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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	05/02/2018 17:33
Date Of Accident	05/02/2018 10:15
Exact Location Of Accident	JALAN JURONG KECHIL-INFRONT OF ESSO PETROL KIOS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	EH7571X
Insured/Policyholder	
Name Of Registered Owner	CHNG SIONG SOON
NRIC No	S0560212B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97894657
Alternative Phone No	Office-97894657
Vehicle Particulars	
Manufacturer	LEXUS
Model	ES250-2.5 (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?	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	2100425656
Cover Note Number	

Driver

Name of Driver CHNG SIONG SOON

NRIC No S0560212B

Date Of Birth 16/02/1940

Occupation INDOOR

Date Of Driving Pass 26/02/1958

Driving Experience 59 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97894657

Fax Number

Contact Number OFFICE-97894657

EMail Address NOEMAIL

102 TOH YI DRIVE 2159 Address Postcode

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions **CLEAR** DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 Was any body injured in the Accident? NO Was any injured conveyed to hospital by ambulance? NO YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Passenger 1 Name:

> Gender: : Female

: OOI AH SOON

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

PLEASE 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? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGX8050T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver REIKO SHINOZAKI

NRIC/Passport Number S2222681I

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage RHS PORTION

No. Of Passenger (Including Driver) 1

Accident Sketch Plan

SKETCH PLAN

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- The report will be forw arded 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:
- 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;

1/1

- (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.

olicyholder's Signature / Date & ime	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan		
	Yhs)	

I was travelling along Jalan Jurong Kechil and intention is to turn into Esso Petrol Kiosk. There were Road Work just before the turn to Petrol Kiosk so I kept on Lane 3 (Lane 2 from right). After confirming that the road on my left is clear, I proceeded to make the left turn slowly. While doing so, vehicle B came at a fast speed and collided onto the Left front portion of my vehicle. After the accident, we moved our vehicles to the service station before we take photos and exchanged particulars Esso Petrol Kiosk Jalan Jurong Kechil A - EH 7571 X B - SGX 8050 T

Declaration

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

Policyholder's Signature / Date &

Time

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

& Time

Witnessed by Reporting Centre Personnel



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: Ching Stong Soon
VEHICLE NUMBER	EH 7571 X·
DATE/TIME OF ACCIDENT	5/2/2018 - 1015 hrs.
PLACE OF ACCIDENT	Jalan Jurong Kechil Klosk
THIRD PARTY VEHICLE (IF ANY)	\$6x 80507.
********	************
WHERE DID YOU START YOUR DESTINATION BEFORE THE ACCI	JOURNEY AND WHERE WAS THE INTENDED DENT?
Started journey 7	from Thomson, on the way
to ERRO PETROI KIOK	k before norre.
	C DRINKS BEFORE YOU DRIVE ON THE DAY OF IE TRAFFIC POLICE CONDUCT ANY BREATHE- , WHAT IS THE RESULT?
No ·	
WHAT IS THE TYPE OF COLLISION TO ALL VEHICLES INVOLVED?	ON AND THE EXTENSIVENESS OF THE DAMAGES
Veh A - UF Port	00.
Veh B - RHS ports	on·
	ER/S INJURED? IF INJURED, WHICH HOSPITAL? FIC POLICE FOR INVESTIGATION?
No-	
Name: Ching & 10ng & 800	n ·

AIG Asia Pacific Insurance Pte. Ltd. AIG Building 78 Shenton Way #07-16 Singapore 079120 Tel: 6419 3000

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



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Chng Siong Soon

Period of Insurance : 28 Aug 2017 To 27 Aug 2018

Engine No. : 2ARF050778

: JTHBJ1GG402082459 Chassis No.

Vehicle No.

: EH7571X

Policy No.

: 2100425656-02

Endorsement No. Issued Date

: 16 Aug 2017

ABOUT THE COVER

Make/Model : LEXUS ES250

Engine Capacity/Tonnage : 2,494.00 CC

Sum Insured . Market Value

First Year of Registration : 2015

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive":

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

You have to pay an adoltional sum of \$3,000 as "Young ano/or inexperienced Driver Excess" ("VIDR") 8 You are or Your Authorised Driver instruction unnamed) is under the age of 23 and/or has less

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 suiton, driving test, recing, pace-making, reliability trial or spesso-testing, the carriage of goods other than samples in connection with Motor Trade.

Loss of Use 1500cc - 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, 1967 (Malaysia), are not to be included under these headings.

Section 1 Fire - S0 Own Damage - \$1800 Theft - S0 Flood Cover - S0

Section 2 Property Damage - 50

Windscreen: \$100

Named Driver and Excess (where applicable)

Ching Stong Scon - \$1800 (Own Damage)

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

Approved Reporting Contrast AIG Authorised Repairers (For dalms related repairs)

Any ecoldent repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Carriers (A pulsoness Repairs), please contact our 24-hour accident entergency hodine at +85 6338 6200. Alternatively, You may refer to AIG website www.ing.com.ag
or AIG SG Mobile App. Simply search and download "AID SG" from ITunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

Whe hereby cestly 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, 1907 (Matayasa) and Motor Vehicles (Third Party Risks) Rules, 1959 (Matayasa)

AJG ASIA PACIFIC INSURANCE PL 78 SHENTON WAY #07-18 AIG BUILDING SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE





Driving Licence

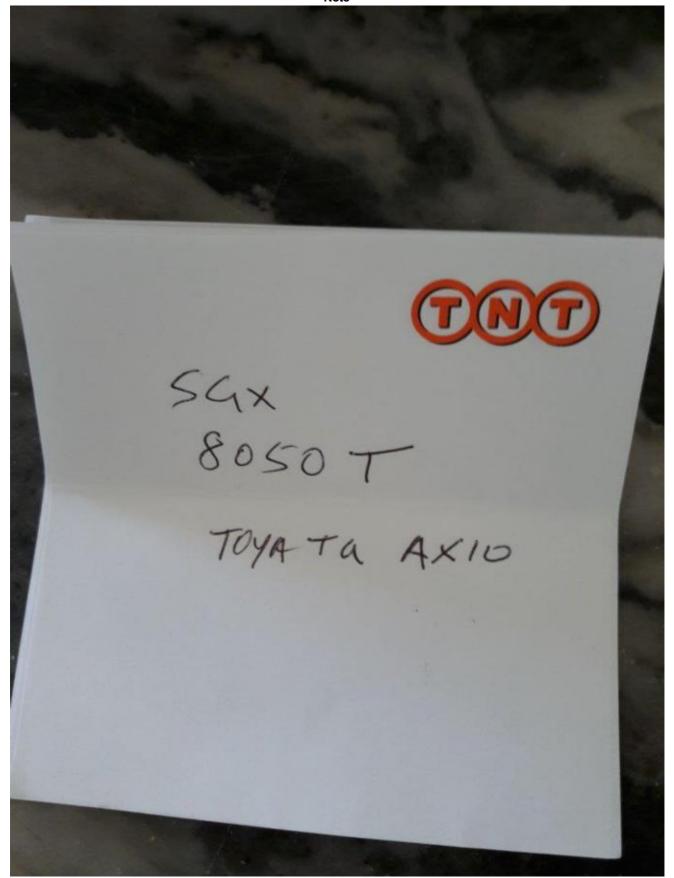






Third Party Driving Licence





Accident Photo























