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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 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.
- 5. 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.		
公司的联系和外国企业的关系的	ACCIDENT STATEMENT	
Date Of Report	10/04/2018 16:11	
Date Of Accident	10/04/2018 11:50	
Exact Location Of Accident	EXIT OF AIA ALEXANDRA CARPARK TOWARDS MAIN ROAD	
Country/State of Loss	SINGAPORE	
	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGL941M	
Insured/Policyholder		
Name Of Registered Owner	CHAU AI LIAN	
NRIC No	S6936016E	
Email Address	IRENE.CHAU@HOTMAIL.COM	
Mobile Phone No	(LOCAL) +65-96639694	
Alternative Phone No	OTHERS-96639694	
Vehicle Particulars		
Manufacturer	HONDA	
Model	CITY	
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	2100223903-07	
Cover Note Number		

Driver

 Name of Driver
 CHAU AI LIAN

 NRIC No
 \$6936016E

 Date Of Birth
 19/10/1969

 Occupation
 INDOOR

 Date Of Driving Pass
 11/03/1993

Driving Experience 25 YEARS AND 0 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96639694

Fax Number

Contact Number OTHERS-96639694

EMail Address IRENE.CHAU@HOTMAIL.COM

Address

BLK 110 GANGSA ROAD

#12-87

Postcode

670110

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?

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

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)

1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

NO

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

GW8432E

Vehicle Make/Model/Colour

HONDA

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

GOVINDASAMY VENKATESAN

NRIC/Passport Number

G2606669M

Contact Number

84490722

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

SKETCH PLAN

Veh A: SGL 941M Veh B: GW 8432 E

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy liability.
- 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 insurers) 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:

#12:30pm

Reporting Centre Berspnngl's Signature,

Name:

NRIC/FIN No.:

Veh A. SGL aH M		~~
Veh B: GW 8432 E	-	
		Alexandra Rd
	+ / \	4
	AIA BUG	
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DESCRIBE CIRCUMSTANCES	S OF THE ACCIDENT	
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to see the	Traffic on the main read	wilding curport and supplet of the Car GW84326
knock against	the rear of my car.	1 -17 / 100 Cm Giv 87 326
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DECLARATION		
We declare the foregoing parti	culars are true in every respect.	/, ,
charll.		a 10/04/2018
olicyholder's Signature	Driver's Signature	Reporting Centre Persoppel's Signature
oate & Time: 10/4/18	(If driver is not the policyholder) Date & Time:	Name: KOPLI WHITES
12:20 pm	*	

SKETCH PLAN

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com Particular Of Insured/Driver & Details Of The Accident Motor Accident Report *Time of Accident: //:50 am AIA Alexandra *Date of Accident: *Accident Location: car park to warde main road Vehicle Details *Vehicle Number: SGL 941 M * Make & Model: Honda City CVT Insured / Policyholder *Owner Name: ____ CHAU AI UPA *Address: BLK 110 Grangea Rd #12-87 *Email: irene. chau @ hotmail.com *Occupation: Insurance Agent (Indoor / Outdoor) * Tel /H /Other; Driver same as above *Driver Name: CHAU AI LIAN *Address: *Date of Birth: *Driving Pass Date: _____ *Email: *Gender: Male / Female *Occupation: (Indoor / Outdoor) * Tel /H /Other: _____ *Driver an employee: Yes / No (*If no, what is relationship with the policyholder: Passengers Details ADC * P/Name: ______ (Male/Female) * P/Name: _____ (Male/Female) ___(Male/Female) * P/Name: _____(Male/Female) * P/Name: Insurance Company A16 *Coverage: C / TPFT / TPO * Policy No: _____ *Insurer: Detail of other vehicle / Property 2 Detail of other vehicle / Property 1 Vehicle No.: GW8432E Vehicle No.: Make & Model: Honda Make & Model: Vehicle Category: Vehicle Category: Name of Driver: Govindasamy Venkatesan Name of Driver: NRIC No. of Passengers (Including Driver): No. of Passengers (Including Driver): For Official Use Only *Claiming against Own Ins.: Yes / No (If No, Reporting Only / To Claims) General Information of the accident *Type of accident: Head-Bear / Side swipe / others: *Any video cam: Yes *Weather conditions: Clear / Raining / others: ______ *Road Surface: Net / Others: NRIC :_______ HP:______) *Witness: Yes (No (Name: _____ *Accident reported to police: Yes No *Summon against whom: *No. of passengers (include driver): *Injured party: Yes / Nø *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No -I/Name: -I/Name: *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No





IDENTITY CARD NO. \$6936016E





CHAU AI LIAN

部爱莲

CHINESE Section.

19-10-1969 F

SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE BATE

Class 3 Motor Cars=< 3000kg with <<7 passangers, exclusive 11 Mer 1993 of the driver, and other meter vehicles << 2500kg

Licence No: 56936016E

\$6936016E

BOUTSON CARRY SAN B+ 06-05-1994

APT BLK 110 GANGSA ROAD #12-87

SINGAPORE 670110 NRIC No: \$8938018E

Date: 27-02-1999 No: 2544523

NP 428A



CERTIFICATE OF INSURANCE

PRIVATE AUTO THIRD PARTY FIRE AND THEFT PRIVATE VEHICLE

Name of Policyholder

: Chau Al Lian

Period ofinsurance

: 01 Sep 2017 To 31 Aug 2018

Engine No.

: L15A24802953

: MRHGD86908P030278 Chassis No.

Vehicle No.

. SGL9411V

Policy No.

- 2100023303-07

Endorsement No. Issued Date

03 2017

ABOUTTHE COVER

Make Model

HONDA CITY VITE OUT

Engine Capacity/Tonnage 1.497.00 CC

Sum Insurert

Market Value

First Year of Registration

2006

Orlyan Restriction

Off Feak Car No.

Insuring with OCE PARF

Y 85

Persoin in Classes of Persons Entitled to Drive":

b. Any obtaining room who is the ring oil the PLES ADDR A Crist on violation participate.
The Public oil implements the Polic husber or any authorized propriate the long rooms the specified was

Age October

40 years old and above

Limitation as to use

the only following itsmestic and pressure purposes and for the Policymage's bosiness. The Policy does not over use for him or research throughout from the interpretable many throughout the content of the property and the

* Limitation rendered inspared in Section 8 of the Motor Vehicles (Trice Party Roke and Compensation No. (Dec. 189) and Section 35 of the Right Transport Act, 1667 (Malaystan, and not to be included unter these haadings

EXCESS

Section 1 File 50 Nett - 50

Section 2

Property Gunage 50

Windscreen: NA

Named Driver and Excess (whim applicable)

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

Approved Reporting Cartines, ACS Authorised Programs from cliquities released to the program of the vehicle can be before of note the program of the vehicle can be before of note the program of the vehicle can be before the program of the vehicle can be program of the vehicle can be program of the vehicle can be provided and the program of the program of the program of the vehicle can be provided and the program of the vehicle can be provided and the program of the p

IMPORTANT NOTES

Hira Purchasa Company/Employar's Loan: NA

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AIG Asia Pacific Insurance Pte. Ltd.

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