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 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	24/01/2018 14:20				
Date Of Accident	24/01/2018 07:45				
Exact Location Of Accident	WHAMPOA SOUTH EXIT BENDEMEER ROAD				
Country/State of Loss	SINGAPORE				
DETAILS OF OWN VEHICLE					
Vehicle Registration Number	SKZ6546K				
Insured/Policyholder					
Name Of Registered Owner	LEONG WAI LEONG				
NRIC No	S7777053D				
Email Address	JIM.DE.VIL@HOTMAIL.COM				
Mobile Phone No	(LOCAL) +65-98345035				
Alternative Phone No	Others-98345035				
Vehicle Particulars					
Manufacturer	MAZDA				
Model	3				
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				
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	2100450497-02				
Cover Note Number					
Driver					

Name of Driver LEONG WAI LEONG

 NRIC No
 S7777053D

 Date Of Birth
 27/05/1977

 Occupation
 OUTDOOR

 Date Of Driving Pass
 20/08/2002

Driving Experience 15 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98345035

Fax Number

Contact Number OTHERS-98345035

EMail Address JIM.DE.VIL@HOTMAIL.COM

Address BLK 14 ST. GEORGE'S ROAD #05-60 320014

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 SIDE SWIPE
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? 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) 3

Passenger 1 Name: : HUANG QIUXIA

Gender: : Female

Passenger 2 Name: : ISABELLE LEONG ZHINING

NO

Gender: : Female

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

REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons: WITH OWNER, NOT YET DOWNLOAD

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA9158U
Vehicle Make/Model/Colour TOYOTA

Details Of Properties

Vehicle Category TAXI

Name of Driver BEN MENG KING NRIC/Passport Number S0132155B

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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.
- 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 the purpose(s).
 - 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 & Time:

2 4 JAN 2018

Driver's Signature (If driver is not the policyholder) Date & Time:

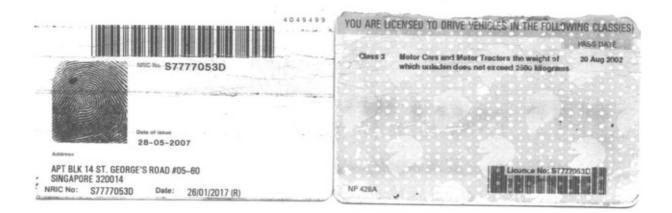
Name:

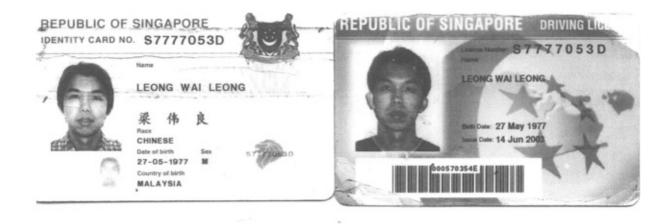
NRIC/FIN No.: Jenny Lim S6927273H

Reporting Centre Personnel's Signature

STARIME SketchPlant orne 1/3

KETCH PLAN			1	
KETCH PLAN		Bendence	r Rd.	
-A1 SKZ	6546K		/	
-B' SHA	9158 11	/	S B	
1/	1//	Y	H	
1//		7/		
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	Whanp	oa south	
SCRIBE CIRCONSTANCES	OF THE ACCIDENT			
	24/01/2010			
Time	: 7:45an	۷.		
whampoa so A faxi St front Sudd and collect and collect	unhy dash	out to the	ous or my up v	reptly chica.
ECLARATION				
Ve declare the foregoing part	iculars are true in every	y respect.	/	W.
licýholder's Senature te & Time: Z 4 JAN 2018	Driver's Signate (If driver is not Date & Time:	ure the policyholder)	Reporting Centre Perso Name: Je NRIC/FIN No.: Se	ennel's Signature







CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Leong Wai Leong

Period of Insurance : 29 Jan 2018 To 28 Jan 2019

Engine No. : P520336455
Chassis No. : IM6RM4248 : JM6BM42A8G0328023 Chassis No.

Vehicle No.

: SKZ6546K : 2100450497-02

Policy No.

Endorsement No. Issued Date

: 08 Jan 2018

ABOUT THE COVER

Make/Model

: MAZDA 3 1.5 SKYACTIV

Engine Capacity/Tonnage: 1,496.00 CC Driver Restriction : NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2016

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

a) The Policyholder b) Any other person who is driving on the Policyholder's order or with his/her permission. This Policy will indemnify the Policyholder or any authorised driver only if heishe meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition

: All Age Condition

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tution, driving test, racing, pace-making, relial speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500gc - 1600cc Optional

* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act. 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1 Fire - S0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Leong Wai Leong - \$600 (Own Damage)

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

1 Trans Eurokars Pte Ltd. Add. 5 Ubi Close, Singapore 408605 63958899

For other: Approved Reporting Centres/AlG Authorised Repairers, please contact our 24-hour accident emergency holine at +65 6338 6200. Alternatively: you may refer to AlG website www.aig.com.sg. or AlG SG Mobile App. Simply search and download: 'AlG SG' from Tunes or Google Play.

IMPORTANT NOTES

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

IWe hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189). Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503599190

ARF (AP) PTE LTD - MAZDA

7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX

SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

Accident Photo













Accident Photo

