SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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 <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 aforesaid

aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	14/05/2018 12:23	
Date Of Accident	12/05/2018 15:00	
Exact Location Of Accident	ALONG ALLENBY ROAD BEFORE TURNING INTO TYRIWHITT R	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SJS4453G	
Insured/Policyholder		
Name Of Registered Owner	LIM CHYE GUAN	
NRIC No	S7837304J	
Email Address	CHYEGUAN@HOTMAIL.COM	
Mobile Phone No	(LOCAL) +65-91166333	
Alternative Phone No	Others-91166333	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	RAV4-2.4 (A)	
Exact Purpose for which vehicle was being used at time of accident		
Are you claiming under your own insurance policy for repair to your vehicle?	NO	
If No, Please state action to be taken	REPORTING ONLY	
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	2100444744-02	
Cover Note Number		
Driver		
Name of Driver	LIM CHYE GUAN	
NRIC No	S7837304J	
Date Of Birth	01/12/1978	

OUTDOOR

08/09/1997

20 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91166333

Fax Number

Contact Number OTHERS-91166333

EMail Address CHYEGUAN@HOTMAIL.COM

Address BLK 53 TEBAN GARDENS ROAD #08-601

Postcode 600053
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

inde

Insurance Company of Driver's Own Vehicle -

isurance 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

2

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)

Passenger 1 Name: : LEE MEI LING

Gender: : Female

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?

If Yes, against whom?

NO

Circumstances of Accident

KINDLY 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 SH7734C

Vehicle Make/Model/Colour COMFORT TAXI

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHONG NGOOK SEONG

NRIC/Passport Number S2172549H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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.
- 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)
 - (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")
- 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
- 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.
- 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.
- 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.

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Pers

NRIC/FIN No.:

GIARMC SkitchPlanform V3

Dalan	
Beson Standium	
	
	1 Trumwhitt Rd 1 1 1 1 1 1
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	Henry Kon I - Market I - I - I
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
Date: Sat 12/05/2018 Time: 3.00 pm	
Cav A : Comfort Cab , SH7734 C	
Cav B: my Cav , SJS 4453 G	
Car B : "" 1 333 44934	
Both car are otopped at the junction	
my Car was the and car.) ,
	·
	ionary, then I also
Start to move off.	
But Suddenly, taki stop and my	car hit onto the
right corner bumper of the taxi.	
,	
	Non-
Taxi Name : Mr Chong Ngook Seong	-this L
1C : 82172549 H	
Important:	- Reporting Only
You have been advised by the workshop that in the event that you wish to	- Claim OD
claim against your own policy (OD CLAIM), There is a FOURTEEN (14)	- Claim TP
DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.	- Claim OD/ TP at other workshop
	- Claim Ob/ 12 at other workshop
DECLARATION	
I/WE declare the foregoing particulars are true in every respect.	

Driver's Signature

Date & Time

(if driver not the policyholder)

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.

SKETCH PLAN

Policyholder's signature

Date & Time



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7837304J





LIM CHYE GUAN (LIN CAIYUAN)

林 财 源 CHINESE

CHINESE

Cate of birth Sex

O1-12-1978 M

07837304

Country of birth SINGAPORE

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

PASS DATE

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

06 Sep 1997

NP 428A

Licence No; \$7837304.

NRIC No. S7837304J



Onle of Issue 30-11-2009

Addess APT BLK 53 TEBAN GARDENS ROAD 808-601 SINGAPORE 600053



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Lim Chye Guan

Period of Insurance : 18 Feb 2018 To 17 Feb 2019

Engine No. : 2AZH349225 Chassis No. : JTMBD33V70D004383 Policy No.

Vehicle No.

: SJS4453G : 2100444744-02

Endorsement No. Issued Date

: 08 Jan 2018

ABOUT THE COVER

Make/Model : TOYOTA RAV 4 2.4 VVTI

Engine Capacity/Tonnage : 2,362.00 CC Sum Insured : Market Value First Year of Registration : 2009 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

a) The Policyholder
 b) Any other person who is driving on the Policyholder's order or with his/her permission.
 This Policy will indemnify the Policyholder or any authorised driver only if he/she 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 (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use* :

Use only for social, damestic and pleasure purposes and for the Policyholder's business.
This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-melting, reliability trial or 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.

