# **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.

- 4. The issue and acceptance of this is form by instrained 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 01/03/2023 11:44 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 01/03/2023 08:00 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TOWARDS AIRPORT NEAR EXIT 9 Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SNB8240U

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LOW JUN JIE NRIC No S9026670E Email Address LOWJUNJIE90@HOTMAIL.COM Mobile Phone No (Phone) +65-91691628 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Kia Model Cerato 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 Yes your vehicle? Vehicle Category Private car Transmission Auto CC 1600

**INSURANCE COMPANY** 

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 7210109849

DRIVER

Name of Driver LOW JUN JIE NRIC No S9026670E Date Of Birth 30/07/1990 Occupation Indoor

Date Of Driving Pass 25/09/2012 Driving experience 10 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-91691628 Alt. Phone Number Email Address LOWJUNJIE90@HOTMAIL.COM Address BLK 104A BIDADARI PARK DRIVE Address complement #04-63 Postcode 341104 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 Chain Collision Weather Conditions **HEAVY RAINS** 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT 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 SMY1750B 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	_
No. Of Passenger (Including Driver)	_

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLU4753G
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	_
No. Of Passenger (Including Driver)	_

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report wall 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:

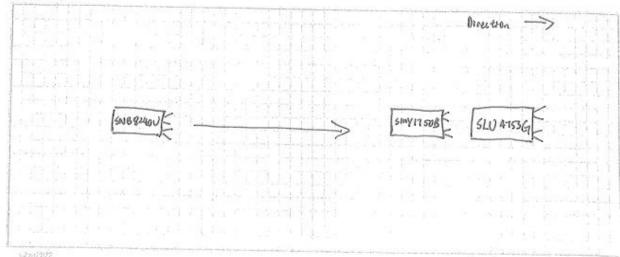
- (s) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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 an the "Institutes"), the Institutes' lawyership firms, the Monetary Authority of Shipsuses and any relevant government opency/authority (such as the police), for the perpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and may recessively investigations relating to
- (a) carrying our moles coaling was my instructions or responding to any enquiries by ma-
- (iv) administrating any claims (including the receiving of communication, statements, invoices, minoris, or notices to any, which could involve disclosure of certain personed data about me to bring short delivery of the same as well as on the external cover of envelopestical
- (v) complying with applicable lim 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/haw fame, may/are parmilled to effect. use, disclose end/or precess my Personal Information for one or more of the shove Purposes, and
- (c) my Personal Information implican be disclosed by any of the insurers and/or GIA to their third-party service providers or agoms (inchesing their transposation firms), which may be talent outside of Singapore, for one at more at the basins Proposes

Policyholder's Signature / Date & Time

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

Viamessed by Ryporting Ce-(Name as in NRICIE) cerd) orling Centre Personnel

Sketch Plan



Describe Circumstance of the Accident
It was a heavy and wet morning. I was traveling to apport
on PIE using lane 1. I from far caw the Arst Car
SLU 475367 brake light on, followed by the car in front of
me smy 1750B brake light on and started to slow down, then
about 4 cars away from SMY 1750B I step hard on the
bruke but still didn't managed to stop on time.
and time.
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Declaration

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

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver it, not the policyholder) Witnessed by Reporting Centre Personnel (Name as in VRICIID card)

v.Jun2022



## CERTIFICATE OF INSURANCE

Endorsement No.

: SNB8240U

#### KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : LOW JUN JIE

Vehicle No. Period of Insurance : 16 Sep 2021 To 15 Sep 2023 Policy No. : 7210109849

Engine No. : G4FGMH713875

Chassis No. : KNAF5416MN5123263 Issued Date : 29 Sep 2021

ABOUT THE COVER

Make/Model : KIA Cerato

Engine Capacity/Tonnage: 1,591.00 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 reacytiology 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 "inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

: 30 years old and above 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

\* 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.

#### TEXCESS WAS TRANSPORTED TO A PROPERTY OF THE PARTY OF THE

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)

LOW JUN JIE - \$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 67461000

3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278800

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-bour accident emergency hotine at +65 6338 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 the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504671233

CYCLE & CARRIAGE - ERICL

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

239 ALEXANDRA ROAD SINGAPORE 159930

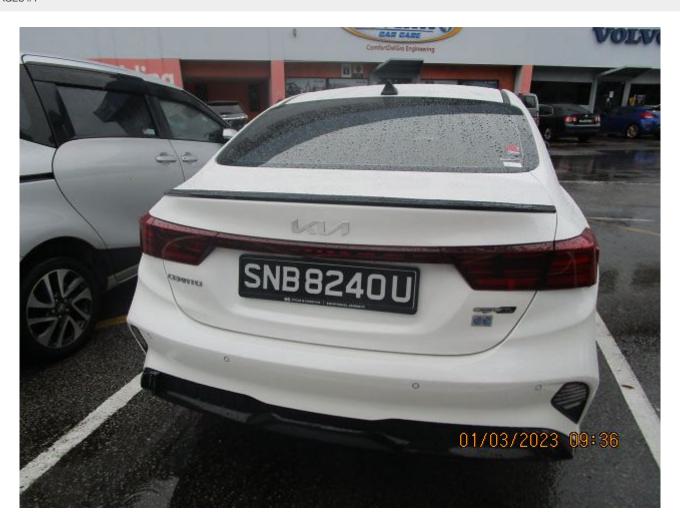
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AKISGMOBILEAPP









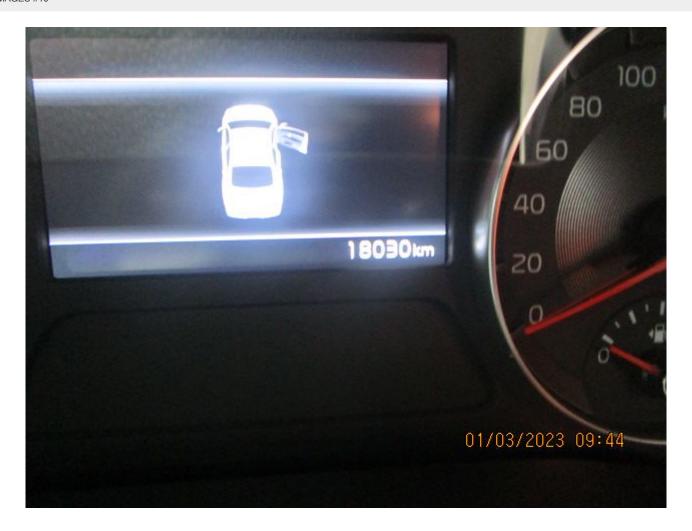














IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDEND	MUC	
) PARTICULARS OF PERSON MAKING THE AMENDMEN	TS:	
Original Report No: SCIR 23316002	Vehicle Registration No:	SNB8240U.
Name (as shown in NRIC):LOW JUN JIE	NRIC/FIN/Passport No:	SXXXX670E
(*Vehicle Driver/Policyholder) (*) Please delete as ap		
Address: Mk lot A Sidadari Park	Drive # 04-63	Singapore ( 34-1)64
Address: Mk 104 A Bidadari Park Contact (Tel): 91691628	Mobile No.:	
Email Address: LOW JUNJIE 90@ hotmil.	com	
Place of Accident: 1/3/23  Place of Accident: Place do Accident: Allo	Time of Accident:	08:00 am
Place of Accident: NE to Aiv	port near 9	
Insurance Company:	) -	
Pls ownerd my driving licence	e pass do-le.	
Policyholder / Actual Driver's Signature Date:	Reporting Centre Pers	

Date: