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 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 consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	04/07/2018 08:55
Date Of Accident	03/07/2018 15:10
Exact Location Of Accident	ALONG MAXWELL ROAD BESIDE MAXWELL MARKET
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SGP73Y
nsured/Policyholder	
Name Of Registered Owner	SEAH CHEE WEE
NRIC No	S7333496I
Email Address	JEFFSEAH73@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90250773
Alternative Phone No	Others-90250773
/ehicle Particulars	
Manufacturer	SUBARU
Model	IMPREZA 5DR 2.5 STI AWD 6MT ABS
exact Purpose for which vehicle was being used at ime of accident	
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
nsurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
ype Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700019410
Cover Note Number	
Driver	
Name of Driver	SEAH CHEE WEE
NRIC No	S7333496I
Date Of Birth	11/09/1973

OUTDOOR

31/07/1993

24 YEARS AND 11 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-90250773

Fax Number

Contact Number OTHERS-90250773

EMail Address JEFFSEAH73@GMAIL.COM

Address BLK 672A JURONG WEST ST 65 #12-138

Postcode 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 - U-TURN**

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

YES Was any other material or property damaged?

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

Number of Passengers (Including Driver) 2

Passenger 1 Name: : UNKNOWN

> Gender: : Male

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

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

SHC7974H Vehicle Registration Number

Vehicle Make/Model/Colour CITY CAB (YELLOW)

Details Of Properties

Vehicle Category **TAXI**

LEE CHOOK LIM Name of Driver NRIC/Passport Number S1602826F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 Name: : UNKNOWN

Gender: : Male

2

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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:
 - 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:

4/7/10 0000000

Driver's Signature (If driver is not the policyholder)

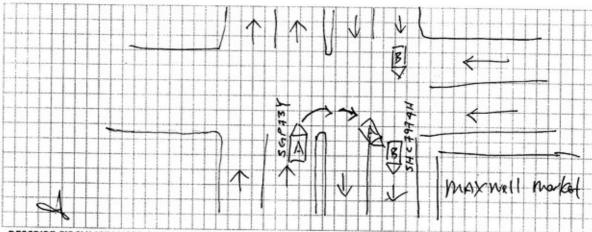
Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No

4 July Hart Bridding 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 3th July 2018 @ 15:10 hr Maxwell nod. As I was making rear bumper of sHC 7974H. Resulting in that bumper we come down and left the scene. No injunes involve	e u-g mino exchas	for travelling along form. I hit the night a scool on the right a particular and
1844 the Scene. NO influes involve	.6.	,
	-	
Important:	/	- Reporting Only
You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14)		- Claim OD
DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame		- Claim TP
from the day of the occurrence.		- Claim OD/ TP at other workshop
DECLARATION		

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

4/7/17 @09:20 We.

Policyholder's signature Date & Time

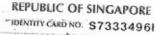
Driver's Signature (if driver not the policyholder) Date & Time

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.









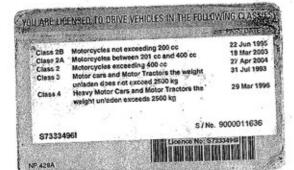
SEAH CHEE WEE (SHE ZHIWEF)

金志伟

CHINESE Date of both

11-09-1973 County of Birth

SINGAPORE







CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Chee Wee Seah

Period of Insurance : 13 Aug 2017 To 12 Aug 2018

Engine No. Chassis No.

: EJ25D367967 : JF1GRFKH38G015589 Vehicle No.

: sgp73y

Policy No. Endorsement No. : 1700019410

Issued Date

: 000000000132057 : 16 Aug 2017

ABOUT THE COVER

Driver Restriction

Make/Model

: SUBARU WRX 2.5 STI 4 DOOR MT Engine Capacity/Tonnage : 2,457.00 CC

Sum Insured : Market Value

First Year of Registration : 2009 Insuring with COE/PARF : Yes

: Named Driver Basis Off Peak Car : No

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder
 b) Any person who is named as a "named driver" under this Policy.

Age Condition

: Not Applicable

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.
This Policy does not cover use for hire or reward, driving fusion, driving test, racing, pace-making, 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

Fire - \$0 Own Damage - \$2600 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Chee Wee Seah - \$2600 (Own Damage) Teo Ching Ling - \$2600 (Own Damage)

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

Approved Reporting Centres/ 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 Sola Agerts is workshop.

For other Approved Reporting Centres/NG Authorised Repairers, please contact our 24-hour accident emergency hotime 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: DBS BANK LTD

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 gine Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0692987000

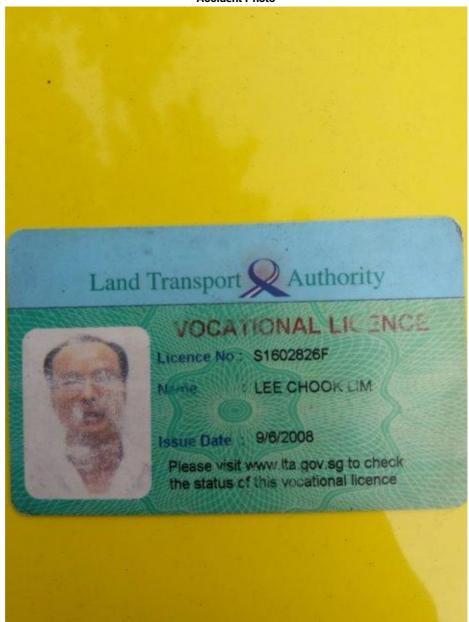
371 ALEXANDRA ROAD #11-09/10 AIA ALEXANDRA SINGAPORE 159963 SP-STANLEYONG-WIN

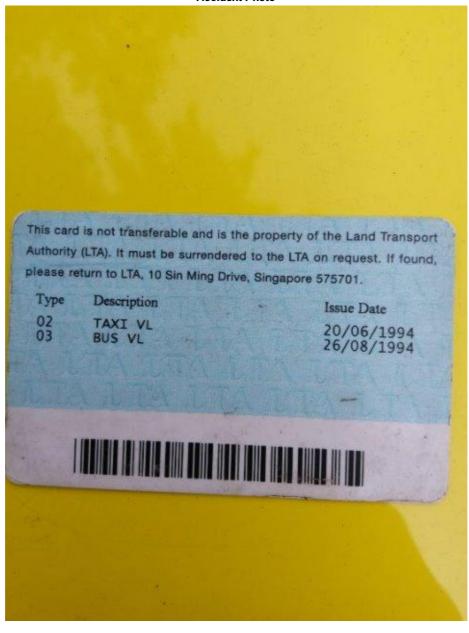
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

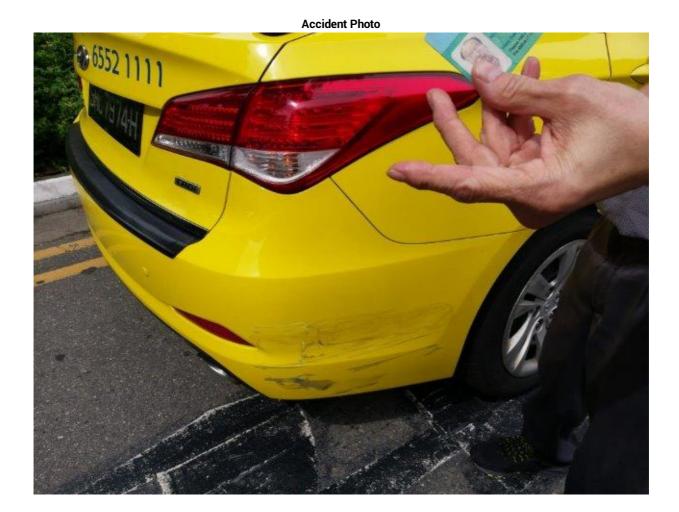
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Accident Photo



Accident Photo













