

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	02/02/2021 14:12 (SGT)
Date of Accident	01/02/2021 16:30 (SGT)
Exact Location of Accident	Cheong Chin Nam Rd, Singapore
Additional Location Information	OPEN SPACE CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB188P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH KWEE BOON
NRIC No	SXXXX874E
Email Address	winson_tingwei@hotmail.com
Mobile Phone No	(Phone) +65-96540220
Alternative Phone No	+65-96540220

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	Xc90
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	2070128198
Cover Note Number	-

DRIVER

Name of Driver	GOH KWEE BOON
NRIC No	SXXXX874E

Date Of Driving Pass	25/04/2015
Driving experience	5 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96540220
Alt. Phone Number	+65-96540220
Email Address	winson_tingwei@hotmail.com
Address	188 VERDE CRESCENT
Address complement	-
Postcode	688508
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)	1
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?	No
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	SKC6639Y
Vehicle Manufacturer	Citroen
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	ABUL RAHMAN BIN BUJANG
NRIC No	SXXXX736A
Contact Number	(Phone) +65-96364159
Address	-
Address complement	BLK 205 BLKIT DATOK STREET 21 #11 87

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

SKETCH PLAN

IMPORTANT NOTICE

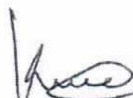
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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:



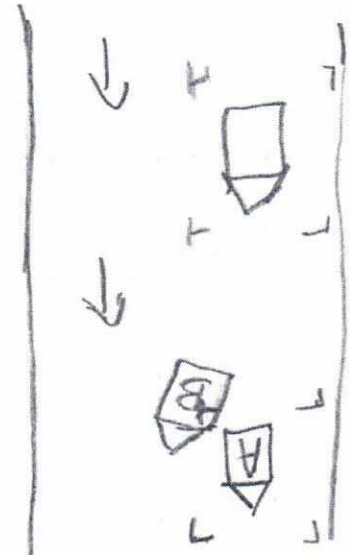
Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: 
NRIC, FIN No:

SKETCH PLAN

vehicle A SLB 188P
vehicle B SKC 6639Y

CHONG CHIN NAM ROAD
OPHI SPACE CARPARK




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 01/02/2021 about 16:30pm. My car was stationary parked
at Chong chin nam Road parallel carpark lot. I was on my way back
to collect my car and I saw vehicle B " SKC 6639Y " was doing
a parallel parking into the parking lot which is behind my car and
vehicle B " SKC 6639Y " collided onto my car rear right portion while
he is ^{doing} parallel parking into the lot.

DECLARATION

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


Policyholder's Signature
Date & Time:


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

 02/02/2021
Reporting Centre Person's Signature
Name: Reddy Vinu Arora
NRIC/ FIN No:

ACCIDENT DATE & LOCATION	
Date & Time of Accident *	Date: 01/02/2021 Time: 16:30pm (24 hr format)
Exact Location of Accident *	Cheng CHIN NAM Road open space Carpark
INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE	
Vehicle Registration Number *	SLB 188P Make & Type*: VOLVO XC 90
Name of Registered Owner *	Goh Kwee Boon
NRIC / FIN / Passport / Co Regn No. *	S1703874E
Contact Number *	9654 0220 Email/Fax No: Winsan_tingwei@hotmail.com
Exact Purpose for which vehicle was being used at Time of Accident	<input checked="" type="checkbox"/> Private Usage / <input type="checkbox"/> Commercial or Company's Usage
Are you claiming under your own insurance policy for repair to your vehicle? *	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No If No, Please state action to be taken <input checked="" type="checkbox"/> Third Party Claim (SYH / Other workshop?) / <input type="checkbox"/> Reporting Only
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	China / EQ / Etiqa / MSIG / Tokio Marine / Great American AIG
Type of Policy *	Comprehensive / Third Party / Third Party Fire & Theft
Policy No. (Certificate No.) / Cover Note No.	2070128198
DRIVER	
Name of Driver *	Goh Kwee Boon Gender: <input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female
NRIC / FIN / Passport Number *	S1703874E
Date of Birth *	12/01/1965 (dd/mm/yyyy)
Occupation *	<input checked="" type="checkbox"/> Indoor / <input type="checkbox"/> Outdoor
Date of Driving Pass (Pass Date) *	25/04/2015
Contact Number *	9654 0220
Address	188 VERDE CRESCENT S (688508)
Email Address / Fax Number *	Email: Winsan_tingwei@hotmail.com Fax: -
Relationship of the Driver with the Insured *	Owner / Employee / Spouse / Friend / Others:
Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company *	Veh No: 1) _____ 2) _____ 3) _____ Ins Co: 1) _____ 2) _____ 3) _____
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision	Chain Collision / Side-Swipe / Front to Rear / Others:
Weather Conditions *	Clear / Raining / Others:
Road Surface *	Wet / Dry / Others:
OTHER INFORMATION	
Was anybody injured in the accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes (Police Report required)
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any foreign vehicle involved in this accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: _____ Veh Category: _____
Number of vehicles involved in the accident	(02)
Was there any witness?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any other VEHICLE / Property involve / damage? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
DETAILS OF POLICE ACTION	
Was the Accident Reported to the Police? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, Please state which Police Station _____
Was Notice of Intended Prosecution given? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, against whom? _____
Number of Passengers (Including DRIVER)? *	(01)
Passengers	Name: _____ Gender: Male / Female Name: _____ Gender: Male / Female
Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / <input checked="" type="checkbox"/> No	

DETAILS OF OTHER VEHICLE(S) / PROPERTIES		
Vehicle Registration Number *	1) SKC 6639Y	2)
Vehicle Make / Model / Colour	Citroen / Dark Grey	
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver	ARUL RAHMAN BIN BUJANG	
NRIC/Passport Number	S 0295736A	
Contact Number	9636 4159	
Address	Blk 305 Bukit Batok Street 31 #11-87 S (650305)	
Insurance Company Name	AXA	
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		



Name of Policyholder : Goh Kwee Boon
Period of Insurance : 03 Sep 2020 To 02 Sep 2021
Engine No. : B4204T231655367
Chassis No. : YV1LF10ACH1109892

Vehicle No. : SLB188P
Policy No. : 2070128198
Endorsement No. : 0000000000355682
Issued Date : 10 Sep 2020

Make/Model : VOLVO XC90 T5 Momentum

Engine Capacity/Tonnage : 1,969.00 CC

Sum Insured : Market Value

First Year of Registration : 2016

Driver Restriction : NA

Off Peak Car : No

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" ("YIDR") 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

Mileage Condition : Unlimited Mileage

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 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 Optional

* 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 (Amendment) Act 2019, are not to be included under these headings.

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)

Goh Kwee Boon - \$800 (Own Damage), \$800 (Flood Cover), Esther Goh Gek Hwa - \$800 (Own Damage), \$800 (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 must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop. For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 8200. 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.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Maybank Singapore Limited

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).

0502263000

SAFE HARBOUR ASSURANCE AGENCY

BLK 208 HOUGANG ST 21 #04-207

SINGAPORE 530208

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

8592-53

10 Sin Ming Drive Singapore 575701
www.lta.gov.sg

03 Sep 2020

Our ref: 0309200501N078003037

GOH KWEE BOON
188 VERDE CRESCENT
SINGAPORE 688508

Dear MR GOH KWEE BOON

Vehicle With New No. SLB188P Has Been Successfully Transferred To You

The vehicle, whose previous vehicle registration number was SMU1636U, has been successfully transferred to you. The vehicle registration number has been replaced with SLB188P with effect from 03 Sep 2020. The Business Transaction Reference No. is 20200903103436277686.

You can find the full details in the Annex. Please check that they are correct. You can also view these details when you login to www.onemotoring.com.sg.

You should change the vehicle number plates to show the new number by 06 Sep 2020.

Consider subscribing to backend payment services to enjoy a convenient and card-less way to pay your ERP charges.

For more information, visit:

- <https://ezpayreg.ezlink.com.sg>
- www.motorpay.com.sg
- <https://vcashcard.nets.com.sg>

If you are already subscribed to a backend payment service, do update your account with the details of the vehicle transferred to you.

Visit www.onemotoring.com.sg for more information and to access a wide range of vehicle-related services. If you need a SingPass or CorpPass account, visit www.singpass.gov.sg or www.corppass.gov.sg.

What You Need To Do:

- Change the vehicle number plates to show the new number SLB188P by 06 Sep 2020.
- Check that the details in the Annex are correct.
- Consider signing up for ERP backend payment services to enjoy a convenient and card-less way to pay your ERP charges. For more information, visit:
 - <https://ezpayreg.ezlink.com.sg>
 - www.motorpay.com.sg
 - <https://vcashcard.nets.com.sg>