



## 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 Submission	14/12/2020 12:09 (SGT)
Date of Accident	12/12/2020 21:30 (SGT)
Exact Location of Accident	Canberra Way, Singapore 752106
Additional Location Information	twds yishun ave 8
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV1241U
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEW ZHENG ZHUANG ZEKE
NRIC No	SXXXX767Z
Email Address	ZEKE.CHEW@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97101749
Alternative Phone No	+65-97101749

#### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	-
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 - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070135308
Cover Note Number	-

#### DRIVER

Name of Driver	CHEW ZHENG ZHUANG ZEKE
NRIC No	SXXXX767Z
Date Of Birth	29/08/1993
Occupation	Indoor

Date Of Driving Pass .....	09/04/2012
Driving experience .....	8 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97101749
Alt. Phone Number .....	+65-97101749
Email Address .....	ZEKE.CHEW@HOTMAIL.COM
Address .....	10 FLORA RD #03-03
Address complement .....	-
Postcode .....	509729
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Cross Junction
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	MOENO ANN LANG SHIH YING
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

refer to statement

#### 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 .....	SJD5029X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-

Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## 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.



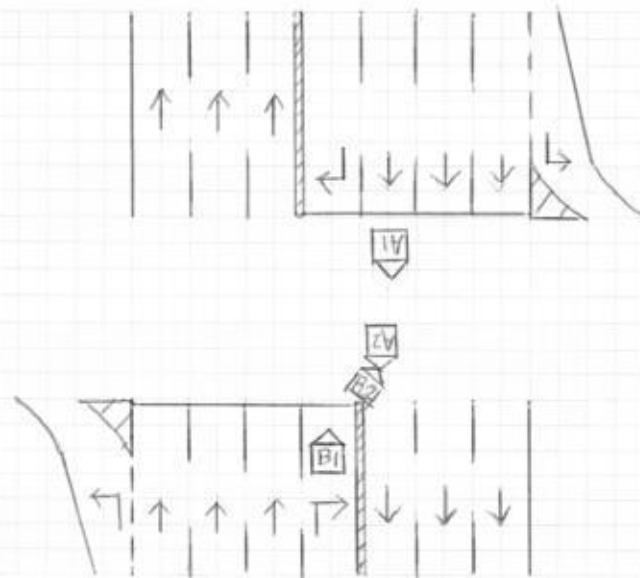
Policyholder's Signature  
Date & Time:

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



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

# SKETCH PLAN



(A) - SMU1241U

(B) - SJD5029X

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 12/12/2020 @ about 2130 HRS, along Canberra way towards Yishun Ave. 8, I was travelling along the above mentioned road on the lane 2 as I passed by the junction of Canberra Street. Suddenly, a Vehicle (B) from the opposite direction tried to make a right turn into Canberra Street without caution and proper lookout. I slammed on my brakes but to no avail, and Vehicle (B) collided into the front portion of my Vehicle (A), causing damages to my Vehicle. I have one other passenger in my Vehicle.

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

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

*[Signature]*

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





# CERTIFICATE OF INSURANCE

## KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : CHEW ZHENG ZHUANG, ZEKE  
 Period of Insurance : 17 Sep 2020 To 16 Sep 2021  
 Engine No. : 04FGKH740268  
 Chassis No. : KNAF5416ML5064431

Vehicle No. : SMV1241U  
 Policy No. : 2670135306  
 Endorsement No. :  
 Issued Date : 14 Oct 2020

### ABOUT THE COVER

Make/Model : KIA Cerato  
 Engine Capacity/Tonnage : 1,591.00 CC  
 Driver Restriction : NA  
 Person or Classes of Persons Entitled to Drive\* :  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2020  
 Insuring with COE/PARE : Yes

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 Inexperienced Driver Excess" ("YIDRE") 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\* :

Mileage Condition : Unlimited Mileage

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The 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 Tolls.

Loss of Use 150000 - 160000

\* Limitations stipulated respectively by Section 6 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 excluded 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)

CHEW ZHENG ZHUANG, ZEKE - \$600 (Own Damage), \$600 (Flood Cover)

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

- 1 Cycle & Carriage Body & Panel Centre Add: 205 Pandan Gardens Singapore 609338 66684001
- 2 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Lta Rd 3 Singapore 406656 67481000
- 3 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 158691 64278800
- 4 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 660 Sui Ming Ave Singapore 576763 69326600

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6038 6200. Alternatively, you may refer to AIG website [www.aig.sg](http://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: 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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia).

0500708937

CYCLE & CARRIAGE - ERNEST

239 ALEXANDRA ROAD  
 SINGAPORE 159200

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

10/24/20

AIG Asia Pacific Insurance Pte. Ltd.

78 Selegie Way, #09-18 AIG Building 5079120 | T: +65 6413 3000 | [www.aig.sg](http://www.aig.sg)

VEHICLE NO: SMV1241U

MAKE &amp; MODEL: Kia Cerato

AUTO / MANUAL

DATE OF ACCIDENT	12 / 12 / 2020	*CC: 1600
TIME OF ACCIDENT	9.30 AM / PM	
LOCATION OF ACCIDENT	Canberra Way towards Yishun Ave. 8	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <input checked="" type="checkbox"/> PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Chew Zheng Zhuang, Zeke	
EMAIL	zeke.chew@hotmail.com	Office: MOBILE:
NRIC	S9331767Z	
CLAIM TYPE	OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / <input checked="" type="checkbox"/> NO	
INSURANCE CO.	AIG	
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	2070135308	
NAME OF DRIVER	<input checked="" type="checkbox"/> AS ABOVE / IF NO.	
NRIC	S9331767Z	
DATE OF BIRTH	29 / 08 / 1993	
ANY PASSENGER	YES / NO: /	
NAME OF PASSENGER	Moeno Ann Lang Shih Ying	
GENDER OF PASSENGER	MALE / <input checked="" type="checkbox"/> FEMALE	
OCCUPATION	Outdoor / <input checked="" type="checkbox"/> Indoor	
DATE OF DRIVING PASS	09 / 10 / 2012	
GENDER	<input checked="" type="checkbox"/> Male / Female	
CONTACT NO.	Mobile: 9710 1749 Office: Home:	
EMAIL:		
ADDRESS	10 Flora Road #03-03 S(509729)	
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="checkbox"/> NO / If yes, Reg No. INSURER:	
RELATIONSHIP	Employee / If No, owner	
WEATHER CONDITION	Clear / <input checked="" type="checkbox"/> Raining / Other:	
ROAD SURFACE	Dry / <input checked="" type="checkbox"/> Wet / Other:	
ANY INJURIES	<input checked="" type="checkbox"/> No / If yes, Who?	
CONTACT NO.		
POLICE REPORT	<input checked="" type="checkbox"/> No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES, WHO?	
VEHICLE B NO.	<del>S305029X</del> Any Passenger:	
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <input checked="" type="checkbox"/> NO	
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO	
SCENE ACCIDENT PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES / NO	
**WORKSHOP:	Advance Auto Garage	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <input checked="" type="checkbox"/> NO	