### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

**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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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 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.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	12/11/2018 14:38
Date Of Accident	09/11/2018 09:00
Exact Location Of Accident	ALONG PIE AFT EXIT 30 NEAR TO JURONG EAST FLYOVER
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ4862H
Insured/Policyholder	
Name Of Registered Owner	YU LEI
NRIC No	S8378136Z
Email Address	EMAIL.YUL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98275367
Alternative Phone No	Office-98275367
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	2100493929
Cover Note Number	
Driver	
Name of Driver	YU LEI
NRIC No	S8378136Z
Date Of Birth	20/01/1983
Occupation	INDOOR
Date Of Driving Pass	22/09/2011

7 YEARS AND 1 MONTH

Gender **MALE** 

Mobile Number (LOCAL) +65-98275367

Fax Number

**Contact Number** OFFICE-98275367

**EMail Address** EMAIL.YUL@GMAIL.COM

Address BLK 626 SENJA RD #22-168

Postcode 070626 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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? YES

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

NO

Number of Passengers (Including Driver) 1

**Details of Police Action** 

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER AS ATTACHED

Attachment(s)

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

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SME3886K Vehicle Make/Model/Colour HONDA/FIT

**Details Of Properties** 

Vehicle Category PRIVATE CAR Name of Driver JOAYE ONG NRIC/Passport Number S8008202I **Contact Number** 96696999

Address Postcode 3 BISHAN PLACE #05-01 579838

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

### IMPORTANT NOTICE

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- 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.
- 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

A

(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.

cyholder's Signature / Date & e	Driver's Signature (# driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
etch Plan		
PIE	R B A	A- SLJ 48624 8- SME 3886-11

escribe Circumstances of the	Accident	
I was othern from	NTU day PIE to my workplace who incident. I wan atributing along the After paint 70 I wanted to shape there was front can breaked who tried to break but the to stig of other in time so it his the reak hunger to become misuligated.	ill is got the succe Road
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dining , tausing	The supplemental s	
Declaration		
I/We declare the foregoing particulars	are true in every respect.	
		I
		g~
Yell 14/18 12:30		
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

AIG

## MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: Yn Lei			
VEHICLE NUMBER	: SLJ 4862 H			
DATE/TIME OF ACCIDENT	: 09 Now 2018 09:20			
PLACE OF ACCIDENT	: PIF after exit to before Juny East Plyner			
THIRD PARTY VEHICLE (IF ANY)	: SME 388,6 K			
*****	***************			
WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?  Clematech I at NTW to Westerhals and Tily Green Road East				
	C DRINKS BEFORE YOU DRIVE ON THE DAY OF IE TRAFFIC POLICE CONDUCT ANY BREATHE, WHAT IS THE RESULT?			
WHAT IS THE TYPE OF COLLISION TO ALL VEHICLES INVOLVED?	ON AND THE EXTENSIVENESS OF THE DAMAGES			
	ER/S INJURED? IF INJURED, WHICH HOSPITAL? FIC POLICE FOR INVESTIGATION?			
Yules Name: Yn Lei				

I Affirmed The Above Information Is Given To My Best Knowledge.

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











# CERTIFICATE OF INSURANCE

### AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Yu Lei

Period of Insurance : 14 Dec 2017 To 13 Dec 2018

: 1ZRY331860 Engine No.

: 1ZKY331000 : MR053REH104557907 Chassis No.

: SLJ4862H Vehicle No. Policy No. : 2100493929-01

Endorsement No.

: 07 Nov 2017 Issued Date

ABOUT THE COVER

Make/Model : TOYOTA COROLLA ALTIS 1.6 DUAL

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

Person or Classes of Persons Entitled to Drive\*:

as The Policyholdar b) Any other person who is driving on the Policyholder's order or with teather permission. This Polity will indemnify the Policyholder of any authorised driver only if benthe needs the specified age condition.

You have to pay as additional sum of \$3,000 as "Young and/or inexperienced Driver Excess" ("YIDS") if You are or Your Authorised Driver increed or conserved in under the sign of 23 saider has seen than 2 years' driving experience.

: All Age Condition Age Condition

Limitation as to use" :

One only for social, distribute and pleasure purposes and for the Policyholder's trustment. This Policy sixes not cover use for thre or reward, driving fultion, driving test, recing, pece-sesting, reliability told or speed-lessing. The contage of goods other from samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

\* Limitations rendeted kingertains by Section 8 of the Motor Vehicles (Third-Party Risks and Componention) Act (Cop. 188) and Section 85 of the Road Transport Act, 1987 (Malaysia), are not to be included under these basings.

Section 1
Pire - 50 Own Damage - \$600 Theft - \$0 Picod Cover - \$0

Section 2 Property Damage - S0

Windscreen: \$100

Named Driver and Excess (where applicable)

Yu Lei - 5500 (Own Damage)

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

Appeared Reporting Centres (NG Additories) Repairers (For Maine Inland Repaires)

Any accided repairs to the Vehicle must be carried out by one of our Authorised Repairers, Withia the tirst 1 years of the first registration of the Vehicle in Stigapore, You have the option of having the accident repair carried out at the Sole Again's workshop.

For other Approved Report of Sole Again's workshop in the Control of the Sole Again in the Control of the

Hire Purchase Company/Employer's Loan: DBS BANK LTD

I/We howby confly that the policy in which this Certificate of insurance infalor is insued to occurrence with the provisions of the Motor Vehicles/Third Party Risks and Companisation Act (Cap. 189). Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0030210000

AIG ASIA PACIFIC INSURANCE PL 78 SHENTON WAY #07-16 AIG BUILDING

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pts. Ltd.

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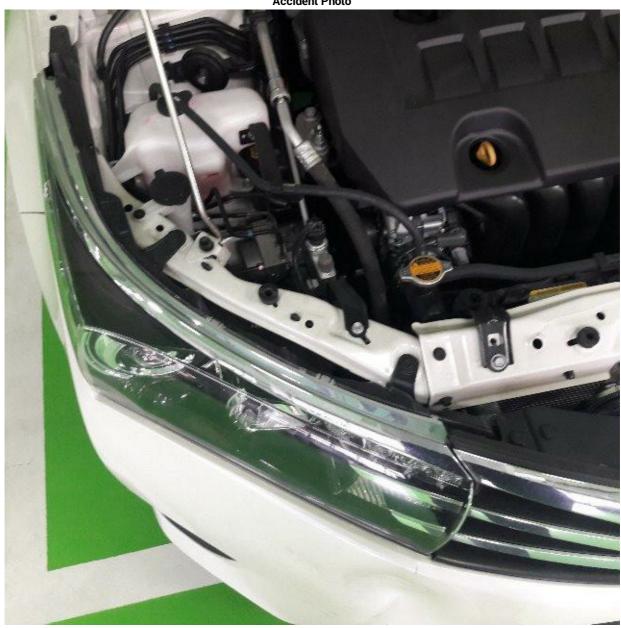
AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

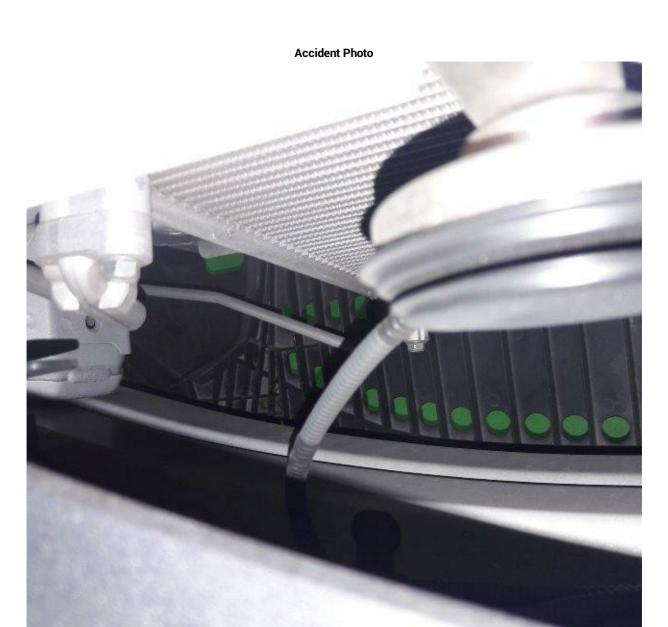






**Accident Photo** 





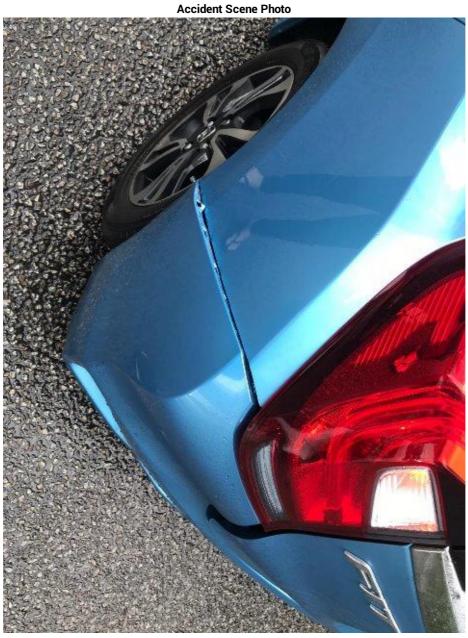


**Accident Scene Photo** 



**Accident Scene Photo** 





**Accident Scene Photo** 

