### 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 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.
- 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 Report	18/12/2017 17:31
Date Of Accident	16/12/2017 16:00
Exact Location Of Accident	SLIP RD FM SIN MING AVE TWD MARYMOUNT RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL1479R
Insured/Policyholder	
Name Of Registered Owner	LIN XUGUANG CHRIS
NRIC No	S8709832Z
Email Address	XGLIN87@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98299487
Alternative Phone No	Others-96601952
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	2100500529
Cover Note Number	
Driver	
Name of Driver	LIN XUGUANG CHRIS
NRIC No	S8709832Z
Date Of Birth	03/04/1987
Occupation	INDOOR
Date Of Driving Pass	23/10/2009

**Driving Experience** 8 YEARS AND 1 MONTH

Gender **MALE** 

Mobile Number (LOCAL) +65-98299487

Fax Number

Contact Number OTHERS-96601952 EMail Address XGLIN87@GMAIL.COM

473A UPPER SERANGOON CRESCENT #03-303 Address

Postcode Was driver an employee of the Insured's Company

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

-

2

### 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?

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.

NO

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Was notice of intended Prosecution given?

If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO THE ATTACHED SKETCH PLAN FOR CIRCUMSTANCE 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 SHB6349A

Vehicle Make/Model/Colour BLUE HYUNDAI 40 (COMFORT DELGRO TAXI)

Details Of Properties NONE

Name of Driver

NRIC/Passport Number

Contact Number 96927597

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **Details of Witness**

Name

Phone Number Email Address

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and accurate as <u>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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

18/12/17

Policyholder's Signature / Date & Time

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

May out food

Witnessed by Reporting Centre Personnel

Sketch Plan

Sketch Plan #2

Describe Circumstances of the Accident
I was an my way cost part to Mandai Crema torism from 37 Sm Many Role.
While entering into the slip road before maying onto many mont road/any mo the Avel there were a number of rehides in first, As captured on the viteo, there were
there were a number of vehicles in first, as captured on the visite, there were
instances of trent vehicles binting aboutly. By the time I was the third in-like the first car braked aboutly before many off. This caused the segont car in front
the first car braked abriptly before many off. This caused the segest car in front
to brake abriptly by well, and resiting in the slight contact.
17 . 0
After cowing day from the car, and the text driver and I began taking photos
and exchange I particulars. After which we went forward and further sides the relycles
To air relief there were up visible scratch (danger to the taxi. Instead my
front a plate was slightly dented. The diner also attempted to open and disk the boot
with no issues noted. He achymetedged that there was nothing wang with the
car ner object damage / scratches there es he's the reflect dister, he was
advised by the high to report to the taxi company.
1
There after, he also smeed me the and applepted that he had to fillow the White's
naturators.

## Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### **INTERMEW FORM**



### MOTOR ACCIDENT INTERVIEW FORM

3	NAME (DRIVER)	: Lin Xugusang
3	500000000000000000000000000000000000000	0.0
3	TEHICLE NUMBER	: SU-1479 R
4	DATECTIME OF ACCIDENT	: 16/12/17 ~4 pm
E	PLACE OF ACCIDENT	: Stip Road Gour San Many three lawards though
1	THIRD PARTY VEHICLE (IF ANY)	. SHEBRAPA CI
	********************	******************
-	Shi Hong Draw, Chausan) Partas	1 Founds Mondai Cramothram
- 3		IE TRAFFIC POLICE CONDUCT ANY BREATH
The second	THE ACCIDENT? IF YES, DID TH INALYSER TEST ON YOU? IF YES, NO.  WHAT IS THE TYPE OF COLLISIO FO ALL VEHICLES INVOLVED?	C DRINKS BEFORE YOU DRIVE ON THE DAY OF TRAFFIC POLICE CONDUCT ANY BREATH WHAT IS THE RESULT?  ON AND THE ENTENSIVENESS OF THE DAMAGE WITH ORS WERE SHATHOONY BEFORE SECONDARY B

ALG Asta Padric Insurance Pte. Ltd. ALG Bunding Vision from Way Adv. 16 Singapore 0/9120 Tel: 6419 3000

1 Affirmed The Above Information Is Given To My Best Knowledge.



HERT JOHN NA DOLEMAN THE EAST SOLENIE TO THE

#### CERTIFICATE OF INSURANCE

NOTOR VEHICLES (THRO-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 198) NOTOR VEHICLES (THRO-PARTY RISKS AND COMPENSATION) MILES, 1990 ROAD TRANSPORT ACT, 1967 (MALAYSIA) NOTOR VEHICLES (FINIS) PARTY RISKS) MULES, 1999 (MALAYSIA)

тоусти лито рестестоя (д удин)

CERTIFICATE NO. 2100500528-00000

OWN DAMAGE EXCESS \$5600.00 (1) WINDSCREEN EXCESS \$5100.00

SUM INSURED Market Value INSURING WITH COEPARE YES

SLL: 479R

1) VEHICLE REGISTRATION NO.

2 | NAME OF INSURED

Lin Xuguang

3 | EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 15 Fcb 2017

4) DATE OF EXPIRY OF INSURANCE

14 Feb 2019

5 ) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE?

SUBJECT TO ARE COMBINON LA LAGO CONTRION.

a) The transic. Up Say other center relief to or any or the transella coper or with the certificial. This policy of Indicately trains are or are without or are only They're meets the tage conditions. A Young proced tractice means father Flower (Foldy) (1935)000 (6), in political to the Files Flower, Traille on You can't with profession files (1) and or them of (1) "You are on the way Authorized Chicaria below through of 28 and/or lines on a true. 2 years distinguishment.

Provided that the person bitting to permit be the accordance with the licensing or other text or regulations as other than Motor Vertical to be been as permit beduced in and disputalised by country in Color of Law or by provided by an expression or applicable in that behalf from differing the Vertical Color of Law or by provided by an expression or applicable in that behalf from differing the Vertical Color of Law or by provided by the Color of Law or by provided by the Color of Color

6) LIMITATION AS TO USE

pleaners in a MATERIAL TO LANGE.

The Pality dates no cover per further or restrict ratios diving the transfer buildings.

The Pality dates no cover per further or restrict ratios diving the ratiog parameter; we ability for special building. The parities of goods of a total complex or comment or with any ratio or business of use for may purpose to connection with any ratio or which the Material for any purpose to connection with the Material for the property of the Material for the Materia

A PROCESSED AND ACTION CONTROL OF A VOTA AUTHORISTS DON DONE

Some Movem (S) Fin 14 - 3 Forces of Respect Tol. (4014 4) (10)

PROCESSED AND ACTION CONTROL OF A VOTA AUTHORISTS DONE AND A SECTION CONTROL OF A VOTA AUTHORISTS DONE AND A VOTA A

Lass of Use. Loss of Use 16 Days (1600 - 1800ed) - Refer to bally workings for details.

\* NAMED DRIVER NA

HIME PUNCHASE COMPANY HOND LEONO FINANCE LTO
EMPLOYER'S LOAN
Variation reprint from the control surfue Obser (Arbitish Christian) Pulsa and Companisher (As (Chaple) 189) and
Section 60 of the Poor Transport (ct., 1917 (Material), we not be self-table or the base Associated.

In We bresty Certify that the policy is which the Certificate relative a lowest in secretarity with the american of the Water Whiteless (Thire-bury, Relative of Devigous Line) and Part IV of the Cost Transport Act, 1957 (Velenier)

Issued in Singapore 15 Feb 2017

030210 453 INCHOARE AUTO TOYOTA UBI WAG SI UBNO 455 ROAD SINGAPORE 158 102

AIG Asia Pacific Insurance Pts. Ltd.

AUTHORISED REPRESENTATIVE

**ORIGINAL** 

### **Identification Card**

















































