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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 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 consent to the archiving of this report at the centre and to copies of the report being made available

aforesaid,	
all the second and was open over the	ACCIDENT STATEMENT
Date Of Report	26/03/2018 14:02
Date Of Accident	24/03/2018 19:50
Exact Location Of Accident	PIE TWDS TUAS BEFORE KPE EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ7031Y
Insured/Policyholder	
Name Of Registered Owner	YAP SIEW CHUAN @ JASON S C YAP
NRIC No	S1692499G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90059415
Alternative Phone No	OTHERS-90059415
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	2100454534-02
Cover Note Number	
Driver	
	- 190 N. B.

YAP SIEW CHUAN @ JASON S C YAP Name of Driver

S1692499G NRIC No 02/04/1965 Date Of Birth OUTDOOR Occupation 26/07/1996 Date Of Driving Pass

21 YEARS AND 7 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-90059415 Mobile Number

Fax Number

OTHERS-90059415 Contact Number

NOEMAIL EMail Address

Address BLK 265 TAMPINES STREET 21

#04-56

Postcode 520265

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 CHAIN COLLISION

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?

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

YES

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

YONG CHEE PIN

GENDER: : MALE

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

PLS REFER TO THE ATTACHD STATEMENT.

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

SGG518D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHUNG CHONG LENG

NRIC/Passport Number

S0569577E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SFR7571G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR LIM KIM HENG Name of Driver

NRIC/Passport Number

S2506354F

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SGY8337L

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver JASON SATHANTHORANIN

NRIC/Passport Number S8919927A

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

ACCIDENT STATEMENT

2	ACCIDENT DATE: (34/ 03	1/3018 1(DD/MM/YYYY), TIME: (19:50)(HH:MM)
1	OCATION: PIE towa	urds Thas be to	HE KPE Exit.
	b)INSURANCE COMP c)POLICY NUMBER:_ d)POLICY TYPE: (COM e)MAKE & MODEL:_ f)TYPE:(SALOON)/ CO g)VEHICLE CATEGOR h)PURPOSE OF USING	MPREHENSIVE) THIRD PAR	e use
	IF NO, PLEASE STATE 2. INSURED / POLICY HO A) NAME: YOP SI b) NRIC/FIN/PASSPORT	THIRD PARTY CLAIM) REI LDER EW Chuan	(MALE / FEMALE)
14 Ho of passing Cladeding drive	* CONTINUE TO 3.d IF I 3. DRIVER a) NAME: b) NRIC/FIN/PASSPORT	DRIVER ALSO POLICY HOL	5)
Prosphale	e)OCCUPATION: (INDO f)YEARS OF DRIVING EX	(PRERIENCE: 22	M/YYYY) D'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP a) WEATHER CONDITION b) ROAD SURFACE: (DR WAS ANYBODY INJURED a) REPORTED TO POLICE	OF THE DRIVER WITH N: (CLEAR) RAINING / OT Y) WET / OTHERS D (YES / NO)	INSURED:
4 Ho of passenger (Induding driver	THIRD PARTY VEHICLE O) VEHICLE NUMBER: O) DRIVER'S NAME: O) NRIC/FIN/PASSPOR THIRD PARTY VEHICLE	SGG SIRD - (B) HUNG CHONG LENG T: SOS 6 9577E	MODEL:
(Including drive	(e) DRIVER 2 NAME: V		CONTACT:
EKK paga Chi Industria 101-25, 51 Uki 1	parko ema	TOPQUE5.com 6452 4584	+A ∍
el 418933)			

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.
- 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:
 - 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

	he stated date and time, at the stated
Venue	, I vehicle 'A' SKZ 7031Y was driving
straig	get on my rightful lane. Vehicle in front of
me s	stopped. So I followed Suit After 5 seconds
z f	est an impact on my rear portion. Vehicle 'B'
566	518D failed to stop, collided onto my
stah	onary relicle causing my relicle to propel
forward	and against the Front vehicle 'C' SFR 75719.
Z	ot down to check and realised that I was
louri	ved in a 41 cars collusion. I wish to state
	I have a passenger named Young Chee Pin

DECLARATION

IL No. STIBTBJFG MSIDE my Car

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

at the time of accident.

Reporting Centre Personnel's Signature

Policyholder's Sigr Date & Time:

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

Name: NRIC/FIN No.:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1692499G



YAP SIEW CHUAN @JASON S C YAP



CHINESE Date of birth 02-04-1965

SINGAPORE

S1692499G



tusim Date: 24 Jul 2003

5791360



28-08-2017

APT BLK 265 TAMPINES STREET 21 SINGAPORE 520265

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

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

NP 428A





CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Period of Insurance

Name of Policyholder : Yap Siew Chuan & Jason S C Yap

Engine No.

1 29 Jan 2018 To 28 Jan 2019 : P520338185

Chassis No.

: UM6BM42A8G0329088

Vehicle No.

: SKZ7031Y

Policy No.

: 2100454534-02

Endorsement No.

lesued Date

: 05 Jan 2018

ABOUT THE COVER

Make/Model

: MAZDA 3 1.5 SKYACTIV

Driver Restriction : NA

Engine Capacity/Tonnage : 1,498.00 CC

Off Peak Car No

Sum Insured ... Market Value

First Year of Registration : 2016 Insuring with COE/PARF Yes

Person or Classes of Persons Entitled to Drive*

ay The Policyholder.

It for other person who is driving on the Policyholder's order or with his/her personalist.

This Policy will indemnify the Policyholder or any automiced three only it teinbo mosts the specified age to

You have to pay an additional sum of \$1,000 on "Young and/or heroperational Dever Excess" ("YOH") if You are to from 2 years' driving experience.

Age Condition

: All Age Condition

Limitation as to use*

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered imperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 188) and Section 95 of the Road Transport Act. 1987 (Mataysia), are not to be recluded under bess hearings.

EXCESS

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

Windscreen: \$100

Named Driver and Excess (where applicable)

Yap Siew Chunn () Jeson S C Yop - \$600 (Own Damage)

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

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

ers, please contact our 24-hour accident emergency hotine at +65 6336 6200. Attenuatively, you may refer to AIG website level signorm sig For other: Approved Reporting Centres/A/G Authorised Repairers, please contact our 24-bit or A/G-SG Mobile App. Simply search and download "A/G-SG" from ITuoes or Google Play.

IMPORTANT NOTES

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

We benefity certify that the policy to which this Certificate of Insurance relates is assisted in accordance with the provisions of the Mistor Velocies (Third Party Risks) Pages. 1968 (Malaysia) and Mistor Velocies (Third Party Risks) Pages. 1968 (Malaysia)

ARE LAPI PIE LTD - MAZDA

THAXWELL ROAD FOT-TOO ANNEX B MIND COMPLEX

DINGARONE OF THE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE