3rd lane	
Important:	- Reporting Only
You have been advised by the workshop that in the event that you wish to	- Claim OD
claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame	- Claim TP
from the day of the occurrence.	- Claim OD/ TP at other workshop

DECLARATION

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

Policyholder's signature
Date & Time 11/5/20
9-30am

Driver's Signature

(if driver not the policyholder)
Date & Time 11/5/20

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.

#### 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.
- 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>.
- 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.
- 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:
  - (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: 11/5/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

9,200

Reporting Centre Personnel's Signature

IN

Name:

NRIC/FIN No.:



#### CERTIFICATE OF INSURANCE

#### NISSAN AUTO PROTECTOR PRIVATE VEHICLE

 
 Name of Policyholder
 : David Yech Chia Kiet

 Period of Insurance
 : 29 Jul 2018 To 28 Jul 2020

 Engine No.
 : MRZ09522888

 : JN1JANT3220001906
 Vehicle No. : SUE7318U : 2100476809-03 Policy No. Endorsement No. Issued Date Engine No. Chassis No.

ABOUT THE COVER

MakaiModel : NISBAN X-TRAJL Engine Capacity/Tonnege : 1,997.00 CC Oriver Restriction : MA Person or Classos of Paraces Entitled to Orive" : Sum insured : Market Value First Year of Registration : 2016 Off Peak Car : No Insuring with COE/PARF : Yes

at the Principleside: It Any other common and is delying on the Policementars even or with history particular. This Policy will industriely the Politykis day or any substrained other only It healths counts the specified age condition.

You have to pay an addition of all of \$2,000 or "Young embler in supervisions Device Exerces" ("YEST) if You loss or "Your Astronomic School (surround) in contempt, is under the age of 35 and/or high less from 2 years" (surround) or contempt, is under the age of 35 and/or high less

Age Condition : All Age Condition

Limitation as to use?

Limitation as to use?

It is a separate to the property of the prope

\*United on rendered inspirative by design is of the Motor Validate (Third-Party Risks and Compressions Act (Cer. 189), Section 85 of its Road Transport Act, 1907 (Releyable and Road Transport Act, 1907), are act to be included under Party lead to:

#### EXCESS

Section 1 File : 85 Own Deniege - 9800 That - 98 Flood Cover - 90

Restion 2 Property Danago - \$8

Windscreen: \$103

Named Driver and Excess promagnets

David Yesh Chia Kia: - \$800 (Dwn Germage)

#### APPROVED REPORTING CENTRESIALITHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

For white Any most Agreeming Control NAS Authorises Receiving, passes contact as 124 febr a relative emergency bodies of 465 6386 6380. Attendesing, you may make to AAS website recovariage, only 80 february agreement and covariant NAS 361 february agreement and 60 february agreement agreemen

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Oversees Bank Limited

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TAN CHOND CREDIT PTE LTD - CCT

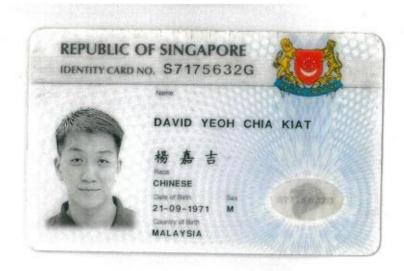
SHI BURT TIMAH ROAD TAN CHONG MOTOR CENTRE SINGAPORE SINGUE AND PUCTOR Underwitten by AIO Arie Pecific Ingersoo Pts. Lis.

A Jerile AIG Asia Pacific Insurance Ptc. Ltd.

ALC Asia Possific Ensurance Pro-Life.

70 Shorton Way #07-10 App Easting 9(0) #150 ; T. Hib 6118 2002 ( ownershipsing

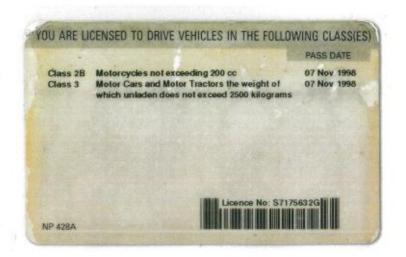
#### **Identification Card**





#### **Driving License**

























































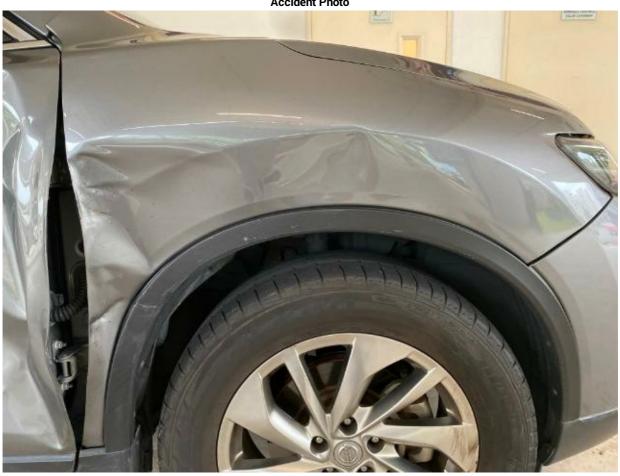


























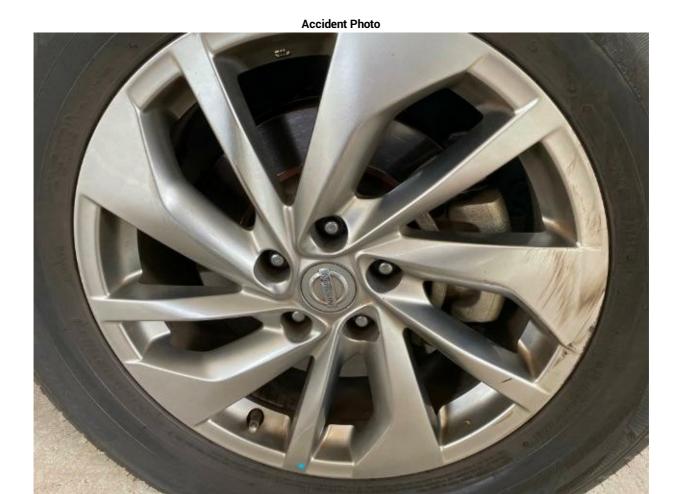
















**Accident Photo** 









