### 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 <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	07/10/2020 16:31
Date Of Accident	07/10/2020 09:45
Exact Location Of Accident	PASIR RIS ST 12
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLB1845U
Insured/Policyholder	
Name Of Registered Owner	NG YI CHONG
NRIC No	SXXXX882G
Email Address	YCHUANG@SQLNET.COM.SG
Mobile Phone No	(LOCAL) +65-97681368

OFFICE-97681368

Alternative Phone No Vehicle Particulars

Manufacturer OPEL Model INSIGNIA

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 2100503127-03

Cover Note Number

**Driver** 

Name of Driver

NG YI CHONG

NRIC No

SXXXX882G

Date Of Birth

Occupation

Date Of Driving Pass

NG YI CHONG

SXXXX882G

NB/04/1971

INDOOR

02/04/1996

Driving Experience 24 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97681368

Fax Number

Contact Number OFFICE-97681368

EMail Address YCHUANG@SQLNET.COM.SG

Address BLK 190 PASIR RIS ST 12 #10-26

Postcode 510190

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO YES

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) 1

### **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

### **Circumstances of Accident**

I WAS TURNING RIGHT OUT FROM THE MINOR ROAD. VEHICLE B WAS APPROACHING STRAIGHT FROM MY RIGHT. I DID NOT NOTICE VEHICLE B COMING, END UP, MY FRONT HIT ONTO VEHICLE B LEFT PORTION.

### 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 SLP6692L

Vehicle Make/Model/Colour

VEHICLE B PRIVATE CAR

Name of Driver

Vehicle Category

NRIC/Passport Number

**Details Of Properties** 

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### Sketch Plan Pg. 1

### **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) 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.:

5 (1901) 17 (48) 5 (48) 5 (**93** 

# Sketch Plan #2 Pg. 1

ETCH PLAN		carpark
	S S BLK	era
SCRIBE CIRCUMSTANCES O	F THE ACCIDENT	
l has turking	right out from t	Le himor road,
Idich B wes	approaching Streigh	t tron by right
did not hos	the velice B Col	king end up my
front hit on	to vehide B 1	eft portoon.
	:	
ECLARATION  We declare the foregoing particular to the for	ulars are true in every respect.	
olicyholder's Signature	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

Date & Time:

NRIC/FIN No.:

### Sketch Plan #3 Pg. 1

# AIG ASIA PACIFIC INSURANCE PTE LTD

# MOTOR ACCIDENT INTERVIEW FORM

880 7070 1870 18	NET YT CHONCY
NAME (DRIVER)	SLB 1845U
VEHICLE NUMBER	07/ 10/2020 @ 09451(RS
DATE/TIME OF ACCIDENT	
PLACE OF ACCIDENT	2496692L
THIRD PARTY VEHICLE (IF ANY)	:
************	***********
WHERE DID YOU START YOUR JOUR BEFORE THE ACCIDENT? PASIR RS ST IL 7-	RNEY AND WHERE WAS THE INTENDED DESTINATION
N YOU? IF YES, WHAT IS THE RESUL Ko	T?
HICLES INVOLVED?	AND THE EXTENSIVENESS OF THE DAMAGES TO ALL
HAT IS THE TYPE OF COLLISION A HICLES INVOLVED? 16AD TO SIDE COUID	
HICLES INVOLVED?  (KAN TO SINE COUNTY)	VIURED? IF INJURED, WHICH HOSPITAL? WERE YOU

l Affirmed The Above Information Is Given To My Best Knowledge.

### Driving License Pg. 1



(HUANG YICONG)
黄 奕 聪
Race
CHINESE
Date of birth Sex / C7111186444
O8-04-1971 M
Country of birth
SINGAPORE

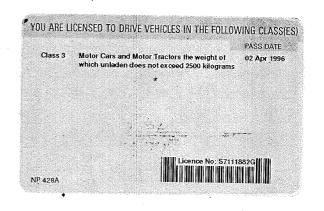


Usage for Insurance Motor Accident Reporting and Claims Purposes Only

Vehicle no: 2LB (845U)

Date of Accident:





Name of Policyholder : Ng Yi Chong

Engine No.

Period of Insurance : 30 Mar 2020 To 29 Mar 2021

Engine No : 81150435GKIIX0000

: B1150435GKUX0098 : W0LGS5E53F1035109 Vehicle No.

: SLB1845U : 2100503127-03

Policy No. Endorsement No.

Issued Date

Chassis No.

ABOUT THE COVER

Engine Capacity/Tonnage : 1,598.00 CC Driver Restriction : NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2016

Insuring with COE/PARF

:

Person or Classes of Persons Entitled to Drive\*:

The Policyholder
 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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition

: 40 years old and above

Limitation as to use\* :

Lithriticition 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.

' Limitations rendered inoperative by Section 8 of the Molor 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

Fire - \$0 Own Damage - \$500 Theft - \$0 Flood Cover - \$500

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Ng Yi Chong - \$500 (Own Damage), \$500 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)
Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).
For Approved Reporting 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.sg or AIG SG
Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

Hire Purchase Company/Employer's Loan: MayBank

lWe 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).

0504389000

DS INSURANCE AGENCY

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

78 SHENTON WAY #07-16 AIG BUILDING SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

