## 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 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 consent to the archiving of this report at the centre and to copies of the report being made available

ıforesaid.	
	ACCIDENT STATEMENT
Date Of Report	19/10/2020 10:31
Date Of Accident	17/10/2020 14:50
Exact Location Of Accident	MARINA BOULEVARD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT2633M
Insured/Policyholder	
Name Of Registered Owner	LOONG CHER SIONG
NRIC No	S7276066B
Email Address	JEFFREY_LOONG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97278990
Alternative Phone No	Office-97278990
Vehicle Particulars	
Manufacturer	NISSAN
Model	NOTE-1.2 (A)
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
lf 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	1700069448-02
Cover Note Number	
Driver	
Name of Driver	LOONG CHER SIONG
NRIC No	S7276066B

**INDOOR** 

20/03/1997

23 YEARS AND 6 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-97278990

Fax Number

**Contact Number** OFFICE-97278990

**EMail Address** JEFFREY\_LOONG@HOTMAIL.COM

Address BLK 321 SEMBAWANG CLOSE #09-283

Postcode 750321 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 - CHANGE/CROSS LANE

**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

Was any body injured in the Accident? NO

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)

Passenger 1 : TAN LAY CHENG Name:

> Gender: : Female

Passenger 2 Name: : ALICIA LOONG

> Gender: : Female

# **Details of Police Action**

Was the accident reported to the police?

NO

2

NO

NO

3

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

### **Circumstances of Accident**

### SEE ATTACHED 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

SBV8813D

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR WONG BEE HUA SUSAN

S1599962D

98182182

#### Sketch Plan

#### 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 wilful 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.
- 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 courf 政府的 MOTOR SALES PTE LTD

**9科学SHONG MOTOR SALES PTE LTD**17 Toa Payoh Lorong 8 Tel: 6 703P 01ン
Singapore 319254
Tel: 6257 0758 Fax: 6356 4922

Policyholder's Signature

Date & Time: 19/10/20 0/10

Driver's Signature

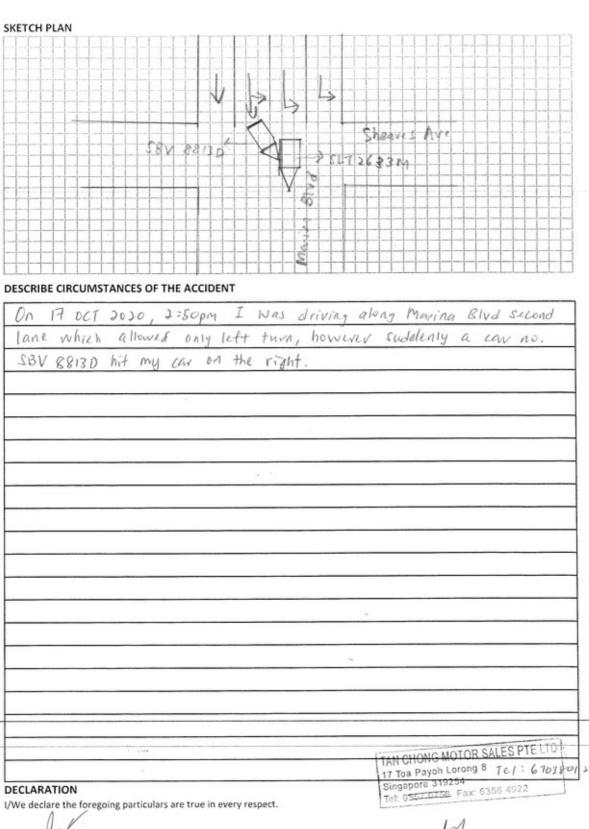
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Aishah NRIC/FIN No.:

S1660822/2



Policyholder's Signature

Date & Time: 19/10 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Alchah

NRIC/FIN No.: 31660822/2



# CERTIFICATE OF INSURANCE

### NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : LOONG CHER SIONG : 24 Oct 2019 To 23 Oct 2020

Period of Insurance Engine No.

: HR12266762B

: JN1TAAE12Z0980021 Chassis No.

Vehicle No. Policy No.

Issued Date

: SLT2633M : 1700069448-02

Endorsement No.

: 05 Sep 2019

## ABOUT THE COVER

: NISSAN NOTE 1.2 (SUPERCHARGED/NON-SUPERCHARGED) Engine Capacity/Tonnage: 1,198.00 CC

Sum Insured : Market Value Off Peak Car : Yes

First Year of Registration : 2017 Insuring with COE/PARF : Yes

Driver Restriction : NA 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 herbie 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\* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for him or reward dodes to the policyholder's business. This Policy does not cover use for hire or reward, driving fullion, 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 (Melaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

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)

LOONG CHER SIONG - \$600 (Own Damage)

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

- 1.TC AutoClinic Add: No.1, Sidth Lok Yang Road Singapore 628099 62622212 2 Autolution Industrial Add: 19 Ubi Road 4 Singapore 408623 64909666 3.TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513 4.Tan Chong Motor Sales Add: 913 Bukt Timah Road Singapore 589623 64694091 64694092 64694093 5.Tan Chong Motor Sales Add: 17 Lorong 8 Toa Payoh Singapore 319254 63570753 63570754

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hottine at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.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: MayBank

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).

0500610540

TAN CHONG CREDIT PTE LTD - TGL 911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE SINGAPORE 589622 ANSP-MOTOR Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

76 Sherton Way #07-16 AIG Building \$079120 | T.+65 6419 3000 | www.aig.s

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$7276066B





LOONG CHER SIONG



农志祥 Race CHINESE

Date of birth 16-04-1972 Country/Place of birth MALAYSIA

872760668



6346938





11-12-2019

APT BLK 321 SEMBAWANG CLOSE #09-283 SINGAPORE 750321

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

NP 428A

































