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 <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 aforesaid

aforesaid.	isent to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	03/12/2018 14:41	
Date Of Accident	23/11/2018 12:30	
Exact Location Of Accident	JURONG TOWN HALL RD TO JURONG EAST AVE 1	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLV6802E	
Insured/Policyholder		
Name Of Registered Owner	CHAN SIEW GEOK	
NRIC No	S1285679B	
Email Address	SANDRA.CHANSG@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-91865623	
Alternative Phone No	OFFICE-91865623	
Vehicle Particulars		
Manufacturer	MITSUBISHI	
Model	ATTRAGE-1.2 CVT (A)	
Exact Purpose for which vehicle was being used a time of accident	t	
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		

Insurance	Company
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Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 1800002139

Cover Note Number

Driver

Name of Driver CHAN SIEW GEOK

NRIC No S1285679B

Date Of Birth 11/05/1958

Occupation INDOOR

Date Of Driving Pass 19/12/1978

Driving Experience 39 YEARS AND 11 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-91865623

Fax Number

Contact Number OFFICE-91865623

EMail Address SANDRA.CHANSG@GMAIL.COM

67 CHOA CHU KANG LOOP Address

#02-02

Postcode 689671

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

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

YES Was any other material or property damaged?

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

NO

5 Number of Passengers (Including Driver)

Passenger 1

NAME: : MICHAEL CHAN

GENDER: : MALE

Passenger 2 NAME: : YEO KIM TIN

> GENDER: : FEMALE

Passenger 3 NAME: : YEO LU YING

> GENDER: : FEMALE

Passenger 4 NAME: : ENUNG

> GENDER: : FEMALE

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 THE SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

SGK7720T

Details Of Properties

Vehicle Category PRIVATE CAR 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

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 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 (all insurers) have insured vehicle(s) involved in this accident (all insurers) have insured vehicle(s) involved in this accident (all insurers) have insured vehicle(s) involved in this accident (all insurers) have insured vehicle(s) involved in this accident (all insurers) have insured vehicle(s) involved in this accident (all insurers) have insured vehicle(s) involved in this accident (all insurers) have insured vehicle(s) involved in this accident (all insurers) have insured vehicle(s) involved in this accident (all insurers) have insured vehicle(s) involved in this accident (all insurers) have insured vehicle(s) involved in this accident (all insurers) have insured vehicle(s) involved in this accident (all insurers) have insured vehicle(s) involved in this accident (all insurers) have insured vehicle(s) involved in this accident (all insurers) have insured vehicle(s) involved in this accident (all insurers) have insured vehicle(s) involved in this accident (all insurers) have insured vehicle(s) involved in this accident (all insurers).
 - 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:
 - 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

Sins

Policyholder's Signature

Date & Time: 3/12/2018 1-40pm

Driver's Signature

(If driver is not the policyholder)

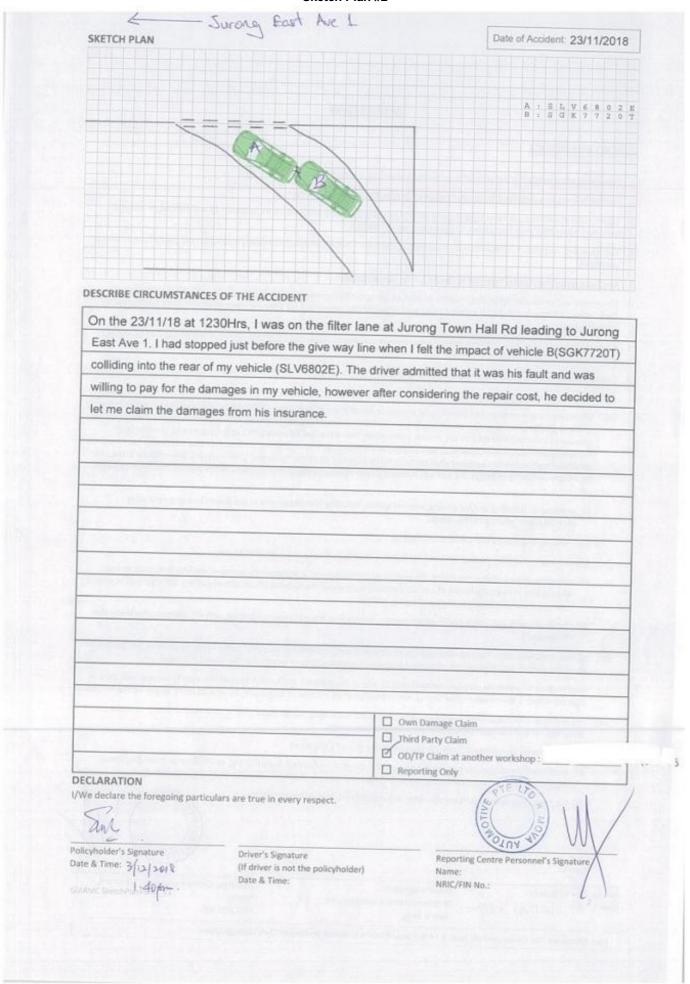
Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

