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 <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

foresaid.					
	ACCIDENT STATEMENT				
Date Of Report	30/07/2018 10:51				
Date Of Accident	29/07/2018 00:30				
Exact Location Of Accident	PAYA LEBAR EXIT (PIE)				
Country/State of Loss	SINGAPORE				
	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SFG78L				
Insured/Policyholder					
Name Of Registered Owner	CHERYL LIU JIAMEI				
NRIC No	S8209762G				
Email Address	CHERNICOLE@GMAIL.COM				
Mobile Phone No	(LOCAL) +65-90678978				
Alternative Phone No	Others-90678978				
Vehicle Particulars					
Manufacturer	NISSAN				
Model	QASHQAI-1.2 DIG-T (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				
f 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	1700053372				
Cover Note Number					
Driver					
Name of Driver	YEO KIM CHUAN, ADRIAN				
NRIC No	S7520650Z				

INDOOR

20/11/2007

10 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91015741

Fax Number

Contact Number

EMail Address YKC.ADRIAN@GMAIL.COM

Address BLK 163 SIMEI ROAD #10-398

Postcode 520163

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

nicie

Insurance 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?

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

Was any other material or property damaged? YES

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

NO

NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH7117J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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:

- 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")
- 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.
- (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.

Policyholder's Signature Date & Time:

3.0 JUL 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Jenny Lim S6927273H

4 P 3 H 1

SKETCH	PLAN							
- 1	<u></u>	, <						
		71173						
1	1 / Sr		g Lebar					
18		181						
1	\vee	SGF P.	10/000	Ext (fie)			0.00
	1/1/	yay	9 2000					
	/ W			111	. 11			
	11		TO BOX OF	·				1.00

-						77		
				- 1				
DESCRIB	E CIRCUMSTAN	CES OF THE ACC	IDENT					
	I was ex		express	way and	going	to turn	left. A	: [
tur	ned but	the cab	ett h.	front c	of me	liam bro	la ever	^
-+1	nough th	the cab	road	was	clear		2000	
	Ò			7.00				
7.2			775					
					100000	6,55-10		
								33>
					0.000	1 - 10		
			120	NA SOLERNA SOLERNA SOL				
						76 - 97 191		
200000000		- II CAMPINGAN NA NJEROMNOSO						
						-22.22		
			F10.20181					
	ATION							
DECLAR	ATION							

Policyholder's Signature

Date & Time:

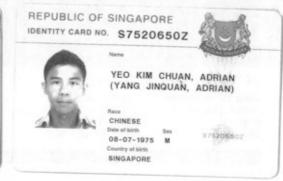
Driver's signature (If driver is not the policyholder)

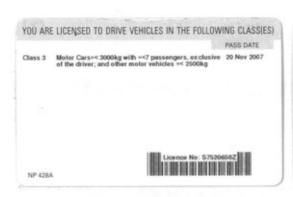
3 0 JUL 2018 Date & Time: 31) 07 (\$ 1000

Reporting Centre Personnel's Signature
Name: Jenny Lim
NBIC/FIN No.: S692/273H

NRIC/FIN No.:











CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : CHERYL LIU JIAMEI

Period of Insurance : 20 Sep 2017 To 17 Dec 2018

: HRA2145720A Engine No. Chassis No. : SJNFEAJ11U1388832 Vehicle No. : SGF78L : 1700053372 Policy No. : 000000000207656 Endorsement No.

Issued Date

: 14 Jun 2018

ABOUT THE COVER

: NISSAN Qashqai 1.2 DIG-Turbo Make/Model

First Year of Registration : 2015 Engine Capacity/Tonnage : 1,197.00 CC Sum Insured : Market Value Off Peak Car : No Insuring with COE/PARF : Yes Driver Restriction

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, domestic and pleasure purposes and for the Policyholder's business.
This Policy does not cover use for his or reward, driving fution, driving lest, 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.

* 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 - \$600 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

CHERYL LIU JIAMEI - \$600 (Own Damage), YEO KIM CHUAN, ADRIAN (YANG JINQUAN, ADRIAN) - \$600 (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 can be carried out at the repairer of Your chicke (unless specifically excluded by Us),
For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency holline at +65 6338 6200. Alternatively, you may refer to AIG website www.sig.com.sg or AIG
SG Mobile App. Simply search and download "AIG SG" from IT unter or Google Pilay.

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 Road Transport Act, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500642000

CROSBY INSURANCE AGENCY NO. 50 TAGORE LANE #02-101 ENTREPRENEUR CENTRE SINGAPORE 787494 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

Accident Photo







Accident Photo





Accident Photo



Chassis Number