Loss of Use 1500cc - 1600cc Optional

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

EXCESS

Section 1 Fire - \$0 Own Damage - \$1000 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Lim Chye Guan - \$1000 (Own Damage)

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

Approved Reporting Corerest AIG Authorised Repairers (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 Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.
For other Approved Reporting CentrestAIG Authorised Repairers, please contact our 24-hour accident emergency holline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download 'AIG SG' from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

If We 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 Read Transport Act, 1987 (Maleysia) and Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Read Transport Act, 1987 (Maleysia) and Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of

0502458000

NGALKALTUCK

BLK 24 BEO CRESCENT #08-21

SINGAPORE 160024

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

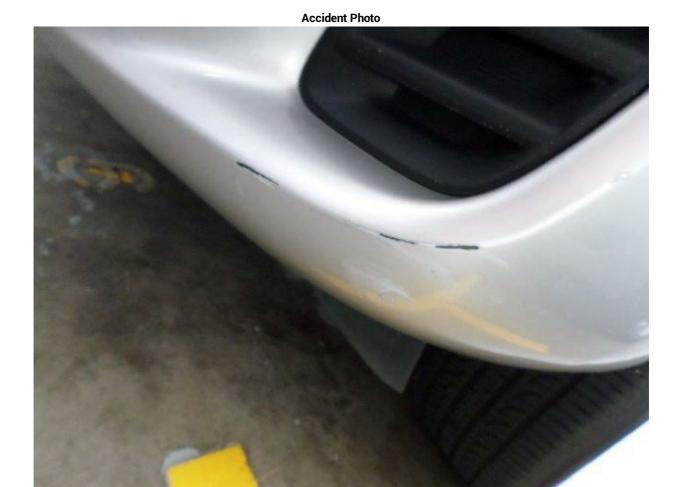












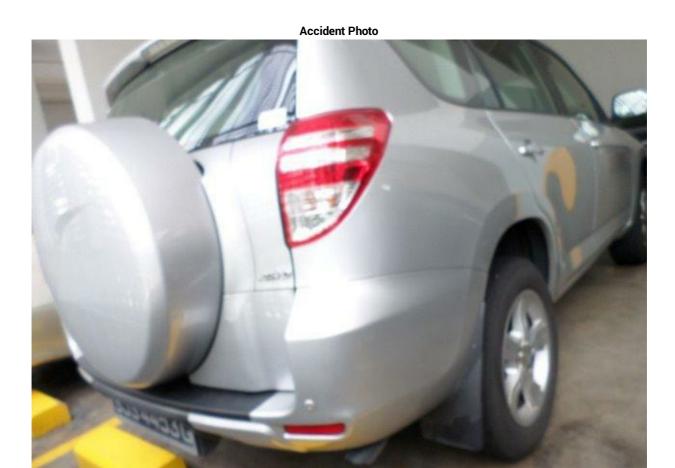






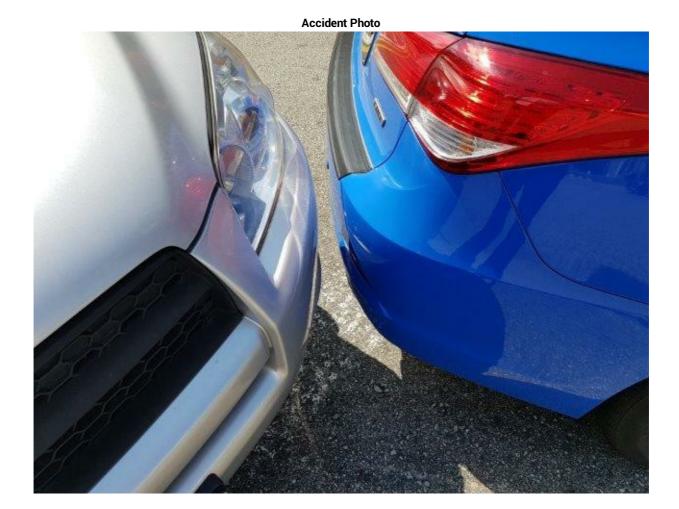


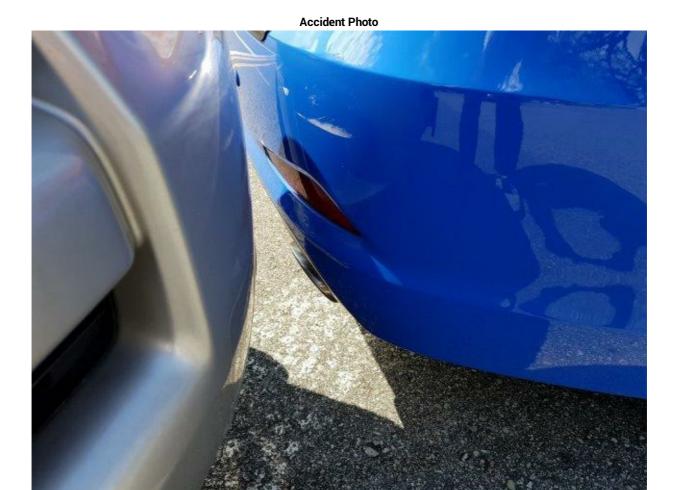




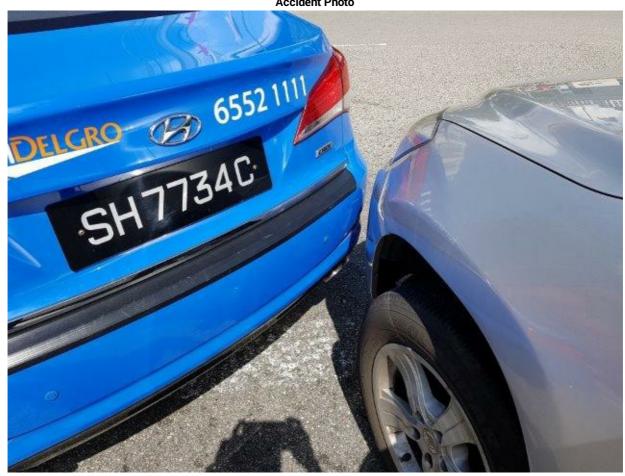


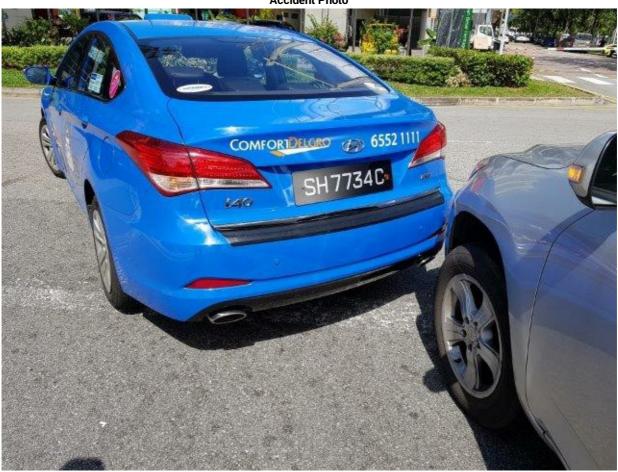




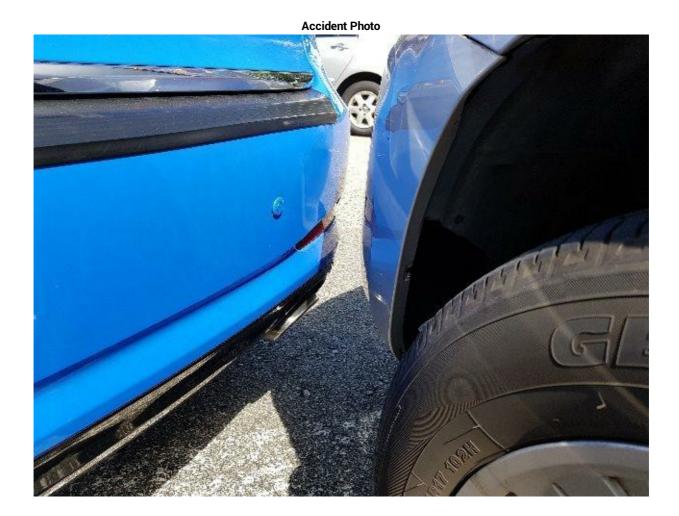




















Identification Card

