Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 01/09/2020 17:19

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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 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.

$7.\ By$ the lodgement of this report to the insurers, you hereby 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	28/08/2020 20:56
Date Of Accident	28/08/2020 18:00
Exact Location Of Accident	HOUGANG STREET 51
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMK7231S
Insured/Policyholder	
Name Of Registered Owner	CHEOW PUI SZE
NRIC No	S8182430D
Email Address	CHEOWPUISZE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98531081
Alternative Phone No	Others-98531081
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	OUTLANDER 2.0
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?	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	1900083332
Cover Note Number	
Driver	
Name of Driver	TAN WEE BOON
NRIC No	S8028559J
Date Of Birth	22/09/1980

INDOOR

22/09/1980

39 YEARS AND 11 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-98793894

Fax Number

Contact Number

EMail Address AHBOONKO@HOTMAIL.COM

BLK 562 HOUGANG STREET 51 #04-446 Address

#04-446 SINGAPORE

Postcode 530562 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 - MAJOR/MINOR RD

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? YES

Was any injured conveyed to hospital by

ambulance?

YES

NO

1

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

YES

Police Station Name HOGANG N.P.C

ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775, POSTCODE: 538775,

Police Station Address **COUNTRY: SINGAPORE**

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NΩ

Circumstances of Accident

Please refer to Police Report No. T/20200828/2129.

Attachment(s)

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

Remarks/ Reasons: SD CARD IS WITH THE TRAFFIC POLICE

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBH454H

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver MR LOKE

NRIC/Passport Number

Contact Number 96495088

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MR LOKE

Approximate Age Injuries Sustain

Injured person in which vehicle? FBH454H

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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)
 - (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
- (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: 0 1 SEP 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time: 0 1 SEP 2020

Reporting Centre Personnel's Signature

Deborah Lai Name:

NRIC/FIN No.:

KETCH PLAN	HOUGANA GREEN	
	YOU GANG STREET SI > VCh B (FBH4.	54H)
	They be the second of the seco	
ESCRIBE CIRCUMSTANCES OF	Veh A SME 723 S THE ACCIDENT	
Please refer	to Police Report :	7/20200828/2129
		3
	40-5-18-114-T	
CLARATION		
Ve declare the foregoing particula	rs are true in every respect.	
(hear)	Debug's Signature	Reporting Centre Percappel's Signature
licyholder's Signature te & Time: 0 1 SEP 2020	Driver's Signature (If driver is not the policyholder) Date & Time: 0 1 SFP 2020	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Deborah Lai

2

GIARMC StirtchPlanForm_V3



CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : CHEOW PUI SZE
Period of Insurance : 23 Apr 2019 To 22 Apr 2021 Vehicle No. : SMK7231S Policy No. : 1900083332

: 4J11AC5068 : GF7W0600636 Engine No. Endorsement No.

Chassis No. Issued Date : 02 May 2019

ABOUT THE COVER

Make/Model : MITSUBISHI Outlander 2.0 Elegance/Sports

Engine Capacity/Tonnage : 1,998.00 CC Sum Insured : Market Value First Year of Registration : 2019 Driver Restriction : NA Off Peak Car : No 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 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 fusion, 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) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

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

Section 2

Property Damage - \$0 Windscreen: \$100

Named Driver and Excess (where applicable)

CHEOW PUI SZE - \$600 (Own Damage)

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

- 1.Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000
- 2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kie Rd Singapore 159094 64708688 3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000 4. Cycle & Carriage Body & Paint Centre. Add: 209 Pandan Gardens Singapore 608339 65884501

For other Approved Repairing 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.co or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

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) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504620200

C&CMICP2 - AGNESL 239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE









NPICAG S8182430D (PINK IC) \$10.00

NAME CHEOW PUI SZE

DATE OF MALE: 06/08/2020

MEGISTRATION OFFICER NOOR AZIZAH BINTE ABDUL RASHID

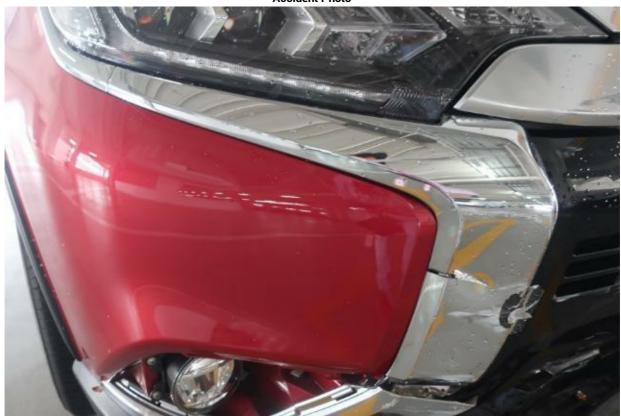
APP ID: FC.202008061525.430.0875.REN

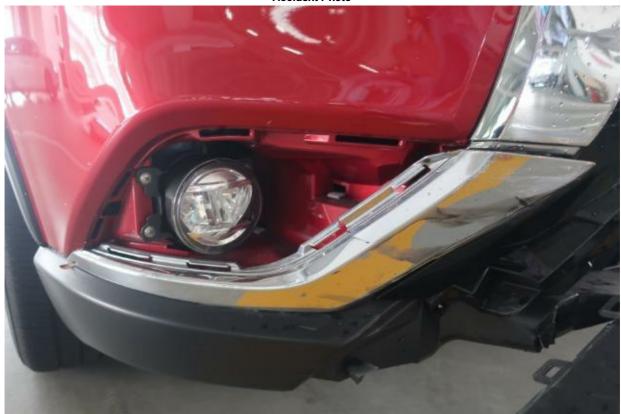














Chassis Number



