Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 10/10/2020 11:09

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 <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.
- 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	10/10/2020 10:58
Date Of Accident	30/09/2020 15:00
Exact Location Of Accident	TPE EXIT UPPER CHANGI ROAD.
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGU2987X
Insured/Policyholder	
Name Of Registered Owner	WONG KEE MOY
NRIC No	SXXXX814G
Email Address	KEEMOYWONG@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97500102
Alternative Phone No	Office-97500102
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200
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?	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	2100019520
Cover Note Number	
Driver	
Name of Driver	KOH TENG JEE
NRIC No	SXXXX075F
Date Of Birth	12/08/1954

INDOOR

20/09/1974

46 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97500102

Fax Number

Contact Number OFFICE-97500102

EMail Address KEEMOYWONG@YAHOO.COM

Address 50 EASTWOOD TERRACE

Postcode 486511

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 NO COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

NO

NO

NO

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) 1

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

TRAFFIC LIGHT IS GREEN, VEHICLE B MOVED AND I FOLLOW TO MOVE WHEN SUDDENLY VEHICLE B JAMMED BRAKE AND STOP, I BRAKE AND MANAGE TO STOP IN TIME, BOTH DRIVERS ALIGHTED TO CHECK OUR VEHICLES AND THERE'S NO CONTACT BETWEEN THE 2 CARS.

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 SML159J

Vehicle Make/Model/Colour

\ (E.I. B.

Details Of Properties VEH B

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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:
 - 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.:

SKETCH PLAN		•
		2-1-1-
DESCRIBE CIRCUMSTA	ANCES OF THE ACCIDENT	
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managed to	Pep in time both drive alighted to check a	34
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-		
	THE SHARE THE SECOND SE	
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DECLARATION		
/We declare the foregoing	g particulars are true in every respect.	
	dorthow Trus	
Policyholder's Signature	Driver's Signature Reporting Centre Personnel's Signatu	re

NRIC/FIN No.:

Date & Time:



CERTIFICATE OF INSURANCE

MERCEUES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Wong Kee Moy

Period of Insurance : 10 May 2020 To 09 May 2021

: 27195630839610 : WDB2110412B070216 Vehicle No. Policy No.

: SGU2987X : 2100019520-13

Endorsement No. Issued Date

: 14 Apr 2020

Chassis No. ABOUT THE COVER

Engine No.

Make/Model

: MERCEDES BENZ E200 K

Engine Capacity/Tonnage : 1,796.00 CC Sum Insured : Market Value Driver Restriction : NA

Off Peak Car : No

First Year of Registration : 2007

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" ("YIDIR") 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 fultion, driving test, racing, pace-making, reliability still 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 2000cc

* 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 Act, 1987

EXCESS

Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Wong Kee May - \$800 (Own Damage), \$800 (Flood Cover)

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

1. Cycle & Carriage Eunos Service Center (For accident reporting only) Add: 330 Ubi Road 3 Singapore 408550 62061818
2. Cycle & Carriage Pandan Loop Service Center - Body Care & Repair Add: 188 Pandan Loop Singapore 128378 62061818

For other Approved Reporting Centres/A/G Authorised Repairers, please contact our 24-hour accident emergency hothine at +65 6338 6200. Attematively, you may refer to A/G website www.sig.sg or A/G S/G Mobile App. Simply search and download "A/G S/G" from lTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

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, 1967 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia)

0500660344

CYCLE & CARRIAGE - SEEMHP

239 ALEXANDRA ROAD

SINGAPORE 159930 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.

AIGSOMOBILEAPP



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. SO177075F





KOH TENG JEE

许 登 志 Race CHINESE

Date of birth 12-08-1954

S0177075F

Country/Place of birth SINGAPORE

Usage for Insurance Motor Accident Reporting and Claims Purposes Only

Vehicle no Shu 2987X 3009/2020

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

SOSTTOTEF

S / No.9000297915

NP 428A



6401593





04-03-2020

50 EASTWOOD TERRACE SINGAPORE 486511





















