

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 withholding 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.**
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	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

DETAILS 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	S6936016E
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?	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	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 8432E

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 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.
5. 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:

- (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;
 - (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:

Chau M

10/4/18

12:30pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

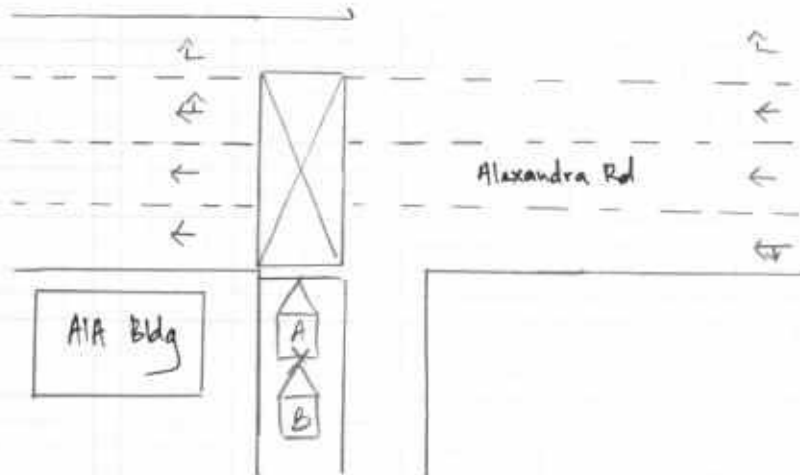
NRIC/FIN No.:

10/04/2018

ROSLI KAHAB

SKETCH PLAN

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I drive out from AIA Alexandra building carpark and stop to see the traffic on the main road ~~if~~, the car GW8432E knock against the rear of my car.

DECLARATION

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

Policyholder's Signature

Date & Time:

Chau Thi

10/4/18

12:30pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

10/04/2018

Robert Lim

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

*Date of Accident: 10/4/18 *Time of Accident: 11:50am
*Accident Location: Exit 7 AIA Alexandra

car park towards main road

Vehicle Details

*Vehicle Number: SGL 941 M *Make & Model: Honda City CVT

Insured / Policyholder

*Owner Name: CHAU AI LIAN *NRIC: S6936016 E
*Address: BLK 110 Ganges Rd #12-87 S670110
*Email: irene.chau@hotmail.com *HP: 96639694
*Occupation: Insurance Agent (Indoor / Outdoor) *Tel / H / Other: _____

Driver ☒ same as above

*Driver Name: CHAU AI LIAN *NRIC: _____
*Address: _____
*Date of Birth: _____ *Driving Pass Date: _____ *HP: _____
*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

N/C

*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)
*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)

Insurance Company

*Insurer: AIG *Coverage: C / TPFT / TPO *Policy No: _____

Detail of other vehicle / Property 1

Vehicle No.: GW8432E
Make & Model: Honda
Vehicle Category: _____
Name of Driver: Govindasamy Venkatesan
NRIC : G2606669 M
HP : 84490722
No. of Passengers (Including Driver): 2

Detail of other vehicle / Property 2

Vehicle No.: _____
Make & Model: _____
Vehicle Category: _____
Name of Driver: _____
NRIC : _____
HP : _____
No. of Passengers (Including Driver): _____

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: _____
*Weather conditions: Clear / Raining / others: _____ *Any video cam: Yes No
*Road Surface: Dry / Wet / others: _____
*Witness: Yes No (Name: _____ NRIC: _____ HP: _____)
*Accident reported to police: Yes No *Summon against whom: _____
*Injured party: Yes No *No. of passengers (include driver): _____
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

REPUBLIC OF SINGAPORE DRIVING LICENCE

CHAU AI LIAN

19 Oct 1969

20 Sep 2010

0010929880

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6936016E

CHAU AI LIAN

邵爱莲

CHINESE

19-10-1969

SINGAPORE

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

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 3500kg 11 Mar 1993

Licence No: S6936016E

NP 429A

1988210

S6936016E

06-05-1994

APT. BLK 110 GANGSA ROAD #12-87

SINGAPORE 670110

NRIC No: S8938018E Date: 27-02-1999 No: 2544623



CERTIFICATE OF INSURANCE

PRIVATE AUTO THIRD PARTY FIRE AND THEFT PRIVATE VEHICLE

Name of Policyholder : Chau Ai Lian
 Period of Insurance : 01 Sep 2017 To 31 Aug 2018
 Engine No. : L15A24302953
 Chassis No. : MRHGD66926P030278

Vehicle No. : S3L841M
 Policy No. : 2100223903-07
 Endorsement No. :
 Issued Date : 03 Aug 2017

ABOUT THE COVER

Make/Model : HONDA CITY VTEC DVT
 Engine Capacity/Tonnage : 1,497.00 CC
 Driver Restriction : NA
 Sum Insured :
 Market Value :
 First Year of Registration : 2006
 Off Peak Car : No
 Insuring with OCE/PARE : Yes

Person in Classes of Persons Entitled to Drive*

a) The Policyholder
 b) Any other person who is driving with the Policyholder's order or with teacher permission
 This Policy will indemnify the Policyholder or his authorized driver only if he/she meets the specified age condition

Age Condition : 40 years old and above

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 tuition, driving test, driving school, racing, road tests, 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

* Limitation rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189) and Section 25 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings

EXCESS

Section 1
 Fire - \$0 Theft - \$0

Section 2
 Property Damage - \$0

Windscreen : NA

Named Driver and Excess (where applicable)

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

Approved Reporting Centres: AIG Authorized Repairs (for claims related repairs)
 Any accident repairs to the vehicle can be carried out at the repairer of your choice (unless specifically excluded by Us)
 For Approved Reporting Centres/AIG Authorized Repairs, please contact our 24-hour accident emergency hotline at +65 4038 8200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG 50 Mobile App. Simply search and download "AIG 50" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan : NA

* The policyholder has the duty to which the Certificate of Insurance issued is subject in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189) and the Road Transport Act, 1987 (Malaysia) and Motor Vehicle Third Party Risks Rules 1985 (Malaysia)

TR00000000

WARTON HONG

311, ALLENDALE ROAD, #01-01, ALLENDALE

SINGAPORE 159945 SFC - ASSOCIATION

Insurance Office for AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 100, ROBINSON ROAD, SINGAPORE 068902