MKFS18049263 / Kan Fook Sing Motor Workshop - Defu ENTRY DATE & TIME: 13/04/2018 15:46 SUBMITTED BY: Yen Boo

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

- 1. Please report <u>correctly</u> 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 <u>truthful and accurate</u> 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	13/04/2018 15:46
Date Of Accident	13/04/2018 13:45
Exact Location Of Accident	BEDOK NORTH AVE 4
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGS631X
Insured/Policyholder	
Name Of Registered Owner	CHEW MUI CHUN
NRIC No	S0790883J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96666315
Alternative Phone No	Others-96666315
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180K
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	YES
f No, Please state action to be taken	
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Гуре Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100249481-07
Cover Note Number	28/02/2018 TO 27/02/2019
Driver	
Name of Driver	LEE XIN YING
NRIC No	S7613416B
Date Of Birth	29/04/1976
Occupation	INDOOR
Date Of Driving Pass	02/06/1995

22 YEARS AND 10 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-93820676

Fax Number

Contact Number

EMail Address KLEECY@GREENART.NET

Address APT BLK 56 GEYLANG BAHRU #15-3583 (S) 330056

NO

NO

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN**

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

refer with attach.

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 GBE879G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver DONG ZE NRIC/Passport Number g3233395n

Contact Number 97977575 DARREN Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Accident Sketch Plan

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.
- 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:
 - (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: 12/4/18 15:58

Reporting Centre Name:

ersonnel's Signature

NRIC/FIN No.:

			$ \longrightarrow$
	1		
DESCRIBE CIRCUMSTAN			
- North years - Vehicle - He o - I has late + his year	the Slip road Le vere pro GBE 87914 ST GIRE 87914 ST GIRENTY OCCEPT OTHER TO PECK PO	the tribe	filter out. pepel due to pedel 4 too the rear of
DECLARATION I/We declare the foregoing Policyholder's Signature Date & Time:	Drivers Signature (If driver is not the policyhold		g Centre Personnel's Signature

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: Lee xis ying
VEHICLE NUMBER	: SAS 631 X
DATE/TIME OF ACCIDENT	: 13/4/218 @ 1345hrs
PLACE OF ACCIDENT	: babok north are 4
THIRD PARTY VEHICLE (IF ANY)	GRE ETCH
*************************	的我我我我的我们我们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们
BEFORE THE ACCIDENT?	RNEY AND WHERE WAS THE INTENDED DESTINATION
	DRINKS BEFORE YOU DRIVE ON THE DAY OF THE IC POLICE CONDUCT ANY BREATHE-ANALYSER TEST LT?
WHAT IS THE TYPE OF COLLISION VEHICLES INVOLVED?	AND THE EXTENSIVENESS OF THE DAMAGES TO ALL
WERE YOU OR YOUR PASSENGER/S TAKEN TO THE TRAFFIC POLICE FO	INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU R INVESTIGATION?
Name: Katherine her Xin Yin	<i>*</i>

insurer's nric

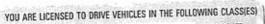
I Affirmed The Above Information Is Given To My Best Knowledge.











PASS DATE

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

NP 428A

02 Jun 1995

MMCN+ S7613416B

04-05-2005

APT BLK 56 GEYLANG BAHRU #15-3583 SINSAPORE 330056

NRIC No: \$76134168 _ Date: 04/06/2009 No: 6361450 /

3874707



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Chew Mui Chun Vehicle No. : SGS631X : 28 Feb 2018 To 27 Feb 2019 Period of Insurance Policy No. : 2100249481-07 Endorsement No.

Engine No. : 27191031342756

Chassis No. : WDD2040452A501034 Issued Date : 15 Jan 2018

ABOUT THE COVER

Make/Model : MERCEDES BENZ C180 (1.6)

Engine Capacity/Tonnage: 1,597.00 CC First Year of Registration : 2011 Sum Insured : Market Value Driver Restriction . NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

a) The Policyholder to) Any other person who is driving on the Policyholder's order of with his/her permission. This Policy will indentrially the Policyholder or any authorised driver only if helishe meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver insimed or unnamed is under the age of 25 and/or has less than 2 years' driving experience.

Age Condition All Age Condition

Limitation as to use*

Use only for social domestic and pleasure purposes and for the Policyholae's business. This Policy does not cover use for hire or reward, driving bution driving lest, recongligible, recongligible, recongligible, the corresponding of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade,

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Velvotics (Third-Party Ricks and Compensation) Act (Cap. 185) and Section 95 of the Read Transport Act, 1987 (Malaysia), are not to be included under these headings.

Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Named Driver and Excess (where applicable)

Chow Mui Chun - \$800 (Own Damage)

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

Approved Reporting Centreal AIG Authorised Reparers (For claims related repairs)

Any accident 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 Surgapore, You have the option of having the accident repairs carried out at the Sele Agent's workshap.

For other Approved Reporting Centres/Mild, Authorised Repairers, please contact our 24-hour accident emergency holline at +85 6338 6300, Alternatively, You may refer to AIG website www.aig.com.sg or AIG SG Mobile Age. Simply search and download *AIG SG* from IT unes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

VWe hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1957 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0294000000

TAN SENG KWEE

371 ALEXANDRA ROAD #09-01 AIA ALEXANDRA SINGAPORE 159963 SP-ABUNDANTKLIFE

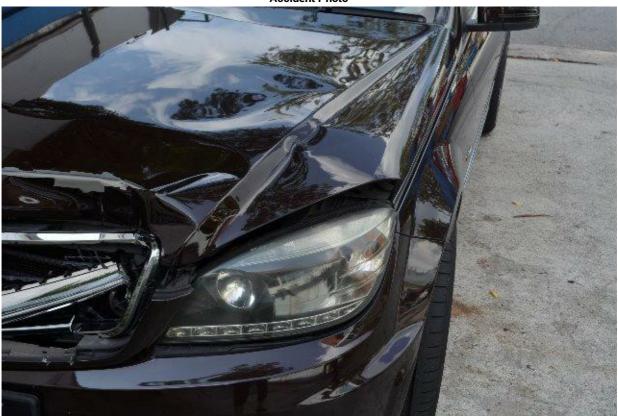
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE























Accident Photo



















