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

	ACCIDENT STATEMENT
Date Of Report	02/01/2019 08:53
Date Of Accident	01/01/2019 09:30
Exact Location Of Accident	BLK 28 MARINE CRESCENT CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA1938D

Insured/Policyholder	
Name Of Registered Owner	LECK KIM HONG

S0655122Z NRIC No **Email Address NOEMAIL**

Mobile Phone No (LOCAL) +65-96901639 Alternative Phone No OTHERS-96901639

Vehicle Particulars

NISSAN Manufacturer Model NOTE-1.2 (A)

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?

YES

If No, Please state action to be taken

PRIVATE CAR Vehicle Category

Insurance Company

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

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number 1800063099

Cover Note Number

Driver

Name of Driver LECK KIM HONG NRIC No S0655122Z Date Of Birth 05/02/1951 Occupation INDOOR **Date Of Driving Pass** 26/05/1970

Driving Experience 48 YEARS AND 7 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-96901639

Fax Number

OTHERS-96901639 Contact Number

EMail Address NOEMAIL

BLK 28 MARINE CRESCENT #21-15 Address

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 - MAJOR/MINOR RD**

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

SEE ATTACHED 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

SHC4306G Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 29

Sketch Plan Pg. 1

SKETCH PLAN

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

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' 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 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

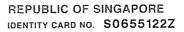
Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: Aishah

NRIC/FIN No .: 11660822/2

Sketch Plan #2 Pg. 1

CUTTOURING		
SKETCH PLAN		
en en egeneral en		
DESCRIBE CIRCUMSTANCES (OF THE ACCIDENT	
	- happened in the mi	
	carpark, level 1, w	
and the fine	was around 9,30	am in the morning .
	1 moving out of	my car park lot en the afficient corner side of a taxi
and starting	to turn left wh	en the Tright corner
of my corner	r car hit the left	
moving straig		pect the taxi, partly
	turning in and to	cavelline faster
	pected cars would	· · · · · · · · · · · · · · · · · · ·
partly due to		11
parting dure 10	THE GENERATES OF	the Carpark."
-		
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		THE ROAD A
		foreign and the comment of the comme
ECLARATION		TEL: 8/00 0008 E/X: 6846 7482
We declare the foregoing particu	lars are true in every respect.	
THER		ALY
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
rate & Time:	(If driver is not the policyholder) Date & Time:	Name: Aishah NRIC/FIN No.: 5/66 082>/2







LECK KIM HONG

陸金鳳

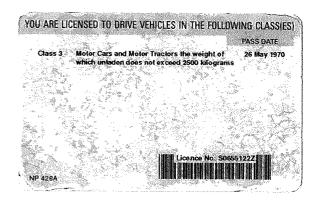
CHINESE Date of birth 05-02-1951

05-02-1951
Country/Place of birth
SINGAPORE

S06**55122**Z









CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Leck Kim Hong Vehicle No. : SMA1938D Period of Insurance : 30 May 2018 To 29 May 2019 Policy No. : 1800063099

Engine No. : HR12290719B Endorsement No.

Chassis No. : JN1TAAE12Z0980521 **Issued Date** : 20 Jun 2018

ABOUT THE COVER

Make/Model : NISSAN NOTE 1.2 (SUPERCHARGED/NON-SUPERCHARGED)

Engine Capacity/Tonnage: 1,198.00 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 driving on the Policyholder's order or with his/her permission. This Policy will indomnify 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 Inexpenenced 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 these 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)

Leck Kim Hong - \$600 (Own Damage)

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

- TC AutoClinic Add: No 1, Sixth Lok Yang Road Singapore 628099 62622212
 2 Autolution Industrial Add: 19 Ubi Road 4 Singapore 408823 64909566
 3 TC AutoClinic Add: 25 Leng Koe Road Singapore 159097 67038511 67038512 67038513
 4 Tan Chong Motor Sales Add: 913 Bukil Timah Road Singapore 589623 64694091 64694092 64694093
- 5 Tan Chong Motor Sales Add: 17 Lorong 8 Toa Payoh Singapore 319254 63570753 63570754

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 comisg 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

I/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)

0500610530

TAN CHONG CREDIT PTE LTD - SMY 911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE SINGAPORE 589622 ANSP-MOTOR Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

78 Shenton Way #07-16 AIG Building \$079120 | T.+65 6419 3000 | F-+65 6415 3723 | www.eig.com.sg

AIG Asia Pacific Insurance Pte. Ltd.

