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.
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7. By the lodgement of this report to the insurers, you hereby conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	21/06/2018 17:14
Date Of Accident	21/06/2018 11:10
Exact Location Of Accident	CTE/SLE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT8447T
Insured/Policyholder	
Name Of Registered Owner	LEONG YUN HAO
NRIC No	S9227287G
Email Address	LYUNHAO92@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94774460
Alternative Phone No	Office-94774460
Vehicle Particulars	
Manufacturer	NISSAN
Model	LATIO-1.5 (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?	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	1700075954
Cover Note Number	
Driver	
Name of Driver	LEONG YUN HAO
NRIC No	S9227287G
Date Of Birth	27/07/1992

INDOOR

12/11/2011

6 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94774460

Fax Number

Contact Number OFFICE-94774460

EMail Address LYUNHA092@GMAIL.COM

Address BLK 287 BUKIT BATOK EAST AVENUE 3 #17-401

Postcode 650287
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

nsurance 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.

g 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

REFER TO STATEMENT

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 SHB4181D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver CHUA PING CHU

NRIC/Passport Number S7676932Z
Contact Number 90299820

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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 un derstand, 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")
- (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
- 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.

P olicyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

I/We declare the foregoing particulars are true in every respect.

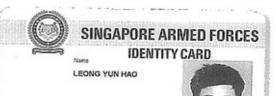
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Policyholder's Signature Date 2: Time:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





NRIC No S9227287G

This card is the property of the Strangers Armod Forces. Any person finding this card is recursted to forward if without delay to Central Manyover Base or any Police Station.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 12 Nov 2011 of the driver; and other motor vehicles =< 2500kg

NRIC No/Colour S9227287G/ PINK

Race CHINESE

Date Of Birth 27/07/1992 Service Status

NSF Address

O (+) Country Of Birth SINGAPORE

ENLISTEE

Blood Group

BIK 297 BUKIT BATOK EAST AVENUE 3

#17-401 SINGAPORE 650287



00000050118473

NP 428A



CIERTIFICATIE OF INSURVAINCE

AUTOVALUE PROVATE YEARGLE

Name of Policyholder : Leong Yun Hao Portod of Insurance

Vehicle No. Policy No.

: \$1784177 : 1700075954

Engine No. Chassis No.

: 03 Nov 2017 To 07 Nov 2018 : HP:151059158 : JN1BAAC1130021469

Endoraemoni No. rest bettaal

: 08 Floy 2017

AVENDIUM THATE CONNEIR

Driver Restriction

Make/Model .

: NISSAN LATIO 1.5

Engine Capacity/Tonnage : 1,498.00 CC · NA

Sum Insured : Market Value

First Year of Registration : 2009

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive":

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Off Peak Car : No

Age Condition

: All Age Condition

Limitation as to use" :

Use only for stouck contested and pleasure purposes and to, the Policymoler's business.
The Policy does not cover use for face or record, driving strook driving scale in connection with any sizes or but need or special connection with Motor Trace.
But need or use for any purpose in connection with Motor Trace.

* Limitations randored insperting by Section 6 of the Mater Vehicles (Trind Parry Risks and Compensation) Act (Cop. 185) and Section 95 of the Riccs Transport Act. 1637 ("Materysia). The ricct to be included under this extended in the Parry Risks and Compensation).

Excléss

Section 1 File - \$0 Our Domage - \$500 Theth - \$0 Flood Cover - \$0

Windscroon: \$100

Named Driver and Excess where asstration

Loring Yen Hau, Sim Michelle + \$500 (Ovin Damage)

ASPEROVED BEFORE CENTERED WESTERN BEFORE SERVICE CONTROL OF THE PROPERTY OF TH

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INFERMANT RETIES

Hire Purchase Company/Employer's Loan: NA

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PHILLID - AMORESY LATERO YANG

3 SHAR BOAD

\$INGAPOPE 320164

Underwitten by AIG Asia Pacific Insurance Fig. Ltd.

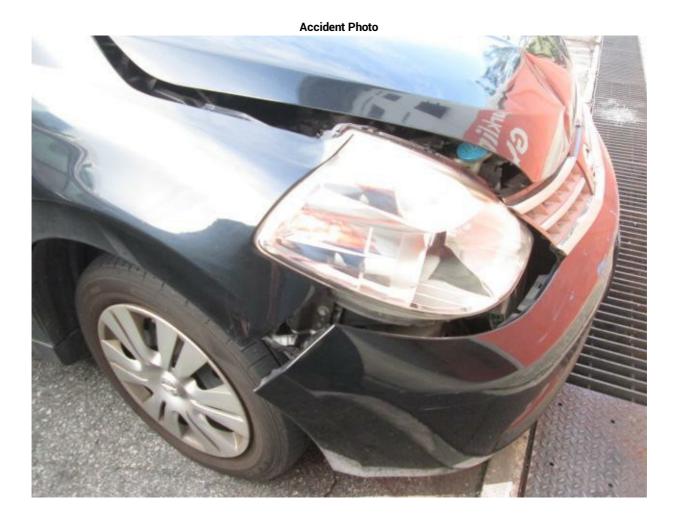
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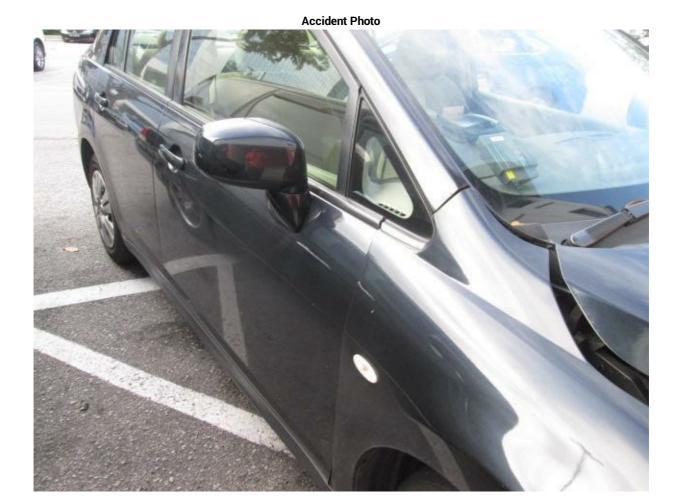
AIG Asia Paelite Incusanco Pro. Ltd. AUTHORISED REPRESENTATIVE (87, 24%)



















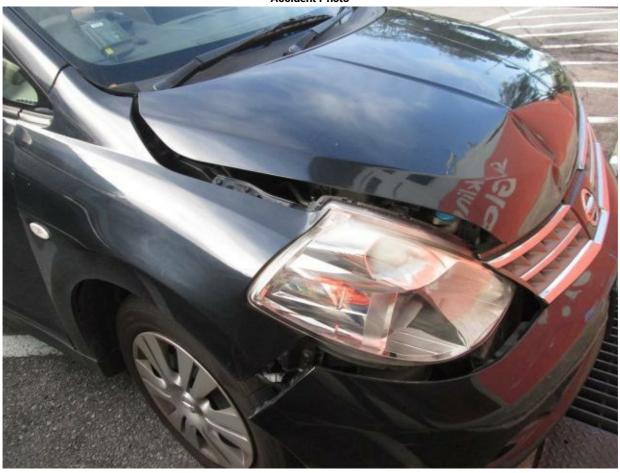




















Identification Card



