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SN0822B80004-01 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 08/11/2022 16:39 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 2 (08/11/2022 16:45 (SGT))



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 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 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

Mitsubishi

Private car

Auto

1193

No - Claiming third party

SLP4752K Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner KOH CHEE HIAN NRIC No SXXXX134B **Email Address** kohcheehian@hotmail.com (Phone) +65-98270910 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model SPACE Variant Exact purpose for which vehicle was being used at time of Private use

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Transmission CC

INSURANCE COMPANY

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

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

KOH CHEE HIAN SXXXX134B 13/04/1978 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 Collision - Head to Rear Type of Accident 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) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 UNKNOWN Name Male Gender 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	-1
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 Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. 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>.
- 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)

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.

Policyholder's Signature Date
& Time:

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

NRIC/FIN No.:

SKETCH PLAN

A/B MCF. Before Alexander Exid

A: SUP: 47/52K

B: 9BK 2876 U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

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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 .:

GIARMC SketchPlanForm_V3

2

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)
Vahiala Na . C/P 4752K Vahiala Make & Model
Exact location of Accident: A/E MCE Before Alexander Exit
Exact location of Accident: A/E MCE Before Alexander Exit Policyholder's Name: Koh Chee Hian I/C/UEN: S7810134B
Driver's Name / IC No.:(As Above)
Driver's Contact No.: 98270910 Company Contact No (Company Veh Only):
Driver's Address:
Email address: koh cheehi an e hofma, 1-com Insurance Company: Al G Relationship between Owner & Driver: (Please CIRCLE one only) 13/04/198
Relationship between Owner & Driver: (Please CIRCLE one only) Wyper / 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
Gender: Mate/ Female *Passanger
*Passanger Name: Gender: Male *Passanger
*Passanger Name: Gender: Wate / Female
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
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? Any Injuries: Yes / No (If YES) Injured Person' Name:
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
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' Name: Injuries Sustain: Injured Person in Which Vehicle: Police Report filed: Yes / No (If YES) Which Police Station: The Other Party(s) Details:
Meather 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' Name: Injured Person in Which Vehicle: Police Report filed: Yes / No (If YES) Which Police Station: The Other Party(s) Details: Driver's Name / IC No: Yehicle No: GABK 2876 Weeps Vehicle No: GABK 2876
Meather 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' Name: Injuries Sustain: Injured Person in Which Vehicle: Police Report filed: Yes / No (If YES) Which Police Station: The Other Party(s) Details: Oriver's Name / IC No: Yehicle No: GABK 2876 Wet / Others: Vehicle No: GABK 2876 Wet
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' Name: Injuries Sustain: Injured Person in Which Vehicle: Police Report filed: Yes / No (If YES) Which Police Station: The Other Party(s) Details:
Name:
Meather 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?

PS: You can now enjoy round-the-clock access to selected AIG products and services with our easy-touse 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

Period of Insurance

: 07 Jun 2022 To 06 Jun 2023

Engine No.

: 3A92UGB8951

Chassis No.

: MMCXTA03AGH046431

Vehicle No.

: SLP4752K

Policy No.

: 1700014434-05

Endorsement No.

Issued Date

: 07 May 2022

ABOUT THE COVER

Driver Restriction

Make/Model

: MITSUBISHI Space Star 1.2 CVT

Engine Capacity/Torinage : 1,193.00 CC

Sum Insured : Market Value

First Year of Registration : 2017

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*

: NA

So Juny solver persons who is driving on the Protochorder's under or with hoother permission.

This Protoc and instancedly the Protochorder or any authorised driver only if its billing meets the specified age compliter.

in to pay an additional sum of \$255,000 on "Young anitis inexperienced Oriver Except" ("YDE") if You are in Youl Authorised Oriver (inemed or universel) is white the eight of 25 anitis her line. than 2 years showing expensions

Age Condition

: All Age Condition

Mileage Condition

Unlimited Mileage

Limitation as to use"

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Loss of Use 1500cc - 1600cc

"Londebure rendered inspending by Section 8 of the Motor Vehicles (Trink Party Rode and Comparisation) Act (Cas. 189), Section 85 of the Road Transport Act, 1981 (Maloysia) and Road Transport (Act, 2018, are not to be cicloded under trans-headings.

EXCESS

Fire - \$5 Own Demage - \$500 Theft - \$5 Flood Cover - \$500

Section 2

Property Demoge - \$0

Windstreen - \$100

Named Driver and Excess (www.aucome)

HOW CHEE HAM - \$600 (Over Damage); \$600 Flood Cover)

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

1 Cycle & Carriage Body & Print Centre: Add 200 Plander Centers Singapore 609039 65664501

J. Cycle & Carnege Authorised Service Centre (For accident reporting & enroscineen stein sinty). Add: 201126-Fix 3 Singapore e00050-E1461000-J. Cycle & Carnege Authorised Service Centre (For accident reporting & enroscineen stein only). Add: 2011eng Kee Fix Singapore 100056-64708688. 4 Cycle & Carnege Authorised Service Centre (For accident reporting & enroscineen stein only). Add: 500 Sin Ming Ave Singapore 575733-89320000

otkales contact our 24 hour accident errespency holims at +65 6358 6200. Alternatively, you may refer to AX) extente even any sy or Lores or Google Play. For other Approved Reporting Centres. NG Authorities Espainists, AVG SG NASSA App. Simply search and disentional "AVG SG" from (5)

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

in transfer centry that the policy to which this Centificate of Insurance relates is insured in accommons with the provisions of the Motor Indicates/Third Party Resis and Componentsis) Act (Cap. 185s. Party of or Party Resis (Resis Adaptive).



IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDEN	DUM
PARTICULARS OF PERSON MAKING THE AMENDMEN	
	Vehicle Registration No: SQ 4752 K
	NRIC/FIN/Passport No: SXXXX/34/
(*Vehicle Driver/Policyholder) (*) Please delete as ap	ppropriate
Address:	Singapore (
Contact (Tel):	Mobile No.: 9#2/09/0
Email Address:	Time of Accident:
Place of Accident: Place of Accident: AUR TOWARDS MCE	E BAJERK DURYANDRA RY17
Insurance Company: Alg	
ADDITIONAL INFORMATION / AMENDMENTS:	
I have made a report on the above-mentioned accide make the following amendments:	nt and would like to include additional information or
To LABEL VEHICUR NEUMBAR ONO'S	KETCH FOR BOTH VEHICLE
	per 01/4/2002
Policyholder / Actual Driver's Signature	Reporting Centre Personnel's Signature Name (as in NRIC/ID card):

Date: