

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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 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 aforesaid.

ACCIDENT STATEMENT

| | |
|----------------------------|-----------------------|
| Date Of Report | 18/12/2018 17:48 |
| Date Of Accident | 01/12/2018 08:45 |
| Exact Location Of Accident | JURONG TOWN HALL ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SCQ929X |
| Insured/Policyholder | |
| Name Of Registered Owner | GUNALAN S/O SUBRAMANIAN |
| NRIC No | S7414253B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90258022 |
| Alternative Phone No | Home-90258022 |

Vehicle Particulars

| | |
|--|------------------------------------|
| Manufacturer | KIA |
| Model | STINGER 3.3(A) SUNROOF 2WD SUNROOF |
| 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 | 1800050328 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | GUNALAN S/O SUBRAMANIAN |
| NRIC No | S7414253B |
| Date Of Birth | 29/04/1974 |
| Occupation | INDOOR |
| Date Of Driving Pass | 13/08/1999 |
| Driving Experience | 19 YEARS AND 3 MONTHS |

| | |
|---|---|
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90258022 |
| Fax Number | |
| Contact Number | HOME-90258022 |
| E-Mail Address | NOEMAIL |
| Address | 109 JURONG EAST STREET 13 #14-330 SINGAPORE 6000109 |
| Postcode | |
| 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 | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 2 |
| 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 |
| 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? | 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 | SGJ433Z |
| Vehicle Make/Model/Colour | AUDI |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | 96372601 |

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : GUNALAN S/O SUBRAMANIAM
 Period of Insurance : 08 May 2018 To 07 May 2020
 Engine No. : G6DPJA052232
 Chassis No. : KNAE551CMJ6034895

Vehicle No. : SCQ929X
 Policy No. : 1800050328
 Endorsement No. :
 Issued Date : 15 May 2018

ABOUT THE COVER

Make/Model : KIA Stinger 3.3
 Engine Capacity/Tonnage : 3,342.00 CC
 Driver Restriction : NA
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2018
 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/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 hire or reward, driving tuition, driving test, 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.

Loss of Use 1500cc - 1600cc

* 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 those 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)

GUNALAN S/O SUBRAMANIAM - \$600 (Own Damage)

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

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
2. Cycle & Carriage Authorised Service Centre Add: 241 Alexandra Road Singapore 159931 64278800
3. Cycle & Carriage Authorised Service Centre (For windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000

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

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

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, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504622233

C&CKICP2 - ERICL
 239 ALEXANDRA ROAD
 SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

88CS20

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S7414253B



Name: GUNALAN S/O SUBRAMANIAM
 கணலன் சுப்பிரமணியம்
 Race: INDIAN
 Date of Birth: 29-04-1974 Sex: M
 Country of birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



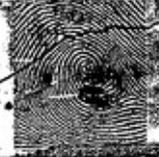
S7
 GUNALAN S/O SUBRAMANIAM
 Birth Date: 29 Apr 1974
 Issue Date: 19 Aug 2003

000755005E

3734186



S7414253B



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

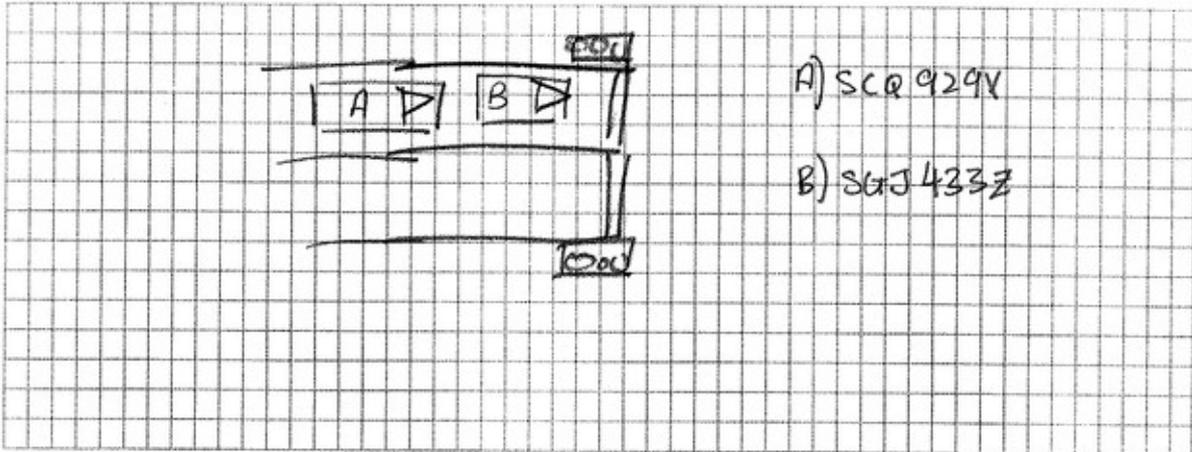
Class 3 - Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 13 Aug 1979

NP 428A

License No: S7414253B



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I moved forward from a standstill position and I hit the back of the car. I could not see any visible damage to his car.

| | | |
|---|--------------------------|----------------------------------|
| <p>Important: You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.</p> | <input type="checkbox"/> | - Reporting Only |
| | <input type="checkbox"/> | - Claim OD |
| | <input type="checkbox"/> | - Claim TP |
| | <input type="checkbox"/> | - Claim OD/ TP at other workshop |

DECLARATION

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



Policyholder's signature
Date & Time 18/Dec/2018
17:45 hrs

Driver's Signature
(if driver not the policyholder)
Date & Time



Reporting Centre Personnel's Signature
Name:
Nric/Fin No.

SKETCH PLAN

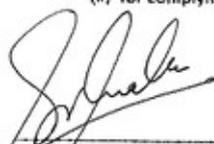
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

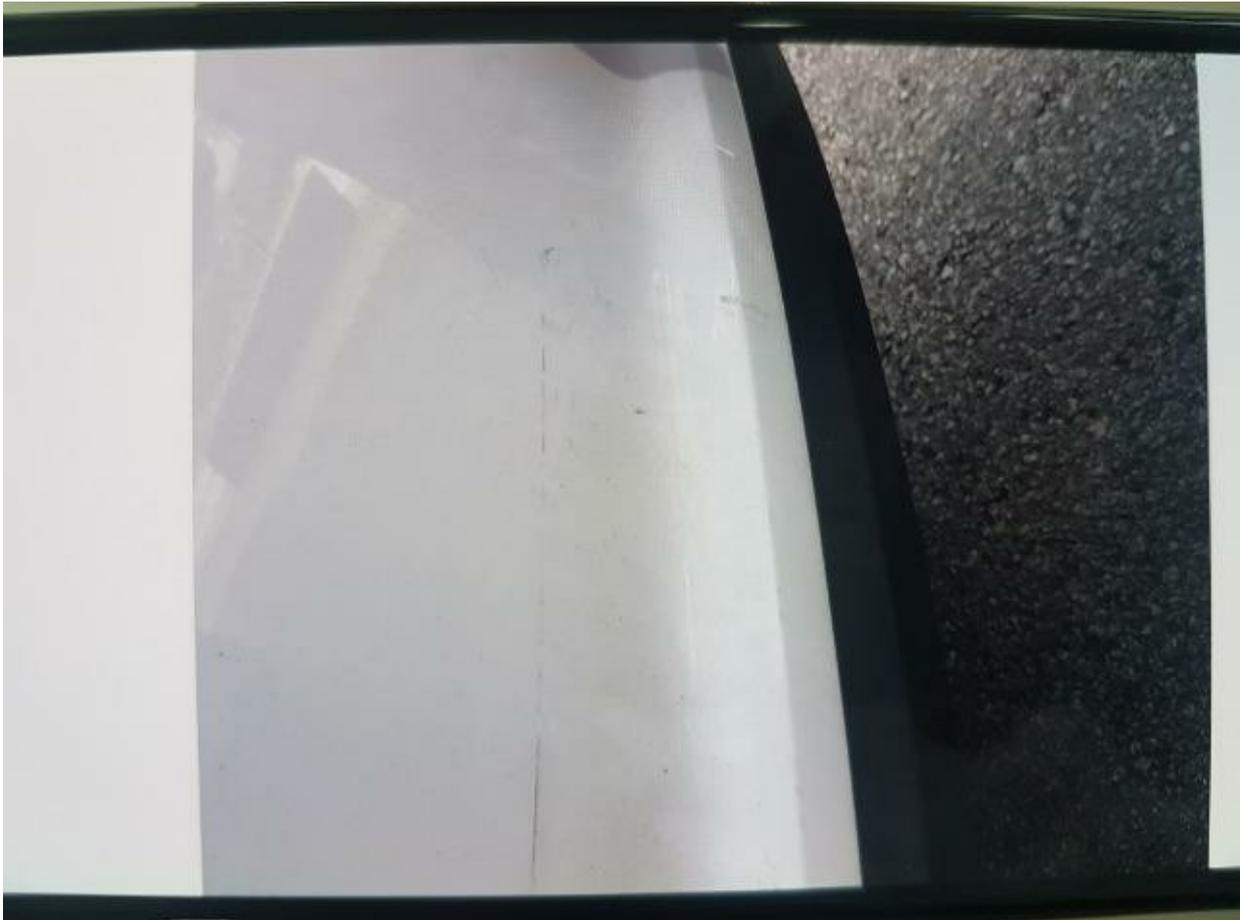
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - (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:
 - (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: 18/Dec/2018
6:00pm.

Driver's Signature
(if driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/TIN No.:

SGJ433Z



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo

