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	17/07/2018 10:15
Date Of Accident	17/07/2018 07:30
Exact Location Of Accident	T-JUNCT OF NICOLL HIGHWAY & MIDDLE ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL9168K
Insured/Policyholder	
Name Of Registered Owner	LEE WEE CHONG
NRIC No	S7319825I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90118818
Alternative Phone No	Office-90118818
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ESTIMA-2.4 AERAS - ACR50 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	2100502205-01
Cover Note Number	
Driver	
Name of Driver	LOKE WEI CHIN
NRIC No	S7528463B
Date Of Birth	05/10/1975

INDOOR

24/09/2012

5 YEARS AND 9 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-98463096

Fax Number

Contact Number

EMail Address BRENDALOKE@GMAIL.COM

58 ST.PATRICK'S ROAD Address

#B1-16

Postcode 424218

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

NO

NO

NO

1

NO

NO

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?

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)

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

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? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SKK2553U Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver **WENDY CHAN** S7701487Z NRIC/Passport Number

Contact Number 92332922 Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN Vehicle No A-SIL9168 K B-SKK 2553U Legend A Vehicle Bike DESCRIBE CIRCUMSTANCES OF THE ACCIDENT all mere Stationam It was WRIT and cars real the HIGHTS PAUP green I HUDOLA 20 my TUMMO the acce levator I assumed that The 1130 Will more me al dual more Slavly and when My Cal MIT but that 111/ Car DONT

DECLARATION

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

Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature Date & Time: Driver's Signature

Date & Time:

(If driver is not the policyholder)

Name:

NRIC/FIN No.:

GIARMC SketchPlanForm_V3

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Reporting Centre Personnel's Signature



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Lee Wee Chong (Li Weizhong) Period of Insurance : 23 Feb 2018 To 22 Feb 2019

: 2AZ4A58042

Engine No. Chassis No. : ACR507138284

: SLL9168K Vehicle No. Policy No. : 2100502205-01

Endorsement No.

Issued Date : 29 Jan 2018

ABOUT THE COVER

: TOYOTA ESTIMA AERAS 2.4 [Sedan]

Engine Capacity/Tonnage : 2,362.00 CC Sum Insured : Market Value First Year of Registration : 2017 Driver Restriction Off Peak Car : No Insuring with COE/PARF : Yes : NA

Person or Classes of Persons Entitled to Drives:

at The Policyholder
b) Any other person who is driving on the Policyholder's order or with his/her permission.
This Policy will indumnify the Policyholder or any authorised driver only if helphe meets the specified age condition.

This Policy will indumnify the Policyholder or any authorised driver only if helphe meets the specified age condition.

You have to pay an additional your of \$3,000 as "Young and/or Inexpenenced Driver Excass" ("YIDR") if You are or Your Authorised Driver enamed or unnamed) is under the age of 23 ans/or has less than 2 years' driving expenence.

Age Condition : All Age Condition

Limitation as to use* :

Use only for social, demostic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for him or reward, driving fusion. disking test, radino pade-making reliability trial or speed-desting, the carriage of goods other than samples in connection with any trials or business or use for any purpose in connection with Meter Trials.

Loss of Use 1500cc - 1600cc Optional

* Limitations rundered inoposative by Section 8 of the Meter Vehicles (Third-Perty Parks and Compensation) Act (Cap. 199) and Section 95 of the Read Transport Act, 1967 (Mellingto), are not to be included under times headings.

Section 1 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (shere applicable)

Lee Wee Chong (Li Weizhong) - \$600 (Own Damage), Loke Wei Chin - \$500 (Own Damage).

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

Approved Reporting Centres/ AIG Authorised Repairors (For claims related repairs)

Any accident experts to the Volvide must be carried out by one of our Authorised Repairors. Within the first 3 years of the first registration of the Volvide in Sungapore. You have the opinion of heaving the accident repairs control out at the Side Apent's workshop.

For other Approved Reporting Centres/AIG Surfacetive Repairors, please control out 34-hour accident entergoney hadine at +85 6338 6009. Alternatively, You may refer to AIG website warming control or AIG Sig Mobile App. Simply search and download "AIG Sig" from Tunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

IAWs 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 (Cop. 189). Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia).

1 CHANG CHARN ROAD #05-02 OC BUILDING

SINGAPORE 159630

Underwritten by AIG Asia Pacific Insurance Pte, Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE







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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg 24 Sep 2012 with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

NP 428A

Licence No. \$7528463B



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: Loke Wei Chin
VEHICLE NUMBER	: SLL 9168 t.
DATE/TIME OF ACCIDENT	127 18 @ 07-30 am
PLACE OF ACCIDENT	: Tiguret of Nicoll Highway of Middle Rd
THIRD PARTY VEHICLE (IF ANY)	SKK 2553 U.
全会农业会会社会会社社会政会会会会会会会会会会会会会会会会会会会会会会会会会会会会	国家教育企业企业企业企业企业企业 化克尔克尔克尔克尔克尔克尔克尔克尔克尔克尔克尔克尔克尔克克尔克尔克尔克克尔克尔克尔
WHERE DID YOU START YOUR DESTINATION BEFORE THE ACCI	JOURNEY AND WHERE WAS THE INTENDED DENT? 1944MM OLEMATION 1'S WINDOW
DID YOU DRINK ANY ALCOHOLI THE ACCIDENT? IF YES, DID TO ANALYSER TEST ON YOU? IF YES 	C DRINKS BEFORE YOU DRIVE ON THE DAY OF HE TRAFFIC POLICE CONDUCT ANY BREATHE- , WHAT IS THE RESULT?
The second secon	ON AND THE EXTENSIVENESS OF THE DAMAGES damage to carls bumper I literal plats.
WERE YOU OR YOUR PASSENGE WERE YOU TAKEN TO THE TRAF	ER/S INJURED? IF INJURED, WHICH HOSPITAL? FIC POLICE FOR INVESTIGATION?
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I Affirmed The Above Information Is Given To Mv Best Knowledge.

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

Name:



















