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Insured/Driver Liability: (%)	[Note-Est Status (W	10): N: 0-2	10%; P: 21-79%. P:	80-100%]	<u>`</u>
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SN0820CH0005 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 17/12/2020 17:31 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (17/12/2020 17:31 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

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.

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 Date of Accident Exact Location of Accident

Additional Location Information Country/State of Loss

17/12/2020 17:31 (SGT) 17/12/2020 12:25 (SGT) Paya Lebar Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLC9219U

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No.

No

SOH KOH LENG

SXXXX776F

fullstop432@gmail.com

(Phone) +65-91529905

+65-91529905

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

Vehicle Category

your vehicle?

Kia

Forte

Private use

No - Claiming third party

Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

AIG

Comprehensive

2100468091-04

DRIVER

Name of Driver

NRIC No

SOH KOH LENG

SXXXX776F

Date Of Driving Pass 04/08/1993 Driving experience 27 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-91529905 Alt. Phone Number +65-91529905 Email Address fullstop432@gmail.com Address BLK 322 TAMPINES STREET 33 Address complement #07-140 Postcode 520322 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 - Head to Rear Weather Conditions Clear Road Surface Dry 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO 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 SKD6477S Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number Address Address complement Doctoodo

Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

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. 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.

0020

Policyholder's Signature Date

& Time:

Driver's Signature

(If driver is not the policyholder) Date

& Time:

NRIC/FIN No.



Policyholder's Signature Date

& Time:

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

Reporting Centre Personnells Signature
Name:

NRIC/FIN No.:

Cally IC System Plan Farm _ V2

mail sm@idac.com.sg Tel no: 6555 6888

no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

ate of Accident: 17 / 12020 (dd/mm/yy)	Time of Accident: 12: 25 (24-HR-FORMAT)
enicle No. : SLC 921911 Vehicle Make & Mode	1 KID CHARTS K3 FORM 1591
xact location of Accident: Aya Letar	Rd.
olicyholder's Name / IC No. : Sch Keh Le	eng 51655776F
rriver's Name / IC No. :	(As Above)
rriver's Contact No.: 91529965 Company	Contact No (Company Veh Only):
Priver's Address:	
imail address: full Stop423@gmail .c	om Insurance Company: A) G
Relationship between Owner & Driver: (Please CIRCLE Owner / Spouse / Children / Friend / Parents / Sibling / Relationship	
Vhat do you wish to claim? (Please TICK one only)	
Own Insurance / Other Vehicle (The one you wan	to claim against) / Reporting (For Record Purpose)
xact purpose for which the vehicle vas being used at time of accident? Occ	upation (nature of job) Indoor/ Outdoor
Private use / Work purpose *No.	of Passengers (Including Driver): 6
Passanger Name:	Gender: Male / Female *Passanger Gender: Male / Female
Weather condition & Road conditions? (On the day of ac	cident)
Clear & Dry / Raining & Wet / After-Rain	n & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car Camera?	Yes No
Anv Injuries: Yes / No (If YES) Injured Per	son* Name:
njuries Sustain:	Injured Person in Which Vehicle:
Police Report filed: Yes / No (If YES) Wh	ich Police Station:
	Other Party(s) Details:
Driver's Name / IC No:	
	surance Company :
2. Driver's Name / IC No (If Any):	Vehicle No:
Driver's Contact No:In	surance Company :
*Independent Witness (If Any):	Contact No:
Preferred Workshop Name:	Contact No:



CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: Soh Koh Leng

Period of Insurance

: 30 May 2020 To 29 May 2021

Engine No. Chassis No. : G4FGGH613282

: KNAFX411MG5603827

Vehicle No.

: SLC9219U : 2100468091-04

Policy No. Endorsement No.

Issued Date

: 15 May 2020

ABOUT THE COVER

Make/Model

KIA FORTE K3 1.6 A EX

Engine Capacity/Tonnage

1,591.00 CC

Sum Insured :

Market Value

First Year of Registration 2016

Driver Restriction

NA

Off Peak Car

Insuring with COE/PARF

Person or Classes of Persons Entitled to Drive":

ii) The Policyhader
 iii) Any other person who is driving on the Policyhadden's order or with his/her permission.
 This Policy will indemnify the Policyholder or any authorised driver only inherative meets the specified age condition.

You have to pay an additional aum of \$3,000 as. "Prexperienced Shiver Excess" (YDR') if You are or Your Authorised Shiver Insmed or unnamed his less than 2 years driving experience.

Age Condition

: 40 years old and above

Lise only for some domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for here or reward, priving listers, driving test, racing, page-indeng, resubility multiple or speed-testing, the carriage of goods other than samples in connection with any trade of business or use for any purpose in connection with Motor Trade.

* Ummations rendered troperative by Section 8 of the Miciar Vehicles (Third-Party Risks and Compensation) Act (Cap. 189). Section 95 of the Road Transport Act. 1/367 (Vistaysia) and Road Transport (Amandment) Act (Cap. 189). Section 95 of the Road Transport Act. 1/367 (Vistaysia) and Road Transport Act. 1/367 (Vistaysia) a

EXCESS

Section 1

Fire - S0 Own Damage - \$600 That - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Sub Koh Leng - \$600 (Over Damage), \$600 (Flood Cover)

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

2 Dyck & Carriage Authorised Service Centre (For accident reporting & windscreen claim only). Add: 333 Uts Rd 3 Singapore 408650 67461000.

2 Dyck & Carriage Authorised Service Centre (For accident reporting & windscreen claim only). Add: 341 Alexandra Road Singapore 169831 64278800.

3 Dyck & Carriage Authorised Service Centre (For accident reporting & windscreen claim only). Add: 800 Sin Ming Ave Singapore 375733 89328000.

3 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only). Add: 800 Sin Ming Ave Singapore 375733 89328000.

For other: Approved Reporting CentraliAIG Authorised Reporters, passer contain our 24-hour accident emergancy hother at +55 8336 5200. Alternatively, you may fellor to AIG events were arging to AIG 5G Mobile App. Simply search and download: AIG 5G' from iTuries or Geogle Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan. HL Bank

1/Are horsely centry that the policy to which this Caroticate of Insurance relates is issued in accordance with the provisions of the Notor Vehicles (Third Party Risks and Compensation) Act (Cap. 189). Part IV of the Road Transport Act. 1981 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Roles, 1958 (Malaysia).

0500710050

CAC FULCO-CORP SALES

22 UBI ROAD 4 FULCO BUILDING

SINGAPORE 408617 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.

AND STORY DESCRIPTION OF THE PERSON OF THE P