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Date In: (5/11/20)	Jeb description		Date & Time Compacto	-	
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OD (TP)! Reporting Only	i-Photo Uploade	d	MMMP - TEST		
•	Assessment/Surve	y Report			
TP Insurer:	Ass't Report by E	nx/Hand to	Owner/Wksp		W. C. CO.
Preferred Wksp / INC Assign Wksp / QW: (The same of the sa	Security States	Telt	Fext	
TP Particulars: Veh No:	177722R	. INC()/Non-INC()		
Owner / Driver: (11111111	3	Tcl:)
	eriod: ()	Cover Type: (),
Configured by 1	. 1	Datei ,	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20	%; P: 21-79%. F: 1	30-100%]	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 flability.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 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 aforesaid.

aforesaid.	
Re Charles State Link Link	ACCIDENT STATEMENT
Date Of Report	09/11/2018 17:09
Date Of Accident	09/11/2018 13:00
Exact Location Of Accident	ALONG THOMSON RD(INFRONT OF THOMSON MEDICAL CTR)
Country/State of Loss	SINGAPORE
Day of the Control of	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGA1163T
Insured/Policyholder	
Name Of Registered Owner	TAY BEE CHOO
NRIC No	S1174601B
Email Address	BEETAY9@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98309623
Alternative Phone No	OTHERS-98309623
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	TUCSON
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?	NO
If No, Please state action to be taken	THIRD PARTY
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	2100435559-03
Cover Note Number	
Driver	
Name of Driver	TAY BEE CHOO
NRIC No	S1174601B
Date Of Birth	09/12/1955
Occupation	INDOOR
Date Of Driving Pass	31/10/1973
Driving Experience	45 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98309623
Fax Number	

OTHERS-98309623

BEETAY9@GMAIL.COM

Address

31D CHANCERY LANE

Postcode

1130

Fundamental Committee Comm

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

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

1194900

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

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

Vehicle Registration Number

SGT7722R

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

WANG YUAN JUN

NRIC/Passport Number

S8205403J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLE3954J

Vehicle Make/Model/Colour

Page 2 of 19

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

HAR CHAW KHEAN

576783171

1

SKETCH PLAN

IMPORTANT NOTICE

- 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 malling 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)

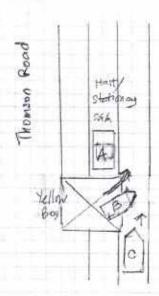
Date & Time:

9 Nov 2018, 3,20 pm

Reporting Centre Personnel's Signature

(valifie)

NRIC/FIN No .:



- A: SEA 1163T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1) My Cara (SGA 1163T) was stationary, in front of yellow box,	
2) Car B exited from Thomson Ned Ctr, moved across yellow box approints lane 1	dnis
3) Car C moving in lane 1, hit Car B	
3) Car C moving in lane 1, hit Car B A) Car B then hit my car (A) on the right	

DECLARATION

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

Policyholder's Signature

Date & Time:

Nov 2018 3.20 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

9Nov 2018, 3,20pm

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.;

Date of Accident Accident	Country / Exact Location of Accident		
	Along Thomson Road (Infront of Thomson Medical Doct Centre)		

DETAILS C	F OWN VEHICLE
Vehicle Registration No:	56A 1163 T
Name of Owner:	Tay Bee Chio
Owner IC:	5 HT 4401B
Vehicle Model & Type (Audi/Toyota etc)	Hyundai Tuczon
Exact purpose of veh.	Private / Commercial
Are you claiming your own insurance?	Own Damage / Third Party / Reporting Only
Insurance Company	AIG
Type of Policy	Comprehensive / Commercial / Third Party
*Policy Number	2100435559-03
*Contact Nbr	98309613
*Alternative contact nbr	98309623
D	RIVER
Name of Driver	As ALova
Driver IC	3 1174601 B
Date of Birth	9111 1955
Occupation	Landsoffidoor / outdoor
*Yrs of Driving Experience	45 years
Gender	F
Contact No	98309623
Address	31 D Chanany lane SE
Email Address	beetay 9 Egmail.com
Employee of Insured's Company?	No -
If no, state relationship of Driver with Insured.	Se IF
Driver's own vehicle no. & Insurance company	
DETAILS OF IN	JURED PERSONS 1
Name	
Address	per
Injuries Sustained	1
If vehicle occupants, state in which vehicle?	<u> </u>

