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 <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.
- 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

	ACCIDENT STATEMENT	
Date Of Report	30/04/2018 16:40	
Date Of Accident	28/04/2018 11:50	
Exact Location Of Accident	ALONG BEDOK NORTH AVENUE 3	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
/ehicle Registration Number	SLC5199U	
Insured/Policyholder		
Name Of Registered Owner	LEE ROSALINE	
NRIC No	S1406442G	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-90490028	
Alternative Phone No	Office-90490028	
Vehicle Particulars		
Manufacturer	SUZUKI	
Model	SWIFT-1.4 1.4 AT SPECIAL EDITION (A)	
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE	
Are you claiming under your own insurance policy or repair to your vehicle?	NO	
f No, Please state action to be taken	REPORTING ONLY	
/ehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	2100466210	
Cover Note Number		
Driver		
Name of Driver	LOI CHI TRUNG RICHARD	
NRIC No	S1411560I	
Date Of Birth	03/04/1960	

INDOOR

06/10/1979

38 YEARS AND 6 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-97520284

Fax Number

Contact Number

EMail Address RICHARD@CASHCONVERTERS-ASIA.COM

12 FLORA DRIVE Address

#02-12

Postcode 506943 Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE **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) 2

Passenger 1 : LEE ROSALINE Name:

> Gender: : Female

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

NO

NO

NO

If Yes, against whom?

Circumstances of Accident

STATEMENT RECORDED BY SOO - PROGRESSIVE AUTOMOTIVE PTE LTD (6741 5336)

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SH8525H Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

Name of Driver **CHAN CHUN SIONG** NRIC/Passport Number Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

S8320105C

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:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

		VI-LI-LAND
		Vehicle No
		A-SLC \$199
		B-SH8525H
	HAN I	
	I A I	
	1	
		Legend
	B	Legend
		BA BA
		A b
		Vehicle Bike
SCRIBE CIRCUMSTANCES OF TH	EACCIDENT	A STATE OF THE STA
		5 1 A 1 2 0
I was driv	my along Bed	of North Ave 3, and
Whered from	middle Vlane	to the right land
1 simallel	and blesed	in which left
Λ	1	
an impact	from the back	
un car	was the hit by	a NTUC tax1:
)
DECLARATION	are true in edgry respect	
	are true in every respect. nay have a 14 day clause whereby the cl	aim against own policy must be made within the
	are true in every respect. nay have a 14 day clause whereby the cl occurrence. Kindly check your policy f	aim against own policy must be made within the or more details.
/We declare the foregoing particulars Please be advised that your insurer n tipulated timeframe from the date of		
	are true in every respect. hay have a 14 day clause whereby the class occurrence. Kindly check your policy for the class of the policy for t	aim against own policy must be made within the or more details. Reporting Centre Personnel's Signature Name:

GIARMC SketchPlanForm_VE

1



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)

M.X.1

AUTOPLUS

OWN DAMAGE EXCESS WINDSCREEN EXCESS \$\$100.00

SS600.00(1)

CERTIFICATE NO. 2100466210-01000

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

SLC5199U

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

Lee Rosaline

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

18 May 2017

4) DATE OF EXPIRY OF INSURANCE

17 May 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, dom:-sic 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 repairs to be done at Sole Agent's workshop.

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

 1. ComfortDelgro Engrg 205 Braddell Rd (Tel: 63837118) 2. Glass-Fix 52 Ubi Ave 3 (Tel: 62780887) For windscreen only

 3. Ethoz. 30 Bukit Batok Cres(Tel:66547777) 4. DPS Body & Paint (Subsidiary of C &C) 209 Pandan Gardens (Tel: 65684501)

 5. Kan Fook Sing Motor 61 Defu Lane 12 (Tel: 67479560) 6. Lai Huat (Meng Kee) Motor 21 Sin Ming Ind (Tel: 64338110)

 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 Blk D (Tel: 67476106)

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

NAMED DRIVER

HIRE PURCHASE COMPANY NA

/ 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 28 Apr 2017

030213-318 AIG - AUTO DIRECT 78 SHENTON WAY #07-16 AIG BUILDING SINGAPORE 079120

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE







LOI CHI TRUNG RICHARD



CHINESE
Date of Birth
03-04-1960 M
Country of Birth
SINGAPORE



















