

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	17/08/2020 12:11
Date Of Accident	15/08/2020 10:15
Exact Location Of Accident	ALONG SIN MING WALK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDG308D
Insured/Policyholder	
Name Of Registered Owner	BOO CHOONG HOI
Work Permit No	SXXXX201A
Email Address	CHOONGHOI.BOO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96614665
Alternative Phone No	OTHERS-91133910

Vehicle Particulars

Manufacturer	KIA
Model	SORENTO
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	REPORTING ONLY
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	1800063244-01
Cover Note Number	

Driver

Name of Driver	BOO YEE KAI (WU YIKAI)
Work Permit No	SXXXX675H
Date Of Birth	11/10/1988
Occupation	INDOOR
Date Of Driving Pass	15/10/2007
Driving Experience	12 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91133910
Fax Number	
Contact Number	OTHERS-96614665
Email Address	YEEKAI.BOO@HOTMAIL.COM

Address	7 SIN MING WALK #03-13
Postcode	575577
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	COLLISION - HEAD TO REAR
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)	2
Passenger 1	NAME: : GIRLFRIEND 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	GBF4542X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NARAYANAN SATHEESKUMAR
NRIC/Passport Number	OXXXXX1969
Contact Number	82613996
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

4

SKETCH PLAN

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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.

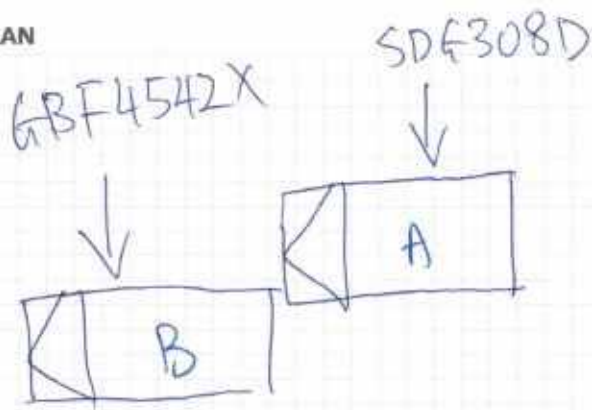
Policyholder's Signature
Date & Time:

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

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

17 Aug 2020
10:10 am

SKETCH PLAN



Along Sin Lines Work

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While waiting for a ~~right~~ left turn, I accelerated and hit the rear right of GBF 4542X

DECLARATION

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

光年

Policyholder's Signature

Date & Time:

Islam

Driver's Signature _____

(If driver is not the policyholder)

Date & Time: 17 Aug 2020

10:10 am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

17/08/2020

Printed Name: _____
Printed Signature: _____

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ACCIDENT STATEMENT

Date Of Report 15 Aug 2020
Date Of Accident 15 Aug 2020 10:15 Hrs
Exact Location Of Accident ~~smoking~~ Along Sun Mang Walk
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number 3DA308D
Insured/Policyholder
Name Of Registered Owner Boo Chong Hoi
Co Reg No 51444201A
Email Address ~~phoo~~ chonghoi.boo@gmail.com
Mobile Phone No 96614665
Alternative Phone No

Vehicle Particulars

Manufacturer KIA
Model Sorento

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?

Repairing

REPORTING

If No, Please state action to be taken

Vehicle Category

Insurance Company

Name of Insurance Company AIG

Type Of Coverage

Fleet Policy

Policy Number

1800063244

Cover Note Number

Driver

Name of Driver Boo Yee Kai

NRIC No 58839675H

Date Of Birth 11/10/88

Occupation Manager

Date Of Driving Pass 15 Oct 2007

Driving Experience 13 Years

Gender M

Mobile Number 91133910

Fax Number

Contact Number

EMail Address yee.kai.boo@hotmail.com

Address

Postcode

Was driver an employee of the Insured's Company?

Yes

If No, Relationship of the Driver with the Insured

Son

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

Collision

Weather Conditions

Dry

Road Surface

Dry

Other Information

Was any foreign vehicle involved in this accident?

No

Was any body injured in the Accident?

No

Was any other material or property damaged?

No

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

No

Number of Passengers (Including Driver)

2

Uninsured

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?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Remarks/ Reasons:

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBF4 542 X

Vehicle Make/Model/Colour

Audi

Details Of Properties

Long

Name of Driver

Narayanan Sathya Kumar

NRIC/Passport Number

U35421989

Contact Number

8261 3196

Address

Postcode

Insurance Company Name

Nature Of Damage

Collision

No. Of Passenger (Including Driver)

4

all male

Details of Witness

Name

Phone Number

Email Address


To Whom It May Concern

LETTER OF AUTHORITY

Accident Involving: SDG 308 D & GBF 4542 X ON 15 Aug 20
AT/ALONG Sin Ming Walk

I, Boo Choong Hoi (NAME) owner/policyholder of vehicle no:
SDG 308 D authorized Boo Yee Kai (NAME) of
NRIC/FIN/PASSPORT NO. S8839675 H to *submit the following below:

- ☐ Accident Report
- ☐ Own Damage Claim
- ☐ Third Party Claim
- ☐ Third Party Claim (own workshop)



Signature of Policyholder
(Company Stamp if applicable)

S1449201-A

NRIC/FIN/PASSPORT NO.

15 Aug 20

Date

***PLEASE TICK ACCORDINGLY**



CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : BOO CHOONG HOI
Period of Insurance : 11 Jun 2020 To 10 Jun 2021
Engine No. : D4HBJH374086
Chassis No. : KNAPH81BMJ5465340

Vehicle No. : SDG308D
Policy No. : 1800063244-01
Endorsement No. :
Issued Date : 18 Apr 2020

ABOUT THE COVER

Make/Model : KIA SORENTO 2.2 A DIESEL
Engine Capacity/Tonnage : 2,199.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2018
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 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, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1
Fire - \$0 **Own Damage** - \$600 **Theft** - \$0 **Flood Cover** - \$600

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

BOO CHOONG HOI - \$600 (Own Damage), \$600 (Flood Cover)

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

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 66684501
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 64278600
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 8200. 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: Standard Chartered Bank (Singapore) Limited

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), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504622238

C&CK/CP2 - NICHOL

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIGSGMOBILEAPP

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MHA420069631 Vehicle Registration No: SDG 388D
Name (as shown in NRIC) : BOO YEE KAY (CHU YIKH) NRIC/FIN/Passport No : S555X/6754
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 91133910
Email Address : _____
Date of Accident : 15/08/2020 Time of Accident : 10:15
Place of Accident : ALONG 9 SIDE MINUS WAVE
Insurance Company : AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURED NAME : BOO CHONG HOI

INSURED EMAIL : CHONGHOI.BOO@gmmi.com

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Boo
NRIC/FIN No. 11111
Date: 17/08/2020