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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.
- 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, | 51.1nv/sext=24MM \$2 ex.mpl (1.1n) |
|--|--------------------------------------|
| CHARLES WATER IN TO SHEET WITH | ACCIDENT STATEMENT |
| Date Of Report | 17/04/2018 16:57 |
| Date Of Accident | 17/04/2018 07:45 |
| Exact Location Of Accident | BLK 41 SIMS DRIVE CARPARK |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SJV946L |
| Insured/Policyholder | |
| Name Of Registered Owner | GOH CHYAN JOW |
| NRIC No | S7504334A |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97699810 |
| Alternative Phone No | OTHERS-97699810 |
| Vehicle Particulars | |
| Manufacturer | HYUNDAI |
| Model | AVANTE-1.6 ABS AIRBAG 2WD 4DR (A) |
| 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 | 2100185585-08 |
| Cover Note Number | |
| Driver | |

Name of Driver GOH CHYAN JOW NRIC No S7504334A

Date Of Birth 02/02/1975 Occupation INDOOR Date Of Driving Pass 30/05/2001

Driving Experience 16 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97699810

Fax Number

Contact Number OTHERS-97699810

EMail Address NOEMAIL Address

BLK 41 SIMS DRIVE

#12-265

Postcode

380041

11723

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

t? 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)

0

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

GBE326K

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

LAI HOCK MIN

NRIC/Passport Number

Contact Number

67840336

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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 aforesald.
- Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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.

Policyhalder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Ceptre Personnel's Signature
Name:
NRIC/FIN POR DISTRICT

| SKETCH PLAN | | | |
|-------------|----------|-------|--------------|
| | <u> </u> | 1 | A SJV 946L |
| | 4 | Simil | B: GBE 326 K |
| | 1 July 7 | 4 | |
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| ESCRI | BE CIRCUMSTANCES OF THE ACCIDENT |
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| | I controted Mr. Lai later and he asked me to dain |
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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: Meporting Centre Personnel's Signature Name:
NIUC/FIN No.:

SERVICE OF THE PROPERTY OF WA

SINGAPORE ACCIDENT STATEMENT

| ACCIDENT DATE: 17 4 (8 TIME: 07) | (hh:mm) 24 hrs Format |
|--|--|
| 100101111111111111111111111111111111111 | I a |
| LOCATION BLE 41 bar pruk | |
| VEHICLE NUMBER 55V 946L | |
| | |
| INSURED NAME GOL CHYAN JOW | NTACT: 9769 9810 |
| 1 2 3 4 52 7 11 | |
| MAKE Hyurdai MODEL Avand | FQ - voltata2 |
| Are you claiming under your own insurance policy for repair to you | r Venicies |
| () Yes, If No, Pls Select : () Third Party () Reporting | ig Only |
| INSURANCE COMPANY A G | PARTY () TPFT |
| TYPE OF POLICY () COMPREHENSIVE () THIRD P | ARIY () IFFI |
| POLICY NUMBER: 2100187587-08 | |
| NAME DRIVER: Goh Chyan Jow | () SAME AS INSURED |
| NAME DRIVER. GOT STUDY SOOS | |
| NRIC/FIN 57504334, 9 CC | NTACT: |
| DATE OF BIRTH: 2-275. | |
| DRIVING PASS DATE: 30 C 01 | |
| OCCUPATION: (/) INDOOR () OUTDOOR | |
| GENDER: () MALE () FEMALE | |
| EMAIL ADDRESS: | () NO EMAIL |
| ADDRESS OF DRIVER: BE 41 Sims Dy #12 | -261 |
| (380041) | |
| Number Of Passenger Include Driver: NO DRIVER, CAR P. | NEK |
| | (INO |
| Was driver an employee of the Insured's Company? () YES | (/)NO |
| If No, Relationship Of The Driver With The Insured | hildren () Sibling () Others |
| (V) Owner () Spouse () The contract of the c | |
| Does The Driver Own Any Other Vehicle?: () YES () NO |) |
| If Yes, Vehicle Registration Number Of Driver's Own Vehicle: | |
| Insurance Company Of Driver's Own Vehicle | and the second s |
| in camer contained to | rizzling () Others |
| Road Surface : (/) Dry () Wet () Oth | |
| Tras rang r di cigni r cintere ranto | YES (/) NO |
| Was Anybody Injured In The Accident? () YES (|) NO |
| If YES, Injured details : | |
| A STORY A CANO | |
| Convey By Ambulance: () YES (/) NO Was There Any Video Capture By Car Camera? () YES (| √)NO |
| Was There this trace capture by | /) NO If Yes Attach Police Report |
| Was There Accident Reported To The Police? () YES (| 7 HO II Tes Attach I once Report |
| Police Report Number (if any) | Contact |
| Details Of 3rd Party Name / NRIC | 67841336 |
| Veh B (12 & 326 K Lai Hock Mis | A W W W W W W W W W |
| Veh C CO WON'D TELL EN | 419 11 |
| Veh D | 1.4 |
| Veh E | |
| Veh F | |
| Veh G | |



CERTIFICATE OF INSURANCE

HYUNDAI AUTO PROTECTOR (DELUXE) PRIVATE VEHICLE

Name of Policyholder

: Goh Chyan Jow

Period of Insurance

: 12 Jan 2018 To 11 Jan 2019

Engine No. Chassis No. : G4FC9U799536 : KMHDU41BMAU965316 Vohicle No.

