



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 Actual 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	08/11/2022 16:39 (SGT)
Reported by	Both
Date of Accident	07/11/2022 17:30 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS MCE BEFORE ALEXANDRA EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP4752K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KOH CHEE HIAN
NRIC No	SXXXX134B
Email Address	kohcheehian@hotmail.com
Mobile Phone No	(Phone) +65-98270910
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	SPACE
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
Transmission	Auto
CC	1193

INSURANCE COMPANY

Name of Insurance Company	AIIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1700014434-05

DRIVER

Name of Driver	KOH CHEE HIAN
NRIC No	SXXXX134B
Date Of Birth	13/04/1978
Occupation	Indoor



Date Of Driving Pass	01/11/2007
Driving experience	15 YEARS
Gender	Male
Mobile Number	(Phone) +65-98270910
Alt. Phone Number	-
Email Address	kohcheehian@hotmail.com
Address	BLK 514 JURONG WEST STREET 52 #02-24
Address complement	-
Postcode	640514
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBK2876U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

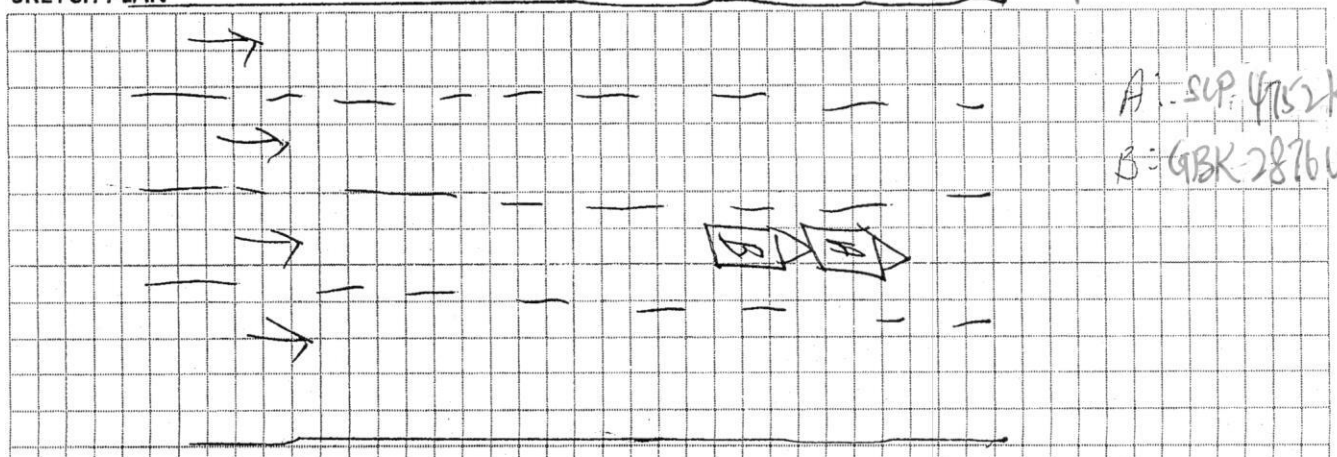
X f
Policyholder's Signature Date
& Time:

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

08/11/2022
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A/E MCF Before Alexander Exit



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At mentioned Date and Time, I was driving along AYE, suddenly I feel a strong impact from my rear portions.

A: SLP 4752K

B: GBK 2876U

DECLARATION

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

x f
Policyholder's Signature Date
& Time:

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

08/11/2022
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

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

*If 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)

Date of Accident: 07/11/2022 (dd/mm/yy) Time of Accident: 17:30 (24-HR-FORMAT)

Vehicle No.: SLP 4752K Vehicle Make & Model: _____

Exact location of Accident: A/E MCE Before Alexander Exit

Policyholder's Name: Koh Chee Hian I/C / UEN: 57810134B

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 98270910 Company Contact No (Company Veh Only): _____

Driver's Address: _____

Email address: kohcheehian@hotmail.com Insurance Company: AIG

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

***No. of Passengers (Including Driver):** 02

***Passanger Name:** _____

Gender: Male / Female *Passanger

Name: _____

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☒ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera?

☐ Yes / ☐ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: GBK 2876U

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

PS: You can now enjoy round-the-clock access to selected AIG products and services with our easy-to-use Apple or Android smartphone app. Purchase new policies, renew your policies, access claims support or receive emergency assistance for motor and travel, anytime, 24-hours a day. Your AIG Mobile App can be downloaded for free at iTunes or Google Play.

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CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder	: KOH CHEE HIAN	Vehicle No.	: SLP4752K
Period of Insurance	: 07 Jun 2022 To 06 Jun 2023	Policy No.	: 1700014434-05
Engine No.	: 3A92UGB8951	Endorsement No.	:
Chassis No.	: MMCXTA03AGH046431	Issued Date	: 07 May 2022

ABOUT THE COVER

Make/Model	: MITSUBISHI Space Star 1.2 CVT	Sum Insured	: Market Value	First Year of Registration	: 2017
Engine Capacity/Tonnage	: 1,193.00 CC	Off Peak Car	: No	Insuring with COE/PAF	: Yes
Driver Restriction	: NA				

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 S\$11,000 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
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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, racing, speed-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. 185), Section 85 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2018, are not to be included under these headings.

EXCESS

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)

KOH CHEE HIAN - \$600 (Own Damage) - \$800 (Flood Cover)

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

1. Cycle & Carriage Body & Paint Centre. Add: 209 Pandan Gardens Singapore 608328 65664501
2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only). Add: 100 Lta Rd 3 Singapore 408650 67461000
3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only). Add: 25 Leng Kwa Rd Singapore 158094 64708688
4. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only). Add: 800 Sin Ming Ave Singapore 571731 68328000

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6138 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

Fire 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. 185), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2018 and Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia).

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:

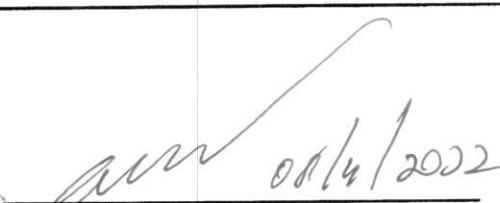
Original Report No: SLP 4752K Vehicle Registration No: SLP 4752K
Name (as shown in NRIC): KOH CHIAE HOAY NRIC/FIN/Passport No: SXXXXX13413
(*Vehicle Driver/Policyholder) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 98270910
Email Address: _____
Date of Accident: 07/01/2022 Time of Accident: 17:30
Place of Accident: AVENUE TOWARDS MCE BEFORE ALEXANDRA RD
Insurance Company: AIU

(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:

TO LABEL VEHICLE NUMBER AND SKETCH FOR BOTH VEHICLE

Policyholder / Actual Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: