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 Authorised 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 ability.
- 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 consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	14/12/2017 16:05
Date Of Accident	14/12/2017 10:40
Exact Location Of Accident	VALLEY PARK CONDO RIVER VALLEY ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ9338Y
Insured/Policyholder	
Name Of Registered Owner	CHAN LI-MEI, KAREN
NRIC No	S7524724I
Email Address	KLMCHAN1808@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91278832
Alternative Phone No	OTHERS-91278832
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI-1.2 DIG-T (J11) (A)
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?	NO
If No, Please state action to be taken	THIRD PARTY
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 2100496036-00000 30/12/2016 - 29/12/2017 Cover Note Number

Driver

Name of Driver CHAN LI-MEI, KAREN

NRIC No S7524724I Date Of Birth 18/08/1975 **INDOOR** Occupation Date Of Driving Pass 03/01/2014

Driving Experience 3 YEARS AND 11 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-91278832

Fax Number

Contact Number OTHERS-91278832

EMail Address KLMCHAN1808@GMAIL.COM Address 477 RIVER VALLEY RD #03-02

Postcode S248362

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.
Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

Refer to attached sketch plan. Witness are the security guards on duty at Valley Point.

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 GBF2322Z

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver NG BOON KEE

NRIC/Passport Number

Contact Number 98165520

Address Postcode

Insurance Company Name EQ INSURANCE COMPANY LTD

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Sketch Plan Pg. 1

SKETCH PLAN

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- 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 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:

13:20

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

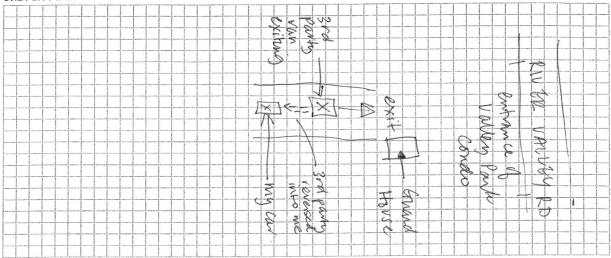
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

14th I was on condo contractor Van stantionary Was reverse hants were an Enddenle accepated didn't reversa mi 10 Cur. rear mirror

DECLARATION

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

Policyholder's Signature

Date & Time:

14/12/17 13.25 GIARMC SketchPlanForm_V3 Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



TIOTEINE (ELL-068) 8419 8000 PAX: (68) 6418-5753

CERTIFICATE OF INSURANCE

NOTOR VEHICLES (THIRD-PARTY RISKS AND COMHENSATION) ACTIONAPTER 188) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMHENSATION) RULES, 1988 ROAD TRANSPORT ACT, 1981 [MALAYSIA] MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

Marie

MISSAN AUTO PROTECTOR	OVALDAMAGE EXCESS SEC. 0 WINDSCREEN EXCESS SEC. 9	345
CERTIFICATE NO. 29030036 90000	Detail State County and the second state of th	
	SUM INSURED Hate. You insuring with Coerare 12:3	
1) VEHICLE REGISTRATION NO.	5 706 88	
2) NAME OF INSURED	(for I take Race;	
3) EFFECTIVE DATE OF THE COMMENCEME OF BISURANCE FOR THE PURPOSES OF 4) DATE OF EXPIRY OF INSURANCE 5) PERSON OR CLASSES OF PERSONS ENT SUBJECT TO AGE CONDITION : All Age Controllers. HE We disprove the integral in the controllers of the classes of balance and the controllers of the classes of balance and the controllers of the classes of balance and the controllers of the classes of the cl	THE ACT Once 1917 ITTED TO DRIVE * CONCIDENT CONCID	
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(7 We hereby Certity that the policy to which this Cordicate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 180), and Part M. of the Road Transcort Act, 1987 (Malaysia).

Issued At Singapore 6 Aut 2017.

SOCIO-SES TANCLIOS DE CIGADITATE ETRANSA SE BURLITHEAE BUARS LAN CEONIS SOCIO CENTRE SENCARCIES SERVEZ

AIG Asia Pacific insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

25:22

SACRESCO.

12 Per 10 Style 1881









































