SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

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	ACCIDENT STATEMENT					
Date Of Report	18/07/2018 15:54					
Date Of Accident	17/07/2018 13:45					
Exact Location Of Accident	RAFFLES BLVD TWDS RAFFLES AVE (OUTSIDE PAN PAC)					
Country/State of Loss	SINGAPORE					
	DETAILS OF OWN VEHICLE					
Vehicle Registration Number	SJH663B					
Insured/Policyholder						
Name Of Registered Owner	BRAELISS ENTERPRISE PTE LTD					
Co Reg No	201429970C					
Email Address	NOEMAIL					
Mobile Phone No						
Alternative Phone No	Office-98111555					
Vehicle Particulars						
Manufacturer	ТОУОТА					
Model	VIOS					
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	999994589					
Cover Note Number						
Driver						
Name of Driver	SOH SHING NYEE					
NRIC No	S7922076J					
Date Of Birth	27/07/1979					
Occupation	INDOOR					

18/02/2009

9 YEARS AND 4 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96812124

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 225 YISHUN ST 21 #12-513

Postcode 760225

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

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General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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?

NO

NO

1

NO

NO

NO

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

I WAS DRIVING ALONG RAFFLES BLVD TOWARDS RAFFLES AVE FILTERING TO THE EXTREME LEFT LANE. OUT OF SUDDEN, VEHICLE B APPEARED OUT OF NOWHERE, TRAVELLING AT EXTREMELY HIGH SPEED ON THE EXTREME LEFT BUS LANE AND COLLIDED ONTO MY VEHICLE. THERE WAS NO SIGN OF VEHICLE FROM ANY PART OF THE ROAD AS WELL, AS SHOWN ON THE VIDEO FOOTAGE.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH TP WORKSHOP

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLQ9688A

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B
Vehicle Category PRIVATE CAR

Name of Driver NRIC/Passport Number

Contact Number

96960460

NG LI YAN

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- 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)

Lunderstand, 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") at 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) Ar complying with requirements under any regulations, laws or court orders.

Tato K. Timer

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

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Policyholder Signature Date & Time:

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

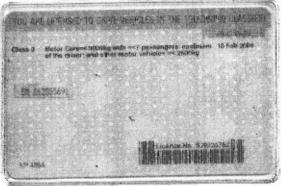
Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:











HOTUNE TEL: (85) 8419-3000 FAX: (65) 8415-3723

CERTIFICATE OF INSURANCE

NOTOR VEHICLES (THEO-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) NOTOR VEHICLES (THIRD-PARTY REKS AND COMPENSATION) RIALES, 1910

MOAD TRANSPORT ACT, 1987 (MALAYSIA)

WOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1969 (MALAYSIA)

MEAGE

THIRD PARTY

COMMERCIAL MOTOR

POLICY EXCESS WINDSCREEN EXCESS

Brasiles Enterprise Pte Ltd

(The below excess is subject to GST) S\$2000.00 (Sect II)

NA

CERTIFICATE NO. POLICY NO.

SJH663B 999994589

SUM INSURED INSURING WITH COEPARE NA

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

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

18 April 2016 29 May 2019

SJH663B

4) DATE OF EXPIRY OF INSURANCE

B , PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE"

Any parametria is driving on the insured scalar or with their permission.

552,000.00 Section II details is applicable for driver who is above 22 years and with minimum 2 years driving experience.

The party does not cover divers who will below 22 years out and / or less than 2 year driving experience.

Provided that the person daying is pectated in accordance with the bearing of other taxe or regulations in once the Massy Website or has been so germfred end is not discustried by order of a Germ of Lawrer by reason or any execution or regulators in that behalf from disking the Webs Website.

6) LIMITATION AS TO USE

- tise for social domestic preasure purposes and business purposes of insured
- Use to the carriage of passengers for the or reward by any passen to when the verticle is lived.
 Use for the carriage of passengers for the or reward by any passen to when the variety is lived.

The Pulsy does not cover: 1) Use for billion, driving talk, mother, persenteding, reliability in an speed-lessing, 2) Use whick drawing a basis except the towing (other training reveals) of any one dissibled mechanically coupled vertice, 3) Use for any purpose in connection with the Motor Trade

LOSS OF USE

Not included

HIRE PURCHASE COMPANY

**Unitedors medical inocessive by Section 5 of the Notice Vehicles (Third-Party Risks and Compensation) Act (Chapter 156) and Section 5 of the Road Transport Act, 1957 (#Asingsa), are not to be Intil idea under those hasdings.

(i) We hereby Certify that the policy to which the Cartifloate relative a second in accordance with the provisions of the Motor Variables

("hird-Pany Risks and Compensation) Act (Chapter 189) and Part for all the Road Transport Act, 1987 (Westysia).

issued in Singapore 25 May 2018

HUND 55 Loreng t Talok Kurau 802/99 Bright Cornte Singapore 425500

AIG Asia Pacific Insurance Pte. Ltd

AUTHORISTIC REPRESENTATIVE

SSPORC

ORIGINAL





Accident Photo















