MLHM18003102 / Lai Huat (Meng Kee) Motor Pte Ltd - Sin Ming ENTRY DATE & TIME: 08/01/2018 09:16 SUBMITTED BY: Jenny Lim Lai Foong

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
- 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 insurers of the GIA Records Management Centre established by the General Insurance Association of This report will be forwarded by the insurers of the insurers of the Control of the
- 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	08/01/2018 09:16	
Date Of Accident	05/01/2018 14:45	
Exact Location Of Accident	BALESTIER ROAD	
Country/State of Loss	SINGAPORE	
Country/State of 2000	DETAILS OF OWN VEHICLE	

DETAILS	OF	OWN	VEH	ICLE

Vehicle Registration Number

SKM556P

Insured/Policyholder

CHU HUI PING Name Of Registered Owner S7736343B NRIC No

CHUHUIPING77@GMAIL.COM Email Address

(LOCAL) +65-92277239 Mobile Phone No OTHERS-92277239

Alternative Phone No Vehicle Particulars

TOYOTA Manufacturer VIOS 1.5 (A) Model

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 your vehicle?

NO

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

AIG ASIA PACIFIC INSURANCE PTE. LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

2100362521-04 **Policy Number**

Cover Note Number

Driver

PAN JIUN YIT (PAN JUNYI) Name of Driver

S7804260E NRIC No 19/02/1978 Date Of Birth INDOOR Occupation 22/10/1998 **Date Of Driving Pass**

19 YEARS AND 2 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-91515352 Mobile Number

Fax Number Contact Number

JYPAN78@GMAIL.COM **EMail Address**

Address 1 MARYMOUNT TERRACE #08-06

Postcode 574036

Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle -

insulance company of Driver a Cwit Verlicie

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

NO

1

NO

NO

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

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)

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?

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

MERCEDES / BLACK

Vehicle Registration Number EN638C

Details Of Properties

Vehicle Make/Model/Colour

Vehicle Category PRIVATE CAR

Name of Driver TAN KOR WOON

NRIC/Passport Number \$7934060Z Contact Number \$1822240

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 12

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- I. 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 withholding 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
- 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 insurence 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)

understand, acknowledge, agree and consent that:

- 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")
- 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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, (d) 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: - 8 JAN 2018

Driver's Signature

(If driver is not the policyholder) 2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Jenny Lim S6927273H

Sketch Plan Pg. 2

KETCH PLAN	, SKMKS 6P Togota Vios	
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DECLARATION		
I/We deciare the foregoing pa	rticulars are true in every respect.	
J	may	
Policyholder's Signature	Differ a - Brain-	ing Centre Personnel's Signature Jenny Lim
Date & Time: - 8 JAN 2018	III DI MEI IZ HOT THE DOME THO DELL	IN No.: \$6927273H

Sketch Plan #3 Pg. 1



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors like weight of which unladen does not exceed 2500 kilograms

PASS DATE 22 Oct 1998

25-02-2008

1 MARYMOUNT TERRACE #08-05 SNGAPONA 574036

121 428.A

REPUBLIC OF SINGAPORE IDENTIFY CARD NO. \$7736343B



Africa Se



CHU HUI PING (7HO HUIPING) 朱 慧 萍 CHINESE 29-11-1977 F SINGAPORE



57736343B



14 06-2001

1 MANYMOUNT TERRACH AGE- 85 SINCAFORE 5/4036 HIDC NO. 57/303438 Data DRIGHMBH Ha. 5918870