### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

Occupation

**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.

	ACCIDENT STATEMENT
Date Of Report	02/07/2020 13:57
Date Of Accident	02/07/2020 07:15
Exact Location Of Accident	BEDOK NORTH ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC4542T
Insured/Policyholder	
Name Of Registered Owner	EDMUND ONG TEONG LIAT
NRIC No	S7487603Z
Email Address	CHAN_SOMA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-83225288
Alternative Phone No	Office-NOPHONE
Vehicle Particulars	
Manufacturer	SUBARU
Model	OUTBACK-2.5 I-S CVT AWD SR (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
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	2100465995-04
Cover Note Number	
Driver	
Name of Driver	CHANDRA SOMASUNDRAM
NRIC No	S7369886C
Date Of Birth	10/02/1973

**INDOOR** 

23/07/2010

9 YEARS AND 11 MONTHS

Gender **FEMALE** 

Mobile Number (LOCAL) +65-81387459

Fax Number

**Contact Number** 

**EMail Address** CHAN\_SOMA@HOTMAIL.COM

Address 1 LENGKONG EMPAT #03-01

Postcode 417609

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 CLEAR** DRY Road Surface

#### Other Information

Was any foreign vehicle involved in this accident?

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 YES

NO

1

NO

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

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?

If Yes, against whom?

NO

NO

### **Circumstances of Accident**

#### PLEASE REFER ATTACHED

### Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

Was there any audio recorded?

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

Vehicle Registration Number SBS6223K

Vehicle Make/Model/Colour

**Details Of Properties** LEFT HAND REAR

**BUS** Vehicle Category

Name of Driver **CHOO KOK LIONG** 

S6884903I NRIC/Passport Number Contact Number 83882130

Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

### **Accident Sketch Plan**

KETCH PLAN	7-75-115-		1111		0-0000000000000000000000000000000000000	00001111	d==121_==3	7-0		12055-175 DO
		BE	pok	N	ERT	TR	DAD			
		-		14		622	SKI	1	+	+++
-	1	+		44		1-05-3	51	7		
	12.6		1							
W2	23 × 16	2						1		~
1		421	1,					1		
	1.42	42	100	1	04	-	-		-	
		+	1	4 7	51	-	-	$\vdash$	+	
		1	1 13	中	2					
			16	产工						
	Tarries .		1	I						
SCRIBE CIRUMSTANCES OF THE ACCI	DENT			85.55						
1 Commen C.	4	220	97	2/00	01/-	1		1 . 1		
1, CHAMDER SOMA	SUNDE	LHAV	101	200	360	arin	ing	Venic	16	
Subaru Outgack	200	PPA	201	370	1012	da	ygh	ter	at	
Bt. ANThony's Can	0591	an	9	200 V	der	ù 5	cho	21 . A-	T 7.	Bann
1	- 30	.0	12	020	L 1	1 -1	100	. 13		10 d 1 -
I was at junct)	DVI	of	52	400	F 1	1064	N 5	+ 7	90	ing to
turn left out	3 Be	00	61	Jost	h R	oad.	The	RVR	wa	3 no
car on the 1	r8+	10	ve.	D	200	Yak	Nov	ctto 1	2000	8 1
01	- ) \	10	311	100	Dec	NV 1	140	201		1
filtered out ou	40	The	_	164	+ 1	ane	- of	320	dok	North
Road.				,			,			
SBS Transit b	NG	SP	c (	772	V .	-00	AID	Har	10.50	2/14
200 11000714 0	45	20	20	~~	D A	Nay.	001	1012	1	7.0
lane of bedox	NO	44	JK	one	7, A	5 1	71	HYRE	201	44
unto the left	19	ne	_ ,	SBO	ST	ans	it	bus	· CL	1+ int
My left la	00		Herry	W.C	6	Ma	1 7	rivo	v A	14
will ich in		100	MAI	110	-51	100	( c V	11400	4	10
not see MU of the bus	Co	4	04	44	e	10/4	10	MX 1	1 he	- bac
of the bus	100	51	De	hi	+ +	ne '	rta	Mr e	ide	80 '
SLC 45427										
346 7376										
ECLARATION										
We declare the foregoing particulars	are true in	every	respect					1	//	//
								/	/ /	
			1	13	đ			-1	1	7//
			10		M		1	AT	1/1/	1
	_		De	WI		_		/W	VV	
Policyholder's Signature			Signat		4.14.1	953				el's Signature
Date & Time:				the polic		mlan	Name:		MIEL	JUDE

#### 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 truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the Insurers' iswyers/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: (2/07) p.vo

NRIC/FIN NO.:

Reporting Cer

SXXXX518D

2020





Hame

EDMUND ONG TEONG LIAT



Race CHINESE Date of birth 27-12-1974 Country/Rece of birth MALAYSIA

Sex M

574876032





A00434 1 LENGKONG EMPAT #03-01 SINGAPORE 417609 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE

EFFECTIVE DATE

Class 28 Motorcycles =< 200 cc
Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusi
of the driver and other motor vehicles =< 2500kg

17 Apr 2007

NP 428A

Licence No: S7487603Z







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE

EFFECTIVE DATE

Class 3 Motor Cars < 3000 kg with <7 passengers, exclusive 14 Aug 2008 of the driver; and other motor values of 500 kg.

NP 428A

Licence No: \$7369886C



# CERTIFICATE OF INSURANCE

#### SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Edmund Ong Teong Liat Period of Insurance : 16 May 2020 To 15 May 2021

Engine No. : FB25Y289438

: JF2BS9KC2GG037168 Chassis No.

Vehicle No. : SLC4542T Policy No. : 2100465995-04

Endorsement No.

Issued Date : 10 Apr 2020

ABOUT THE COVER

: SUBARU OUTBACK 2.5 I-S

Engine Capacity/Tonnage : 2,498.00 CC Sum Insured : Market Value Driver Restriction Off Peak Car : No : NA

First Year of Registration : 2016 Insuring with COE/PARF : Yes

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 ery authorised driver only if heishe 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 experiences.

Age Condition

: All Age Condition

Limitation as to use\* :

Use only far social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving fullion, driving tool, racing, pace-mixing, milebility trial or speed-lesting, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Molor Trade.

Loss of Use 1500cc - 1600cc

\* Limitations randered insperallive by Section 6 of the Moler Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 55 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 - \$1400 Thatt - \$0 Flood Cover - \$1400

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Edmund Ong Teong Liat - \$1400 (Own Damage), \$1400 (Flood Cover)

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

1.Molor Image Enterprises Pte Ltd. Add: 19 Lorong 8 Toa Payoh Singapore 219255 64170100

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 5338 5290, Alternatively, you may refer to AIG website www.aig.ag or AIG SG Mobile App. Simply search and download 'AIG SG' from l'unes or Google Play.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

IAWs 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, 1967 (Mataysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Pules, 1989 (Mataysia).

TAN CHONG CREDIT SUBARU-ALL

913 BUKIT TIMAH ROAD SINGAPORE 589623

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.













































