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	03/09/2018 14:22
Date Of Accident	01/09/2018 15:25
Exact Location Of Accident	WOODLANDS CHECKPOINT TOWARDS JB
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ9033D
Insured/Policyholder	
Name Of Registered Owner	TEO MEI KUAN
NRIC No	S1415767J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84994038
Alternative Phone No	Office-84994038
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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	2100451126
Cover Note Number	
Driver	
Name of Driver	TEO MEI KUAN
NRIC No	S1415767J
Date Of Birth	10/02/1960

INDOOR 18/10/1984

33 YEARS AND 10 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-84994038

Fax Number

Contact Number OFFICE-84994038

EMail Address NOEMAIL

Address 154 WOODLANDS STREET 13 #07-513

Postcode 730154 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 - HEAD TO REAR**

Weather Conditions RAINING Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

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)

Passenger 1 Name: : KOH LEE TING Gender: : Female

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?

NO

NO

Circumstances of Accident

PLEASE 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

EE7700G Vehicle Registration Number

Vehicle Make/Model/Colour TOYOTA PREVIA

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- 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 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") 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time 12-30P	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan		
	- 1	1
	SKZ EE	
	1 40 650 1 1 1 1 1 1 1 1 1	
	190333 / 7900h	/

escribe Circumstances of the Accident	
I am driving very story alma	the 1st land
of 4 lands towards the start point	of Mood Wilds
flyova towns. JB.	
I am staying in the lar que	ut during the
traffic hold-up townshis JB.	
At that very time I am una	of to sel
,	
that the Cois EE Flood has stoppe	d that I
Thus banged my lar on the r	ear of this
Car.	
Declaration	
Decialation	
We declare the foregoing particulars are true in every respect.	
03/03/03/18	
Carry Carry	
Policyholder's Signature / Date & Driver's Signature (# driver is not the policyholder) / Date Time 1 2 2 5 10 10 10 10 10 10 10 10 10 10 10 10 10	Witnessed by Reporting Centre Personnel
Time 12-20pm & Time	The second secon



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Teo Mei Kuan

Period of Insurance : 15 Feb 2018 To 14 Feb 2019 Engine No. : 1ZRX547252 Policy No.

Engine No.

: MR053REH104544403 Chassis No.

: SKZ9033D Vehicle No. : 2100451126-02

Endorsement No.

Issued Date : 08 Feb 2018

ABOUT THE COVER

: TOYOTA COROLLA ALTIS 1.6 DUAL Make/Model

First Year of Registration : 2016 Engine Capacity/Tonnage : 1,598.00 CC Sum Insured : Market Value Insuring with COE/PARF : Yes Off Peak Car : No : NA Driver Restriction

Person or Classes of Persons Entitled to Drive":

a) The Policyholder by Any other person who is driving on the Policyholder's order or with his/her permission. This Policy will indiannilly the Policyholder or any authorised driver only if heliable meets the suscilled 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 experiences.

Age Condition : All Age Condition

Limitation as to use* :

Use only for social, domestic and pleasure, purposes and for the Policyholdur's business. This Policy noes not cover use for him or reward, driving button, driving test, racing, pace-melong, reliability utal or speed-lealing, the comings of goods other than samples in connection with any trade or business or use for any purpose in connection was Motor Trade.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Flatis and Compensation) Act (Cap. 169) and Section 95 of the Road Transport Act. 1967 (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 - 50

Windscreen: \$100

Named Driver and Excess (where applicable)

Teo Mel Kuan - \$600 (Own Damage)

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

Approved Reporting Centrest AIG Authorised Repairers (For claims related repairs).

Any accident repairs to the Valide must be carried sat 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 sociolet repairs carried out at the Sole Apprix workships.

For other Approved Reporting CorrestAIG Authorised Repairors, please contact our 24-hour accident envergency helding at 465 5336 6200. Administratively, You may refer to AIG website www.aig.com.sg or AIG SQ Mobile App. Simply search and download "AIG SG" from iTures or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

We hereby certify that the policy to which this Certificate of insurance relates is leased in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act. 1997 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Melaysia)

0030210000

AIG ASIA PACIFIC INSURANCE PL

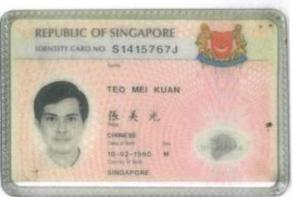
78 SHENTON WAY #07-16 AIG BUILDING

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

























Accident Scene Photo

