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 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.

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	07/12/2018 14:37
Date Of Accident	07/12/2018 09:40
Exact Location Of Accident	NEAR JUCNTION OF OUTRAM ROAD / EU TONG SENG ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ3189C
Insured/Policyholder	
Name Of Registered Owner	CHUA LAY LENG
NRIC No	S7805547B
Email Address	JCLL78@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98427252
Alternative Phone No	OTHERS-98427252
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONLA USAGE
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	2100447341
Cover Note Number	
Driver	

Name of Driver CHUA LAY LENG NRIC No S7805547B Date Of Birth 26/02/1978 Occupation **INDOOR Date Of Driving Pass** 03/01/2003 **Driving Experience** 15 YEARS AND 11 MONTHS Gender **FEMALE** Mobile Number (LOCAL) +65-98427252 Fax Number

Contact Number OTHERS-98427252 **EMail Address** JCLL78@HOTMAIL.COM Address BLK 442 ANG MO KIO AVE 10

#08-1189

Postcode 560442

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

insurance company of Briver's Gwir Vernole

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 involved in the accident 2
Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED SKECTH PLAN & CIRCUMSTANCES OF THE ACCIDENT

Attachment(s)

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

Remarks/ Reasons: WITH MCA

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBF3971Y

Vehicle Make/Model/Colour TOYOTA / SILVER

Details Of Properties RI SHEN SERVICES PTE LTD

Vehicle Category COMMERCIAL VEHICLE

Name of Driver LEE LIAN CHOON

NRIC/Passport Number F0145343L

Contact Number 97380060 (MICHAEL/DRIVER'S BOSS)

101 BEDOK RESERVOIR ROAD

#12-452

Postcode 470101

Insurance Company Name EQ INSURANCE COMPANY LTD

Nature Of Damage

Address

No. Of Passenger (Including Driver) 2

Passenger 1 NAME: : UNKNOWN

GENDER: :

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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 Formby 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. 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
- (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/faw 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 Purpose

Policyholder's Signature / Date & 1.50pm.

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

EU Tongseng Road

Common Statement

A	7.0	00 0	OIO.	o+	Oler	114	0.404	100	-	10	ac	travelli	115
													10)
-							c 4						
road	was		cong	este	d,	and	taxi	en-1	me	var	1 6	ehind	
				W	nen	the	TOXI	30	Ro	か	of	me	
jan	bra	ke.											
10	002 1	ممحد	inj	red	TO	ms	accio	tent					
	_												
									_				
											_		
eclarati	on												
We declare	the foreg	joing pa	rticulars a	are true i	n every	respect.						1	
_	and	710	118									V	
olicyholder Ime	's Signatu	re / Date 1-50		Driver's : & Time	Signatur	e (# driver	is not the p	olicyhold	er) / Dar		Witness Personn	ed by Report	ing Centre

AIG INTERVIEW FORM



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: CHUA LAY LENG .
	SK7 3189C
VEHICLE NUMBER	: 7/12/2018 / 9.40 am.
DATE/TIME OF ACCIDENT	
PLACE OF ACCIDENT	: Along Outram Road
THIRD PARTY VEHICLE (IF ANY)	S GBF 3971 Y
****	************
WHERE DID YOU START YOUR DESTINATION BEFORE THE ACCI	JOURNEY AND WHERE WAS THE INTENDED IDENT? to Cio to 77 Robinson Road.
DID YOU DRINK ANY ALCOHOLI THE ACCIDENT? IF YES, DID TO ANALYSER TEST ON YOU? IF YES	IC DRINKS BEFORE YOU DRIVE ON THE DAY OF HE TRAFFIC POLICE CONDUCT ANY BREATHE- S, WHAT IS THE RESULT?
WHAT IS THE TYPE OF COLLISI TO ALL VEHICLES INVOLVED? TO HE JASWED.	ON AND THE EXTENSIVENESS OF THE DAMAGES
WERE YOU OR YOUR PASSENG	ER/S INJURED? IF INJURED, WHICH HOSPITAL? FFIC POLICE FOR INVESTIGATION?
WERE YOU TAKEN TO THE TRA	

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



CERTIFICATE OF INSURANCE

Endorsement No.

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Chua Lay Leng (Cai Liling) Vehicle No. : SKZ3189C : 19 Jan 2018 To 18 Jan 2019 Period of Insurance Policy No. : 2100447341-02

: 1ZRX535588 Engine No.

: MR053REH104540556 Chassis No. Issued Date : 18 Dec 2017

ABOUT THE COVER

Make/Model : TOYOTA COROLLA ALTIS 1.6 DUAL

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

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 helshe meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or inexperienced Driver Exces" ("YIDR") if You are or Your Authorised Driver (named or surramed) 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 tailion, driving test, racing, pace-making, refacility 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 Optional

* 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, 1067 (Malaysia), are not to be included under these headings.

EXCESS

Section 1 Fire - 30 Own Damage - \$500 Theft - \$0 Flood Cover- \$0

Section 2 Property Damage - 50

Windscreen: \$100

Named Driver and Excess (where applicable)

Chua Lay Leng (Cai Lièng) - \$600 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out 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 accident repairs carried out at the Sote Agent's workshop.

For other Approved Reporting Gestress/LIG Authorised Repairers, please contact our 24-hour accident emergency holline at +65 6336 6200. Alternatively, You may refer to AIG website www.aig.com.spread or AIG SG Misbite App. Simply search and download "AIG SG" from iTunes or Google Play. ease contact our 24-hour accident emergency hollins at +65 6338 6200. Alternatively, You may refer to AIG website mew.aig.com.sg

IMPORTANT NOTES

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

Wile hereby certify that the policy to which this Certificate of Inturance relates is issued in accordance with the proxisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189). Part for 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 Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

NRIC & DRIVING LICENCE



