GENERAL INFORMAT	ION OF THE ACCIDENT
Type of Collision (eg. Chain collision, head- on collision, side swipe, front rear)	
Weather Conditions	Clear / Raining / Others (pls state)
Road Surface	Wet (Dry) Others
Video Footage	Yes / No
Offer by other workshop	Yes (No
*No. of passengers incldg driver	(pax
OTHER INF	FORMATION
Was anybody injured in the accident? *	Yes No
Was any other vehicle or property damaged? (including Witness)	Yes) No
DETAILS OF P	OLICE ACTION
Accident reported to the Police?	Yes (No
If yes, state which police station	NA
Notice of Intended Prosecution given?	Yes / No

DETAILS OF OTHER	VEHICLE / PROPERT	Y 1
Vehicle Reg. No.	SGT THOUR	(8)
Vehicle Make / Model / Colour / Properties		
Name of Driver	Wang Yuan Jun	1
IC / FIN / Passport Nbr	s 8≥05403丁	
Contact Nbr		
Address		
Insurance Company		
*No. of passengers including driver	1 pax	
DETAILS	OF WITNESS	
Name		
Approximate age		
Were seatbelts worn?	Yes / No	
Conveyed to hospital by ambulance?		

Cc. Shufatle singuel coming SLE 3954J (C)
Har Chaw Khean
57678317 I (IDAX)

REPUBLIC

DRIVING LICENCE

Licence Nurober: S 1 1 7 4 6 0 1 B harne.

TAY BEE CHOO

Birth Date 09 Dec 1955 leave Date 22 Aug 2003



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1174601B





TAY BEE CHOO

鄭美珠 CHINESE Date of Birth 09-12-1955 SINGAPORE



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!



ICN S1174601B

03-10-1993

31D CHANCERY LANE SINGAPORE 1130

1321551



CERTIFICATE OF INSURANCE

HYUNDAI AUTO PROTECTOR (DELUXE) PRIVATE VEHICLE

Name of Policyholder

: Tay Bee Choo

Period of Insurance

: 30 Oct 2018 To 29 Oct 2019

Engine No. Chassis No. : G4NAFU087393 : KMHJ3813MGU079692 Vehicle No.

: SGA1163T : 2100435559-03

Policy No.

Issued Date

Endorsement No.

: 26 Sep 2018

ABOUT THE COVER

Make/Model

: HYUNDAI TUCSON 2.0

Engine Capacity/Tonnage : 1,975.00 CC

Sum Insured : Market Value

Driver Restriction

: NA

Off Peak Car : No

First Year of Registration : 2015

Insuring with COE/PARF : Yes

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/har premission.

This Policy will indumity the Policyholder or any authorised striver only if heishe 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 Authorized Driver (named or unnamed) is under the age of 23 and/or has less than years' driving experience

Age Condition

: All Age Condition

Use only for social, domesto and pleasure purposes and for the Policyholder's business. This Policy does not cover use for here or reward, driving fund, driving feet, 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 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Trumsport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

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

Section 2

Property Damage - \$0

Named Driver and Excess (whom applicable)

Tay Bee Choo

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

1 Komoco Motors Pte Ltd. Add: 253 Alexandra Road Singapore 159936 64735588

For other Approved Reporting Centres(A)D Authorised Repairers, please contact our 24-hour accident emergency hothine at +65 6338 6200. Alternatively, you may refer to A/G website www.aig.com.sg or A/G SG Mobile App. Simply search and download "A/G SG from (Tunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

We hereby certify that the policy to which this Certificate of Insurance rollates is issued in accordance with the provisions of the Motor Vehicles (Third Party Rosks and Compensation) Act (Cap. 189), Part IV of 3 the Rose Transport Act, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500581453

KOMOCO TRADING PTE LTD - GNE 253 ALEXANDRA ROAD

SINGAPORE 159936

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

AlG Asia Pacific Insurance Pail Ltd.

78 Sherikin Way #97-16 AIO Building 5079120 | Y +65 6419 3000 | www.mg.com.sg