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 <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.
- 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.

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	ACCIDENT STATEMENT
Date Of Report	22/12/2017 11:20
Date Of Accident	21/12/2017 18:45
Exact Location Of Accident	HOLLAND ROAD MERGING INTO QUEENSWAY
Country/State of Loss	SINGAPORE
	DETALS OF OWN VEHICLE
Vehicle Registration Number	SJB696M
Insured/Policyholder	
Name Of Registered Owner	KOAY JIAN MING
NRIC No	S8473246Z
Email Address	KJM2508@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96525815
Alternative Phone No	Others-96525815
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER EX-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	COMMUTE
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

1700021023

Driver

Policy Number

Cover Note Number

Name of Driver KOAY JIAN MING
NRIC No S8473246Z
Date Of Birth 25/12/1984
Occupation INDOOR
Date Of Driving Pass 25/08/2008

Driving Experience 9 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96525815

Fax Number

Contact Number OTHERS-96525815

EMail Address KJM2508@HOTMAIL.COM

Address BLK. 272C JURONG WEST STREET 24 #12-06 SINGAPORE 643272

Postcode

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

NO

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?

Number of vehicles involved in the accident

soliciting/offering accident claims assistance.

Was any body injured in the Accident? NO Was any injured conveyed to hospital by ambulance? NO

Was any other material or property damaged? YES I have been approached by unknown person(s) NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD9759U

Vehicle Make/Model/Colour RENAULT FLUENCE

Details Of Properties

Vehicle Category TAXI

CHARAN SINGH Name of Driver NRIC/Passport Number S1683260Z Contact Number 86065495

Address Postcode

Insurance Company Name

REAR BUMPER Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- 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:
 - 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 & The: 72 Dec 2017

Driver's Signature

(If driver is not the policyholder)

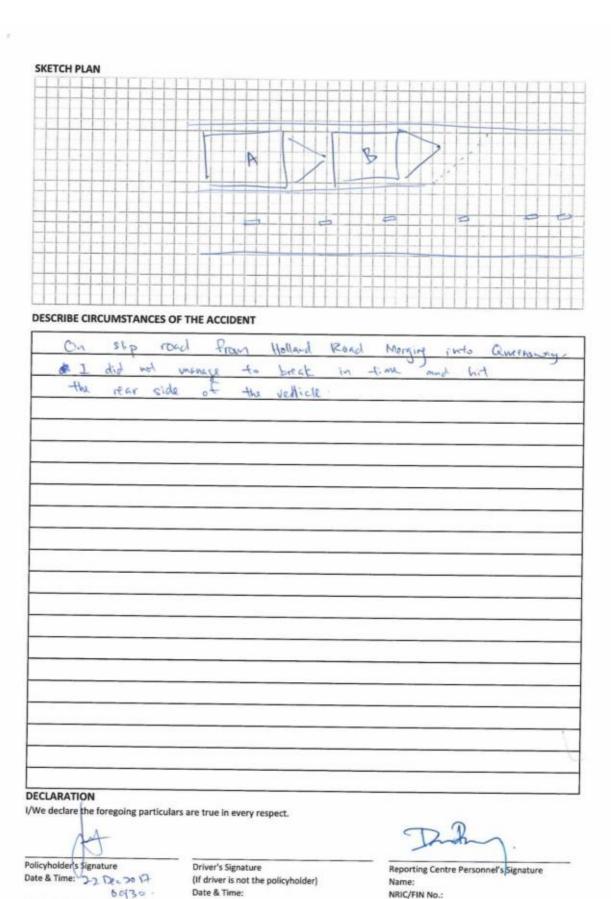
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMC SketchPlanFerm_V3



Insurance Certificate

GIASIMC SketchPlanForm_V3



CERTIFICATE OF INSURANCE

MITSUBISHI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : KOAY JIAN MING Period of Insurance : 30 Jun 2017 To 29 Jun 2018 Engine No. : 4A92CP5140

Chassis No.

: JMYSRCY1AGU006862

Vehicle No.

: SJB696M

Policy No.

: 1700021023

Endorsement No. Issued Date

: 12 Jul 2017

ABOUT THE COVER

Make/Model

: MITSUBISHI LANCER EX 1.6L

Engine Capacity/Tonnage : 1,590.00 CC Driver Restriction : NA

Sum Insured : Market Value Off Peak Cart : No

First Year of Registration : 2017 Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

You have to say an additional sum of \$1,000 as "Young and/or has purenced Driver Excess" ("YOR") if you we of Your Additional Orien man.

Age Condition

: All Age Condition

Limitation as to use" :

Loss of Use (15 days) 1500cc • 1600cc

* Limitations amounts inoporative by Section 8 of the Motor Valuaces (Terra-Party Resig and Complemation) Act (Cap. 109) and Section 95 of the Poset Transport Act. 1997 (Malaysia), are not to

EXCESS

Section 1 Fine - S0 Own Damage - \$800 Thot - \$0 Rood Cover - 50

Section 2 Property Demage - 50

Windscreen: 5100

Named Driver and Excess where appropriet

KOAY JIAN MING - \$600 (Own Damage)

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

Cycle & Caminge Citifoliner Service Centres (For wardscreen clean only). Add. 20 Leng Res R4 Singsprov. 1990a4, 64709858.
 Cycle & Camings Customer Service Decree (For wardscreen clean tell). Add. 330 Util R4.3 (Register). 460850 87461000.
 Cycle & Change Budy & Place Centre. Add. 250 Pandon Caudens Biographia 005239 05034001.

For other Approved Reporting ContractAS Authorisist Repairwis, please contact our 24-four account energency hotino at +85 6338 6200. Alternatively, you may refer to AIG secosite ware segions as an AIG 3G Mobile App. Simply search and download. AIG 5G Form (Tunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

I'We hereby destify the the policy to which the Carollines of lesurance ratios is lessed in accordance with the provisions of the Mosty Vehicles (Their Party Risks and Compensation) And (Cap. 1895, Part IV of the Road Transport Act. 1997 (Mataysia) and Mosty Vehicles (Their Party Risks and Compensation) And (Cap. 1895, Part IV of the Road Transport Act. 1997 (Mataysia) and Mosty Vehicles (Their Party Risks Risk).

0800720779

CYCLE & CARRIAGE - CHLOH(MIT)

239 ALEXANDRA ROAD

SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific insurance Pte. Ltd.

AIG Asia Pacific Insurance Pts. Ltd. AUTHORISED REPRESENTATIVE

1000187388

















