SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

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 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.
- 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 conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	20/04/2018 17:05
Date Of Accident	20/04/2018 07:45
Exact Location Of Accident	SERANGOON RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ3003C
Insured/Policyholder	
Name Of Registered Owner	CHONG LIH JUNG
NRIC No	S8608278J
Email Address	JUNGCHONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90068905
Alternative Phone No	Office-90068905
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	CAMRY-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	2100469800
Cover Note Number	
Driver	
Name of Driver	CHONG LIH JUNG
NRIC No	S8608278J
Date Of Birth	30/03/1986
_	

OUTDOOR

28/03/2008

10 YEARS AND 0 MONTHS

Gender **MALE**

(LOCAL) +65-90068905 Mobile Number

Fax Number

Contact Number OFFICE-90068905

EMail Address JUNGCHONG@GMAIL.COM

Address BLK 254 KIM KEAT AVE #08-114

Postcode 310254 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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

NO

NO

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER AS ATTACHED

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 SHD462J Vehicle Make/Model/Colour RENAULT

Details Of Properties

Vehicle Category **TAXI**

Name of Driver JAMES GABRIEL

NRIC/Passport Number S6872230F Contact Number 81824902

Address Postcode BLK 857 WOODLANDS ST 83 #05-230 730857

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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;
- (ii) 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Dute & Driver's Signature (If driver is not the policyholder) / Date & Time Sketch Plan

Scraugeon Rd Potang Parir

Straugeon Rd Strauge Parir

SLJ3003C SHD462J

Describe Circumstances	of the Accident		
The vehicle is to brake as un	ng along serengan Infront emergence -U to avoid hit	on road Cafter & A brake sudden & the front of	ty and I tried
Declaration			
VVVe declare the foregoing parti	culars are true in every respect.		
Columbia 20/4/	18.		1
Policyholder's Signature / Date i Time	8 Driver's Signature (if driver & Time	is not the policyholder) / Date	Witnessed by Reporting Centre Personnel



MOTOR ACCIDENT INTERVIEW FORM

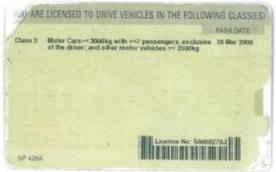
NAME (DRIVER)	: CHONG LIH DUNG.			
VEHICLE NUMBER	: SLJ3003C			
DATE/TIME OF ACCIDENT	: 20/4/18 0745HRS.			
PLACE OF ACCIDENT	: # Along Sprangoon Road.			
THIRD PARTY VEHICLE (IF ANY)	: SHD462J			
****************	***********			
where did you start your journey and where was the intended destination before the accident? Started from home travelling to work office.				
	C DRINKS BEFORE YOU DRIVE ON THE DAY OF IE TRAFFIC POLICE CONDUCT ANY BREATHE, WHAT IS THE RESULT?			
WHAT IS THE TYPE OF COLLISION TO ALL VEHICLES INVOLVED?	ON AND THE EXTENSIVENESS OF THE DAMAGES			
	ER/S INJURED? IF INJURED, WHICH HOSPITAL? FIC POLICE FOR INVESTIGATION?			
CHONG LIH DUNG				

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

AIG Asia Pacific Insurance Pte. Ltd. AIG Building 78 Shenton Way #07-16 Singapore 079120 Tel: 6419 3000

Name:











CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT(CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

MX1

AUTOPLUS

OWN DAMAGE EXCESS WINDSCREEN EXCESS

\$\$600.00 (1) S\$100.00

CERTIFICATE NO. 2100469800-01000

SUM INSURED INSURING WITH COE/PARF

Market Value

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

Chong Lih Jung (Zhang Lizhong)

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE

20 Jun 2017

SI 13003C

19 Jun 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE * SUBJECT TO AGE CONDITION :All Age Condition

b) Any other person who is driving on the Insured's order or with his permission. This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions. A Young and/or Inexperienced Driver Excess ("YIDR") of \$\$3,000.00, in additional to the Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE *

Use only for social, domesoc and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

SOLE AGENT'S WORKSHOP: For new vehicles less than 3 years from initial registration, you have the option for claims-related

SOLE AGENT'S WORKSHOP: For new vehicles less than 3 years from initial registration, you have the option for claims-related registrate be done at Sole Agent's workshop.

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

ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 2. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only 3. Ethoz - 30 Bukit Batok CrestTel:66547777) 4. DPS Body & Paint (Subsidiary of C&C) - 209 Pandam Gardens (Tel: 65684501) 5. Kan Fook Sing Motor - 61 Delt Lane 12 (Tel: 67479560) 6. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 6458110) 7. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336) 9. SME Motor - 1 Kaki Bukit Ave 6 Bik D (Tel: 67476106)

LOSS OF USE Loss of Use 10 Days (1600cc) - Refer to policy wordings for details

NAMED DRIVER

HIRE PURCHASE COMPANY CENTURY TOKYO LEASING (S) PTE LTD / EMPLOYER'S LOAN

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 24 May 2017

AlG Asia Pacific Insurance Pte. Ltd.

030210-256 AIG - AUTO DIRECT 78 SHENTON WAY #07-16 AIG BUILDING SINGAPORE 079120

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPCAR









Accident Photo







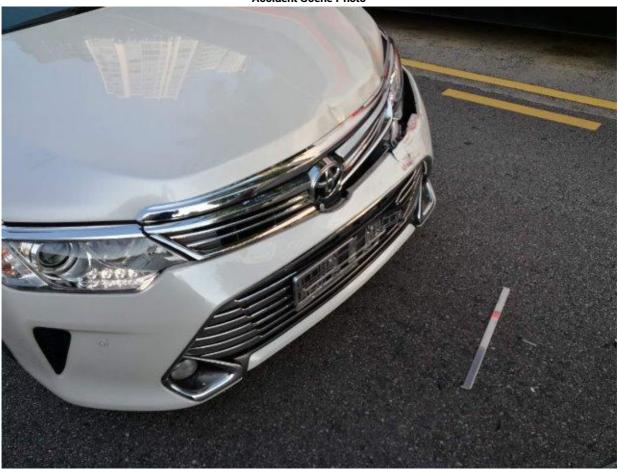




Accident Scene Photo



Accident Scene Photo



Accident Scene Photo

