SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number EMail Address

Address

- 1. Please report <u>correctly</u> 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</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policyliability 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 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.

	sent to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	11/12/2017 16:54	
Date Of Accident	10/12/2017 22:20	
Exact Location Of Accident	AIRPORT BOULEVARD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLN4989E	
Insured/Policyholder		
Name Of Registered Owner	SIOW HOON NEO JACLYN	
NRIC No	S1548245A	
Email Address	BH_102@YAHOO.COM.SG	
Mobile Phone No	(LOCAL) +65-96847896	
Alternative Phone No	Office-NOPHONE	
Vehicle Particulars		
Manufacturer	MAZDA	
Model	2-1.5 HATCHBACK (A)	
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE	
Are you claiming under your own insurance policy for repair to your vehicle?	YES	
If No, Please state action to be taken		
Vehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	2100509094 - 00000	
Cover Note Number		
Driver		
Name of Driver	LEE BENG HUAT	
NRIC No	S7043048G	
Date Of Birth	05/10/1970	
Occupation	INDOOR	
Date Of Driving Pass	24/07/2007	
Driving Experience	10 YEARS AND 4 MONTHS	
Gender	MALE	

(LOCAL) +65-94527192

BH 102@YAHOO.COM.SG

BLK 102 ANG MO KIO AVENUE 3 #07-1423

Postcode
Was driver an employee of the Insured's Company
If No, Relationship of the Driver with the Insured
Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Was any body injured in the Accident?

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

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

Vehicle Registration Number SHC3901U

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

5 Ubi Cost Singapore 40605 Singapore 4003 / 6749 4333

Trans Hurokars Pte Ltd

Reporting Centre Personnel's Signature

NRIC/FIN No.:

SKETCH PLAN			
	,54	N 4989E.	
	my Carl MANY Taxil.		
	SHC 57C	/IU ·	
DESCRIBE CIRCUMSTANCES O	F THE ACCIDENT		011110008
		LICENSE PLATE NO:	SLN 4989E
ACCIDENT DATE: 10 12	177	CONTACT NUMBER:	94527192 19684789
LOCATION: Airport &	O pm	EMAIL: BH_1026	94527192 9684789 gahoo.com.cg
LOCATION: Airport &	vulevard		
A My Com A	Taxi' collided into ing the right six inport Bowlevard Ro	+ from right	side of my
Cow. Smash	ng the right si	de mirror at	around warpon
at alone Ai	roomt Boulevard Re	al .	
- Jang	1011 200000	1 /	
NOTE: PLEASE NOTE THAT YOUR INSU	RER MAY HAVE 14 DAYS TIME FRAME FOR	YOU TO SUBMIT AN OWN DAMAGE	CLAIMS UNDER YOUR OWN POLICY.
	PLEASE CHECK YOUR POLICY FO	OR MORE INFORMATION	
PLEASE STATE: CLAIM O	WN POLICY () CLAIM THIRD PAR		
DECLARATION I/We declare the foregoing particul	ars are true in every respect	Trans Ex	rokars Pte Ltd
, we decide the foregoing particul	ars are true in every respect.	5 Ubi Close	
Charle .	Chel)	Singaput 4	1860\$ 1087 6749 4333
Policyholder's Signature	Driver's Signature	7017	re Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:	
	Date & Time:	NRIC/FIN No.:	

GIARMC SketchPlanForm_V3



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT(CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.X.I

TRANS EUROKARS AUTO PROTECTOR

OWN DAMAGE EXCESS \$\$600.00 WINDSCREEN EXCESS \$\$100.00

CERTIFICATE NO. 2100509094-00000

SUM INSURED Market Value INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

Siow Hoon Neo Jaclyn

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE

4 May 2018

5 May 2017

SLN4989E

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE * SUBJECT TO AGE CONDITION :All Age Condition

a) The insured.

b) Any other person who is driving on the Insured's order or with his permission.

This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions.

A Young and/or Inexperienced Driver Excess ("YIDR") of \$\$3,000.00, in additional to the Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE *

Use only for social, domestic and pleasure purposes and for the Insuresd's business.

The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speedtesting the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

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

1. Trans Eurokars Pte Ltd - No. 5 Ubi Close (Tel: 63958899)

2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65684501)

4. Ethoz - 30 Bukit Batok Cres(Tel:66547777) 5. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only

6. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 7. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)

8. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)

10. SME Motor - 1 Kaki Bukit Ave 6 Bik D (Tel: 67476106)

LOSS OF USE Loss of Use 10 Days (1500 - 1600cc) - Refer to policy wordings for details

NAMED DRIVER Lee Beng Huat

HIRE PURCHASE COMPANY HONG LEONG FINANCE LTD

/ EMPLOYER'S LOAN *Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Perty Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore

24 May 2017

AIG Asia Pacific Insurance Pte. Ltd.

503599-190 ARF (AP) PTE LTD - MAZDA 7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX SINGAPORE 0691 [1

AUTHORISED REPRESENTATIVE

ORIGINAL

SSCSYK.

8/13 Genda





















