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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 policy liability on the part of the insurance companies.

Any false reporting may be referred to the Police for investigation.

- 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 conserversaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	08/03/2018 15:29
Date Of Accident	08/03/2018 07:50
Exact Location Of Accident	PIE TOWARDS TUAS A/F DUNEARN ROAD EXIT
Country/State of Loss	SINGAPORE
D. C.	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKG6119K
Insured/Policyholder	
Name Of Registered Owner	XU DADONG
NRIC No	\$6978723A
Email Address	SICHUAN@HOTMAIL.SG
Mobile Phone No	(LOCAL) +65-91394536
Alternative Phone No	OTHERS-91394536
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180
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?	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	2100315557-05
a National Contraction	

Driver

Cover Note Number

XU DADONG Name of Driver S6978723A NRIC No 25/04/1969 Date Of Birth INDOOR Occupation 02/04/2007 Date Of Driving Pass 10 YEARS AND 11 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-91394536 Mobile Number

Fax Number

OTHERS-91394536 Contact Number SICHUAN@HOTMAIL.SG EMail Address

Address

59 ANG MO KIO AVENUE 5

#28-05

Postcode

567752

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

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance? Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

a.

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

SFY6969M

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

TANG POH KIM, THERESA

NRIC/Passport Number

S1172091I

Contact Number

90886969

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 companies.
- 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.
- 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)

I 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)
 - (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;
 - (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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No

ETCH PLAN PIR	TOWN	KOS ,	MAS F)	I DUM	HORN PD	EXI
A)SKG 61191 3)SKV 696	<		B		Minter 6	
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	37A (MAA)28WCC3M8
This morning arou	and 7:50 am, I drove from PIE Exwards Tuas and bumped
into the cour in	front of my car at the location of 25.4 km. After
	tried to check primmediately if these was any injury of
	iver and passengers and took photo but the other car,
	car to the road side, then I also followed her and
	at road side behind hers then I confirmed with the
	poh kim, Theresa their there was no any injury forher
n' '	exchanged the mobile phone number, and I took the plat
	and damage situation for both cars.
J 100	

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:

Beporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

WAHAM

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A-CCIDENT STATEME	NT:
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I) ARE YOU CLAIMING UNDER TOUT OLAIM / B	REPORTING ONLY)
IF NO, PLEASE STATE (THIRD TAME)	- (55)44+El
2. INSURED / POLICY HOLDER DONG	MALE / FEMALEL 36
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	29 II CONTACTI 988 010
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d) VEHICLE NUMBER!	CONTACT
(Including dever) 1) DRIVER'S NAME!	CONINCIA
(Including delver) 1) HRIC/SIN/PASSPORT	74 (145)
	2 36

sichuan @ hotmail

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S6978723A



XU DADONG

大东

CHINESE

25-04-1969

CHINA





WICH S6978723A

26-05-1999

59 ANG MO KIO AVENUE 8 #28-05 SINGAPORE 567752

NRIC No. S5978723A

Date: 08/04/2014 . .

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

PASS DATE

Class 3 Motor Cars=< 3000kg with =</ri>

NP 428A



Open with CERTIFICATE OF INSURAN

PLUS PRIVATE VEHICLE

Policyholder

: Xu Dadong

of Insurance

: 24 Sep 2017 To 23 Sep 2018

No.

: 27491030018612

No.

: WDD2040312A774200

Vehicle No.

: SKG6119K

Policy No.

: 2100315557-05

Endorsement No.

: 000000000166834

Issued Date

: 14 Dec 2017

T THE COVER

Model

MERCEDES BENZ C180 CGI BE 1.6

Capacity/Tonnage: 1,595.00 CC

Sum Insured : Market Value

First Year of Registration

2012

Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF

: Yes

or Classes of Persons Entitled to Drive*:

her person who is driving on the Policyholder's order or with his/her permission.

by will indemnify the Policyholder or any authorised other only if heishe meets the specified age condition.

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 been 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 been 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 been added to the property of the age of 24 and/or has been added to the property of the age of 25 and/or has been added to the age of 25 and/or has been added to the age of 25 and/or has been added to the age of 25 and/or has been added to the age of 25 and/or has been added to the age of 25 and/or has been added to the age of 25 and/or has been added to the age of 25 and/or has been added to the age of 25 and/or has been added to the age of 25 and/or has been added to the age of 25 and/or has been added to the age of 25 and/or has been added to the age of 25 and/or has been added to the age of 25 and/or has been added to the age of 25 and/or has been added to the age of 25 and/or has been added to the age of 25 and/or has been added to the age of 25 and/or has been added to the age of 25 and/or has been added to 25 and/or has been ars' diving experience.

ondition

: All Age Condition

tion as to use*

for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving fusion, driving lest, racing, pace-making, reliability sting, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Use 1500cc - 1600cc Optional

ons rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are o under these headings.

SS

Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Damage - \$0

reen: \$100

d Driver and Excess (where applicable)

ong - \$800 (Own Damage)

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

s Reporting Centres! AIG Authorised Repairers (For claims related repairs)

dent 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

require carried out at the Sole Agent's workshop.

Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident energency licitine at +65 5338 5200. Alternatively, You may refer to AIG website wave G Mobile App. Simply search and download "AIG SG" from iTures or Google Play.

RTANT NOTES

urchase Company/Employer's Loan: MayBank

covery that the policy to which this Certificate of Inst pesport Act, 1987 (Malaysia) and Motor Versides (This