I am fully aware that my insurer may have a 14-day period for me to decide on filing an Own Damage Claim.

Sketch Plan #2





CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : CHAN SIEW GEOK

Period of Insurance : 10 Jan 2018 To 09 Jan 2020 Engine No. : 3A92UGP5326

Chassis No. : MMBSTA13AJH001106

Vehicle No. : SLV6802F Policy No. : 1800002139

Endorsement No.

Issued Date : 12 Jan 2018

Make/Model : MITSUBISHI ATTRAGE 1.2 CVT

Engine Capacity/Tonnage : 1,193.00 CC Sum Insured : Market Value First Year of Registration : 2018 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive":

a) The Policyholder.
b) Any other person who is deleting on the Policyholder's certain or with blacker personal.
This Policy will indemnify the Policyholder or any authorised driver city if heigher meets the specified age condition.

You have thipsy an additional sum of \$3,000 as "Young and/or hereperhenced Driver Excess" ("YER") If You are or Your Authorised Driver (named or arms then 3 years' shring argumence.

Age Condition : All Age Condition

Limitation as to use* :

Use only for social, demestic and presume purposes and for the Policyteador's business. This Policy does not cover use for him or reward, deving batton, driving seet, rating, pace-enalisy, reliability that or appeal-leading, the carriage of goods other than samples in connection with Myter Trade.

Loss of Use 1500cc - 1600cc

* Unitalians residend impensive by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 180) and Section 85 of the Read Transport Act, 1907 (Malaysia), we not to be included under these Assistance

Section 1 Fire - 50 Own Damage - \$600 Theft - 50 Plood Cover - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

CHAN SIEW GEOK - \$600 (Own Damage)

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

1. Oyde & Carriage Customer Service Cestrus (For windscreen claim only). Add. 20 Leng Kee Rd Singapore 159594 (47)26588
 2 Oyde & Carriage Customer Service Cestru (For windscreen claim unly). Add. 330 Util Rd 3 Singapore 459555 (474)1000
 3. Oyde & Carriage Sody & Peet Centre. Add. 209 Pendan Genties Singapore 100039 (566450)

For other: Approved Reporting Centres/AIG Authorised Reporting, places control our 24-hour accident emergency hother at +05 6338 6200. Attenuatively, you may refer to AIG website sever alg. coming or AIG 9G Mobile App. Simply search and disentood "AIG 9G" from illunos or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Standard Chartered Bank (Singapore) Limited

NWs horsely contry that the policy to which this Certificate of Insurance relates is liqued in accordance with the provisions of the Monte Vencions Third Party Risks and Compensation) Act (Cop. 188), Part IV of the Road Transport Act, 1967 (Malaysia) and Motor Venicles (Third Party Risks, Plant IV of the Road Transport Act, 1967 (Malaysia) and Motor Venicles (Third Party Risks, Plant IV of the Road Transport Act, 1967 (Malaysia) and Motor Venicles (Third Party Risks, Plant IV of the Road Transport Act, 1967 (Malaysia))

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CACMICP2 - ANNAL SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pts. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE













