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# 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 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.

#### **ACCIDENT STATEMENT**

Date of Submission
Date of Accident
Exact Location of Accident
Additional Location Information
Country/State of Loss

18/11/2021 14:37 (SGT) 17/11/2021 11:50 (SGT) Toa Payoh Central, Singapore

Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SMD2090B

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address Mobile Phone No

Alternative Phone No

Alternative Phone No

No

WONG KUM MENG

SXXXX139B

desmondkee13@gmail.com (Phone) +65-91777628

+65-96209201

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 your vehicle?

Vehicle Category

Transmission

CC

Mitsubishi

Attrage

Private use

No - Claiming third party

Private car

Auto

1193

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

AIG Asia Pacific Insurance Pte. Ltd.

Comprehensive

1800095064-02

DRIVER

Name of Driver NRIC No QUAH AI HOON SXXXX382D

Date Of Birth	17/03/1954
Occupation	Indoor
Date Of Driving Pass	24/01/1989
Driving experience	32 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96209201
Alt. Phone Number	-:
Email Address	desmondkee13@gmail.com
Address	39 WOODGROVE WALK
Address complement	-0
Postcode	738182
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Major/Minor Rd
Weather Conditions	AFTER RAIN
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 vehicle 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?	a <del>-</del>
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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
We there are and add recorded?	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

No

 Vehicle Registration Number
 SMS6739J

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 JENNIFER YU

 Contact Number
 (Phone) +65-96534113

 Address



Was there any audio recorded?

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

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (# driver is not the policyholder) / Date & Time

Sketch Plan

Too Dough Central

Personnel

Witnessed by Reporting Centre

Veh A: SMD 2090 B Vel B 1 SMS 6739J

Describe Circumstances of the Accident				
ON 17 NOV 2021 at around 11.50 cm	/	Was	divin	
Veh A (SMD 2090B) along ton payon Central.			1	
Stroight Suddenly Veh B (SMS67395) turn	Into	Mu	1 lone	and
hit on to my left of my vehicle.				
	- 215 - 10 - 10			

## Declaration

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

Witnessed by Reporting Centre

Personnel

Date of Accident	: 17 /11/20 2/ Accident Time: 11 50 cm (24-HR-Format)		
Accident Place	: Ton Payoh Central		
Vehicle No. (Car Plate No.)	: SMD 2096B Make/Model: MITSCBISHI ATTERGE 12		
Insurance Company	: A1Ce Policy No: 1800095064-02		
Owner or Company Name /IC No.	: WONG KUN MENG (SO139139B).		
Owner or Company Contact No.	:Owner's Hp 91777628 Company Tel		
DRIVER'S Name / IC No.	: QUAH AI HOON, (500063820)		
DRIVER'S Date Of Birth	: 17/03/1954 DRIVER'S License Pass Date 24/01/1989		
Relationship of Owner & Driver	: Spouse\Parent\Children\Sibling\Employee\Others: 01		
DRIVER'S Address	: 39 WOOD GROVE WALK & (738182)		
DRIVER'S Contact No./ Alt No.	:1) 96209201 2)		
DRIVER'S Occupation :INDO	OR OUTDOOR (e.g. working inside or outside office)		
Email Address	: DERMONDERE 13 @ Como. 1 Com		
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET ( AFTER RAIN & WET		
Reporting Type : Repor	ting Only Claim Other Party Claim Own Insurance		
Number of Passengers (Including Driv	rer):		
Was there any video Captured by car camera: YES \ NO Exact purpose for which vehicle was being used at time of accident Private use \ Work Purpose Any Injury (If YES, Pls state):			
Other Part	y Driver's Particular (if any)		
Vehicle. No: SMS 6739 J.			
	Vehicle. No:		
Vehicle Make \Model:	Vehicle Make \Model:		
Name Driver: Jennifer Yu	Name Driver:		
IC No. Driver/Contact: 965341	13 IC No. Driver/Contact:		

NEW – Passenger's name & gender:

Name of Policyholder

: WONG KUM MENG

Period of Insurance

: 08 Aug 2021 To 07 Aug 2022

Engine No.

: 3A92UHA8607

Chassis No.

: MMBSTA13AJH002410

Vehicla No.

: SMD2090B

Policy No.

: 1800095064-02

Endorsement No.

Issued Date

: 26 Jul 2021

AREAD THE GOVER

Make/Model

: MITSUBISHI ATTRAGE 1.2 CVT

Engine Capacity/Tonnage: 1,193.00 CC

Sum Insured : Market Value

First Year of Registration : 2018

Driver Restriction

AM:

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

Age Condition

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/sha moets 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

: 35 years old and above

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 trillion, dirtying test, sacing, pace-making, reliability trial or spetid-testing, the carriage of goods other than samples in connection with Motor Trade.

Loss of Use 1500pc - 1600cc

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cep. 189), Section 95 of the Road Transport Act, 1987 (Mateysia) and Road Transport (Amendment) Act 2019, are not to be included 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)

WONG KUM MENG - \$600 (Own Damage), \$600 (Flood Cover)

### APPROVED REPORTING GENTRES/AUTHORISED REPAIRERS (FOR GLAMS RELATED REPAIRS).

1 Cycle & Carriage Body & Pairs Centre, Add, 209 Pandan Gerdens Singapore 609339 65684501

2 Cycle & Carriage Authorised Service Centre (For accident reporting & wendscreen claim only). Add. 330 Ubi Rd 3 Singapore 40655 67461000. 3 Cycle & Carriage Authorised Service Centre (For accident reporting & wendscreen claim only). Add. 20 Leng Kee Rd Singapore 159034 64708685. 4 Cycle & Carriage Authorised Service Centre (For accident reporting & wendscreen claim only). Add. 600 Sin Ming Ave Singapore 575733 89328000.

For other. Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hobins at +65 6335 5200. 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.

#### MPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

We haraby 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)

0504620217

C&CMICP2 - ANNAL

239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.