10012361

24-HOUR AIG AUTO HOTLINE: +65 6338 6200

IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.

What can the 24-hour AIG Auto Emergency Hotline provide for you?

- Immediate assistance after an accident
- Emergency breakdown service
 Towing service (accident or non-accident related)
- Advice on Motor Claims procedures
- Medical Referral Assistance

What should I do in the event of an accident?

- Keep calm and move your car to a safe place.
- Do not admit or discuss fault or blame with the other party(ies).
 Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.
- Submit Wnit/Summons/Correspondences from third party(ies) to AIG

If no one is injured in the accident:

- You are not required to make any police report.
- Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s).
- Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next

If the accident involves injuries or damage to government property & vehicles, foreign registered vehicles or non-injury hit & run case:

- Report the accident to the police, providing full details of the circumstances of the accident.

- Report the accident to the police, provious run details of the circumstances of the accident.

 Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s), if applicable.

 Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident.

 Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.

LOSS OF USE CAR REPLACEMENT BENEFIT

Applicable only if this benefit is included in your motor insurance. Please refer to your Policy Schedule for details. Policy terms and conditions apply. Please call our customer service hotline number (65) 6419-3000 for assistance.

The Certificate of Insurance (CI) should be produced without demand when collecting the Rental Car and the Rental Car Company reserves the right to verify the identity of the holder. The CI is the property of AIG and its use is subject to the terms and conditions contained in the Loss of Use Endorsement under the policy issued to the policyholder.

Steps to activate Loss of Use Car Replacement Benefit and Important Information

- 1. To activate your loss of use car replacement, please contact the Rental Car Company (listed below) after filing/reporting your
- Your rental car will be made available within 5 working hours of activation with the Rental Car Company.
- At the time of collection of the Rental Car, the original insurance policy and schedule issued by AIG, a copy of the Accident Report from Tan Chong Motor Sales must be produced.
- The number of days is based on the period your vehicle is in the repair workshop unless the number of days of loss of use entitlement is stated in the Policy
- Rental cars are strictly for use in Singapore only.
- Extension of rental beyond repair period approved by AIG surveyor will be chargeable by the Rental Car Company on per day 6.
- Upgrade of Rental Car is available upon request subject to additional charges by the Rental Car Company.

Rental Car Company: DownTown Travel Services Pte Ltd

Activation Hotline: 63345745

19 Lorong 8 Toa Payoh Singapore 319255

Monday to Friday: 9am to 6pm Saturday (Half Day): 9am to 1pm

*The Rental Car Company's Terms & Conditions apply (i.e., refundable security deposit, excess liability for the Rental Car, Collision Damage Waiver, etc)

IMPORTANT NOTICE

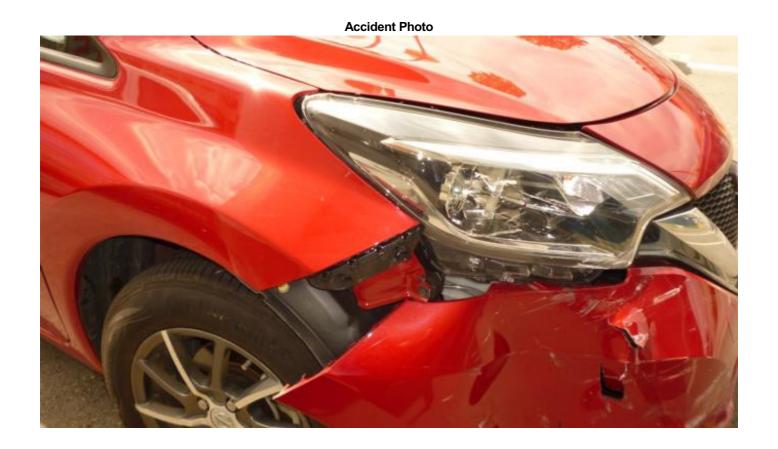
If you sell your motor vehicle, this Notice is IMPORTANT and MUST be complied with. Policyholders are hereby warned that under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap.99), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

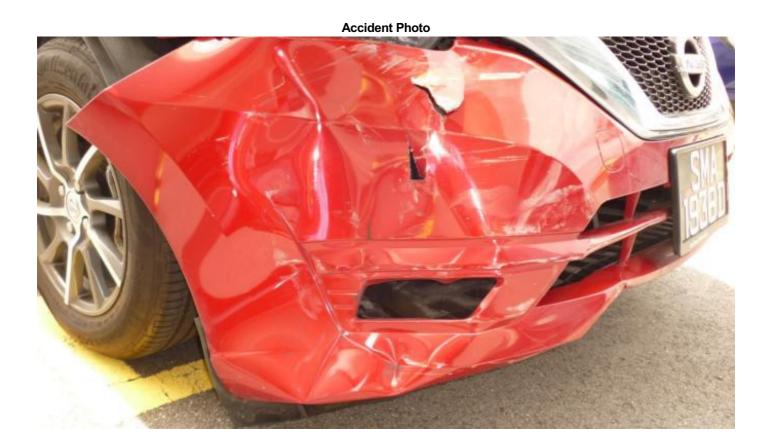
The Policyholder is further warned that on the sale of a motor vehicle, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap.88).

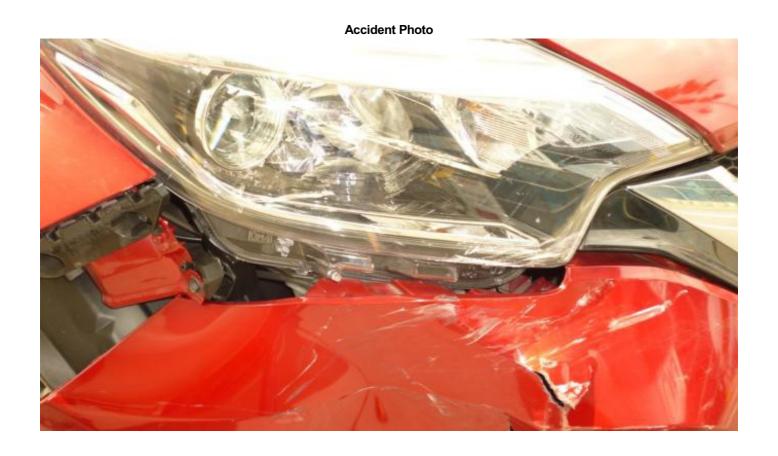
This Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agrees to cover the new owner, they will issue a new Certificate of Insurance in the new owner's name. The premium chargeable may vary according to the new owner's profile.





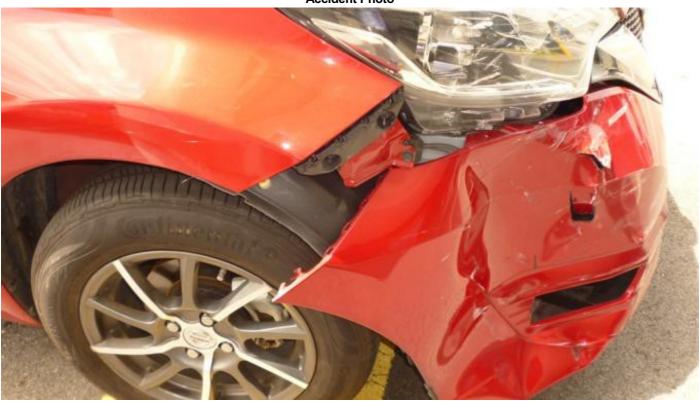


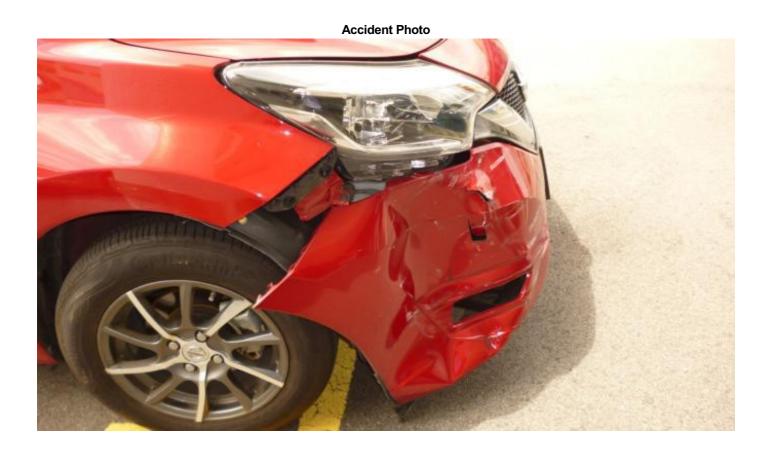




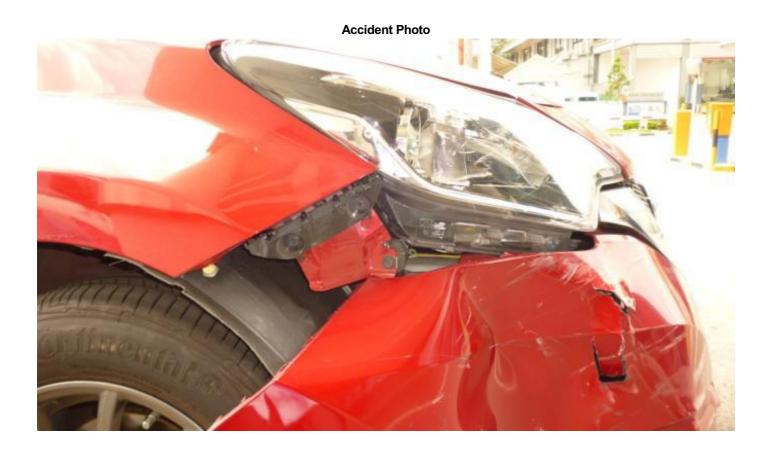


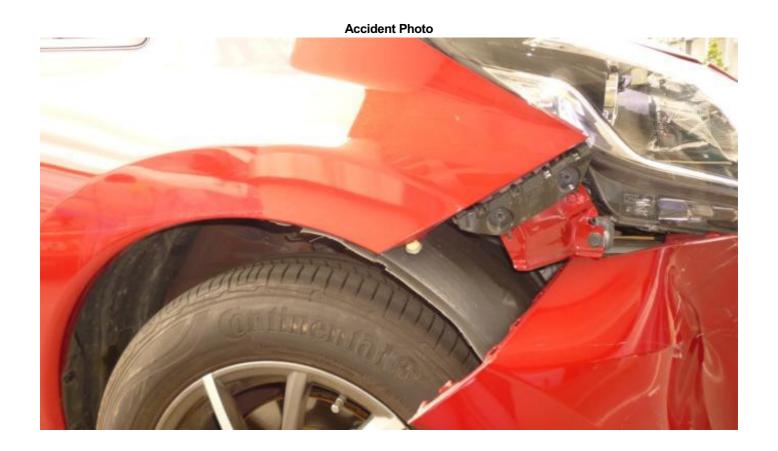




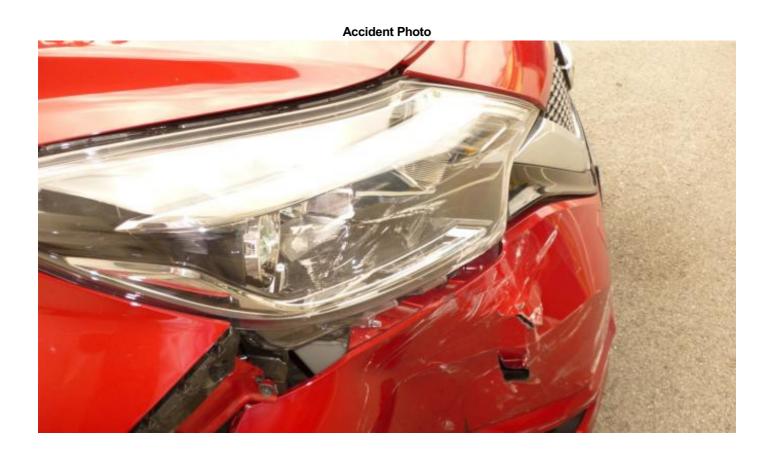


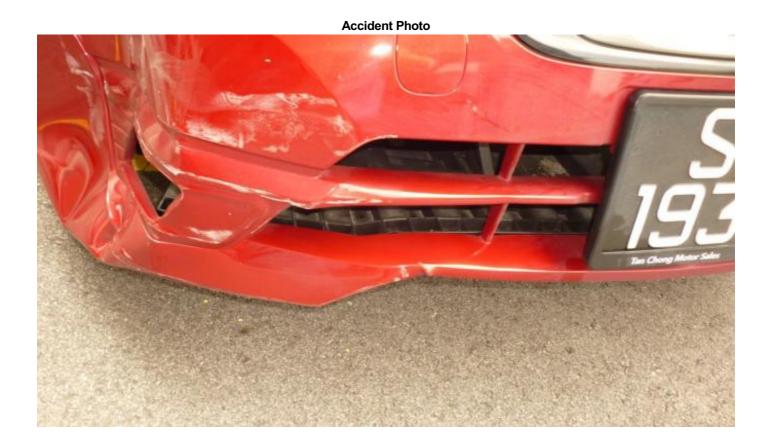


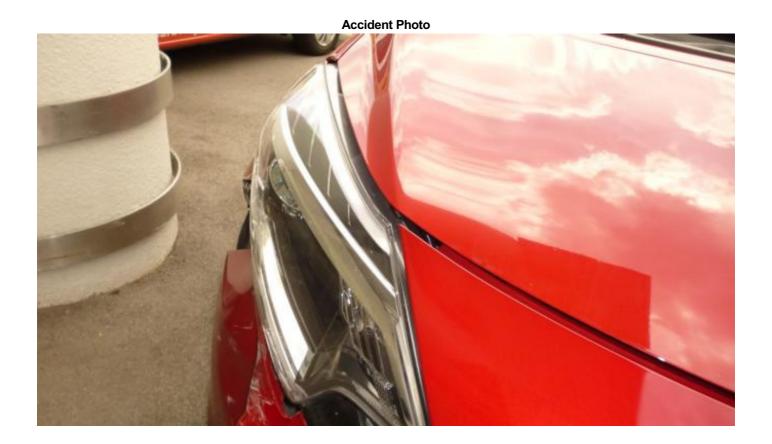




















Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

 $\begin{tabular}{ll} \underline{\textbf{IMPORTANT NOTE:}} & Please submit the completed Addendum form to the \underline{\textbf{same}} & Authorised Reporting Centre \\ & with whom you submitted the Original Report. \\ \end{tabular}$

	ADDENDUM								
(A)	PARTICULARS OF PERSON	RTICULARS OF PERSON MAKING THE AMENDMENTS:							
	Original Report No :	ALI190000	5)	_Vehicle Registration No: _	SMA1938T				
	Name(as shownin NRIC) :	eck Kir	n Hong	NRIC/FIN/Passport No:					
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate								
	Address :	B1K 28	Marine	crescent #11-	<u>//S</u> Singapore(<i>4400)</i>				
	Contact (Tel) :			_Mobile No. : <i>9690</i>	1639				
	Email Address :								
	Date of Accident :	1/1/19		Time of Accident :9_	:30				
	Place of Accident :	B1k 28	Marine	crescent carpa					
	Insurance Company:	AIG							
/R\	ADDITIONALINFORMATI								
	wake the following amendments: Vahicle Registration Number								
		should	be SMA	19381					
			,						
					Side For In				
				M. LOI ROAD 4 SINGAPORE 4068 TEL 6490 9066	23 = 1				
				AM					
	Policyholder / Driver's Sign Date:	nature		Reporting Centre Person Name: Auhah NRIC/FINNo.: \$1660 Date:					