: SJV946L : 2100185585-08

Policy No.

Endorsoment No.

Issued Date

: 08 Jan 2018

ABOUT THE COVER

Make/Model

HYUNDALAVANTE

Engine Capacity/Tonnaga . 1,591,00 CC

Driver Restriction

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2010

Insuring with COE/PARF : Yes

Person or Classes of Pomons Entitled to Dave*:

a) The Policy policie.
b) Any other process who is choicy on the Policy bottom's color or with Picture powers for appropriate age consistors.
This Policy will accountly the Policy bottom or any authorized whole gody if height account of You are accounted.

You have \$1979 St. and have been \$1,000 as "Nonpresence a Priori Crises" ("SURT II Ventioned: You Authorized Union (named as a course of his loss when 2 years" disting experience

Age Condition

: 35 years old and above

After any time account of the same programs and the the Policy homber's business. This Policy does not count was for fine or postered, showing business, such any programs and the fine the programs and the programs of the programs of grants of the country to a country country

Loss at the 1500cc - 1600cc

* Londations rendered Reporting by Section 8 of the Mobile Vertices (Rend Party Topks and Compensation) Act (Cop. 199) and Section 95 of the Board Transport Act, 1997 (Millaysia), one not to be included under these threshops

EXCESS

e - 50 Com Danage - 50 That - 10 Food Cours - \$0

Section 2

Forety Dange - \$5

Windsemen: 10

Named Driver and Excess pressurement

Gardi Chaysen Jose, Chain Sai Ging.

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

1 American Maters Physics April 253 Aflexandra Rood Singapore 159939 647.35508

For your Approved Reporting Control Action and Employees, please execution 24 hour accident emergency hollow at 465 6106 6700. Attenuatively, you may refer to AIQ website www.usg.com.sq or AIQ Secretary Sec

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

TWO hereby certify that the policy his which this Certificate of Franciscon Intelligible Inc. Part PC of St. Branch Policy Control Party Rocks and Compoundation) Act (Corp. 180). Part PC of St. Branch Policy Control Policy Rocks and Compoundation) Act (Corp. 180). Part PC of St. Branch Policy Policy Rocks and Compoundation) Act (Corp. 180). Part PC of St. Branch Policy Rocks and Compoundation) Act (Corp. 180). Part PC of St. Branch Policy Rocks and Compoundation (Corp. 180). Part PC of St. Branch Policy Rocks and Compoundation (Corp. 180). Part PC of St. Branch Policy Rocks and Compoundation (Corp. 180). Part PC of St. Branch Policy Rocks and Compoundation (Corp. 180). Part PC of St. Branch Policy Rocks and Compoundation (Corp. 180). Part PC of St. Branch Policy Rocks and Compoundation (Corp. 180). Part PC of St. Branch Policy Rocks and Compoundation (Corp. 180). Part PC of St. Branch Policy Rocks and Compoundation (Corp. 180). Part PC of St. Branch Policy Rocks and Compoundation (Corp. 180). Part PC of St. Branch Policy Rocks and Compoundation (Corp. 180). Part PC of St. Branch Policy Rocks and Compoundation (Corp. 180). Part PC of St. Branch Policy Rocks and Compoundation (Corp. 180). Part PC of St. Branch Policy Rocks and Compoundation (Corp. 180). Part PC of St. Branch Policy Rocks and Corp. Pc. Branch Poli

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KOMOCO TRADING PTE LTD-TBL 253 ALEXANDRA ROAD .

TINGAPORE 159936 AYSP-MOTOR Underwritten by AIG Asia Pacific Insurance Pie, Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE DUCKLEASE

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7504334A



Name



GOH CHYAN JOW

Bace

CHINESE

Date of Bath

02-02-1975

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Hickorice Number S7504334A Name:

GOH CHYAN JOW

Birth Date: 02 Feb 1975 Issue Date: 03 Jan 2003



30581



NEC No S7504334A



Blood Group

A+

Date of issue

22-12-1998

APT BM 41 SIMS DRIVE #12-265

Oats: 03-02-2005

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Motorcycles not exceeding 200 cc Class 2B

Class 2A

Motorcycles between 201 cc and 400 cc

Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 17 Jan 1994

11 Nov 1997

30 May 2001



Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 4334A

Vehicle Details

Vehicle No.: 5JV946L Vehicle to be Exported:

Yes Intended De-registration Date:

17 Apr 2018 Vehicle Make: HYUNDAI

Vehicle Model: AVANTE 1.6 AT ABS D/AB 2WD 4DR

Primary Colour: Red Manufacturing Year: 2009

Engine No.: G4FC9U799536

Chassis No.: KMHDU41BMAU965316

Maximum Power Output: 89.7 kW (120 bhp)

Open Market Value: \$11,537.00 Original Registration Date: 12 Jan 2010 First Registration Date: 12 Jan 2010

Transfer Count:

Actual ARF Paid: \$11,537.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 11 Jan 2020 PARF Rebate Amount: \$6,345.00

Intended COE Rebate Details

COE Expiry Date: 11 Jan 2020

COE Category: A - Car (1600cc & below)

COE Period(Years): 10

QP Paid: \$18,502.00 COE Rebate Amount: \$3,208.00

Total Rebate Amount: \$9,553.00

The information contained herein is correct as at 17 Apr 2018

OK