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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.
 This Form must be completed by the Policyholder and/or the Authorised Driver.

 This Form must be completed by the Prolicyholder and/or the Authorised Driver
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate Information provided must be as truthful and accurate as possible. Any william managers and the policy liability.
 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.
 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.
 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

07/12/2021 14:18 (SGT) 06/12/2021 16:50 (SGT)

Singapore

YISHUN ST 81 BLK 820 OPEN CARPARK

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMY2613H

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No Email Address Mobile Phone No

Alternative Phone No

No

HOE KONG YUNG

SXXXX678E

ktmotorwerk@hotmail.com (Phone) +65-96840853

+65-96840853

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

No

7210018087

DRIVER

Name of Driver

NRIC No

HOE KONG YUNG SXXXX678E



Accident report SN0921C70002

Page 1 of 18

Date Of Birth
Occupation
Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address

Email Address
Address
Address complement
Postcode
Is the driver the policyholder?

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?
Number of vehicles involved in the accident
Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

Yes No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Variant Vehicle Colour Vehicle Category Name of Driver

Contact Number Address

Address complement

YP5339K

.

Commercial vehicle

(Phone) +65-91241462

27/09/1965

23/11/1989

+65-96840853

#07-282

760756

Yes

No

Clear Dry

No

2

No

Yes

0

No

No

No

32 YEARS AND 1 MONTH

ktmotorwerk@hotmail.com

Collided into Parked Vehicle

BLK 756 YISHUN STREET 72

(Phone) +65-96840853

Outdoor

Accident report SN0921C70002

Page 2 of 18

Postcode
Insurance Company Name
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 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 insuran
- 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 Insurence As of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested part
- 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 or 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, disc 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 in 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 relevan
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations rela 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 ma;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/me 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 c 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,

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

Witnessed by Reporting Centr

Sketch Plan

Alk 820, Vishun St 81, open compar/c

B - 4P5339/c

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-77	I my vehicle A ransing the do
THERE	was a ne left on
	my windscrape ill the
was co	and be his application
	and by his negligence.
-	
1	

We declare the foregoing particulars are true in every respect.

Policy bider's Signature / Date & Time

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

Witnessed by Reporting Centr Personnel

Date of Accident	: 06-12-2021 Accident Time: 16 50 (24-HR-Format)					
Accident Place	Visher (4 C) (24-HR-Formet)					
Vehicle No. (Car Plate No.)	01 011 100					
Insurance Company						
Owner or Company Name / IC No.	Hoe Kong Yung S 1212 (200					
Owner or Company Contact No.						
DRIVER'S Name/IC No.	: 96840853 Owner's Hp Company Tel					
DRIVER'S Date of Birth	OW NR					
Relationship of Owner & Driver	: 27 - 09 . 1965 DRIVER'S License Pass Date: 23 - 11 . 1989 : Spouse / Parents / Children / Sibling / Employee / Others: 0440					
DRIVER'S Address						
DRIVER'S Contact No./ Alt No.	: 13/1c 756 Yishun St 72, #07 - 282, 5(760756)					
DRIVER'S Occupation	2)					
Email Address	: INDOOR / OUTDOOR e.g. working inside or outside office) : Ktmotor werk & hotmail, com					
Weather & Road Surface						
Reporting Type	CLEAR & DRY RAINING & WET / AFTER RAIN & WET					
Mumber of Passengers (Including Driv	: Reporting Only Claim Other Party Claim Own Insurance ver):					
Was there any video Captured by car	Campus VEG Cal					
Exact purpose for which vehicle was h	Carriera, TES /(MC)					
Any injury (If YES, Pleas state):	reing used at the time of accident Private Use/ Work Purpose					
Vehicle No . Y)° 🤆	ther Party Driver's Farticular (if any)					
:_11 53	Vehicle No.					
Vehicle Make/Model : unknu	Vehicle Make/Model :					
Name Driver :	Name Driver					
C No. Driver/Contact: 9/24/4	C No. Driver/Contact:					
	TOTAL CONTROLL.					

Passenger's name & gender:

8 10



CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: HOE KONG YUNG

Period of Insurance

: 25 Feb 2021 To 24 Feb 2023

Engine No.

: 3A92UKD5627

Chassis No. : MMBSTA13ANH000844 Vehicle No.

: SMY2613H

Policy No.

7210018087

Endorsement No.

Issued Date

08 Mar 2021

ABOUT THE COVER

Make/Model

: MITSUBISHI ATTRAGE 1.2 CVT

Engine Capacity/Tonnage : 1,193.00 CC

Sum Insured : Market Value

First Year of Registration : 2021

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

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 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

d 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

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

HOE KONG YUNG - \$600 (Own Damage), \$600 (Flood Cover)

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

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

2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 57461000 3 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64708688

4 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 8338 6200. 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

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 State (Cap. 189), Part IV of State

0504675220

CYCLE & CARRIAGE - RANDY

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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