# **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

- 9. Information provided mast by as distinct and second as positive 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 insurance Association of Singapore (GIA) for archiving the research of 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	08/11/2021 17:27 (SGT)
Date of Accident	05/11/2021 19:11 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TWDS JURONG (NEAR SINGAPORE SCIENCE PARK SIGNAGE)
Country/State of Loss	Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number		SLJ1837B	
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG PAU YONG
NRIC No	S1534428H
Email Address	stvvy@yahoo.com
Mobile Phone No	(Phone) +65-96605993
Alternative Phone No	+65-96605993

#### VEHICLE PARTICULARS

Manufacturer Model	Kia K3
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	Private use Yes Private car Auto
CC	1600

#### **INSURANCE COMPANY**

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100492176-04
Cover Note Number	-

## DRIVER

Name of Driver	ANG PAU YONG
NRIC No	S1534428H

Date Of Birth 13/02/1962 Occupation Indoor Date Of Driving Pass 02/08/1985 Driving experience 36 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-96605993 Alt. Phone Number +65-96605993 Email Address stvvy@yahoo.com Address 20 OXFORD ROAD #04-18 Address complement Postcode 218815 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT VEHICLE IN FRONT STOPPED. VEHICLE B IN FRONT FOLLOWED TO STOP UPON SEEING. I BRAKE BUT UNABLE TO STOP IN TIME AND HIT ONTO VEHICLE B REAR PORTION. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Χ

Vehicle Registration Number	SMW669X
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	VEHICLE B
No. Of Passenger (Including Driver)	_

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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,
- 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)

l 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' 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 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' 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

or and

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Sketch Plan



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### Declaration

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

Policyholder's Signature / Date & Time

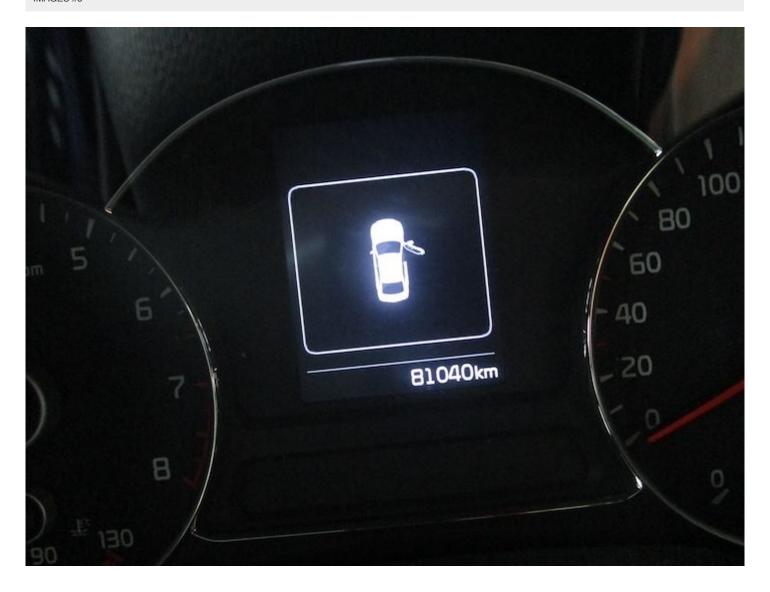
Driver's Signature (ff driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel





























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: 391908000F Vehicle Registration No: 5L5 (8370 Name (as shown in NRIC): ANG PAU YOUG NRIC/FIN/Passport No: (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate Address: 20 OXFORD ROAD #04- (& Singapore ( 9660 5993 Contact (Tel): Mobile No.: Date of Accident: 05/11/2021 \_\_\_ Time of Accident: \_\_\_\_\_ AYE TWO S JURONEY (KBAR SURGA PORE SCIENCE PARO Insurance Company: \_ (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: CHAMCK DAMAGE Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: 17-11-2021 Name: NRIC/FIN No.:

Date:



Name of Policyholder : Ang Pau Yong

Period of Insurance

: 30 Nov 2020 To 29 Nov 2021

Engine No.

: G4FGGH858434

Chassis No. : KNAFX411MH5668425 Vehicle No. Policy No.

: SLJ1837R : 2100492176-04

Endorsement No.

Issued Date

: 18 Nov 2020

# ABOUT THE COVER

Make/Model

: KIA FORTE K3 1.6 A EX

Engine Capacity/Tonnage : 1,591.00 CC Driver Restriction

: NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2016 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

Age Condition

: All Age Condition

Mileage Condition

: Unlimited Mileage

Limitation as to use" :

Use only for social, domestic and pleasure purposes and for the Poscyholder's business. This 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 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 (Malaysia) 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)

Ang Pau Yong - \$600 (Own Damage), \$600 (Flood Cover)

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

Cycle & Carriago Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

2. Cycle & Carniage Authorised Service Centre (For accident reporting & windscreen claim only). Add: 330 Ubi Rd 3 Singapore 408650 67461000

3. Cycle & Carniage Authorised Service Centre (For accident reporting & windscreen claim only). Add: 241 Alexandra Road Singapore 159931 84278800

4. Cycle & Carniage Authorised Service Centre (For accident reporting & windscreen claim only). Add: 600 Sin Ming Aug Singapore 575733 63328000

For other Approved Reporting Centres/AlG Authorised Repairers, please contact our 24-hour accident emergency holding at +65 6338 6200. Alternatively, you may refer to AlG website www.aig.sg or AlG SG Mobile App. Simply search and download "AlG SG" from iTunes or Google Play.

# IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

IWe 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).

0500710050

C&C FULCO-CORP SALES

AIG Asia Pacific Insurance Pte. Ltd. This computer generated document does not require a signature.

22 UBI ROAD 4 FULCO BUILDING

SINGAPORE 408617 ANSP - MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIGSGMOBILEAPP