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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.
- 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.
- 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	10/01/2019 14:50
Date Of Accident	05/01/2019 23:10
Exact Location Of Accident	BALESTIER RD TWDS CITY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW7787R
Insured/Policyholder	
Name Of Registered Owner	KEE SIAK YONG
NRIC No	S1518292Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98289388
Alternative Phone No	OFFICE-98289388
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER EX
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	2100438352-02
Cover Note Number	analonumo automissa.
Driver	
Name of Driver	KEE SIAK YONG
NRIC No	S1518292Z
Date Of Birth	01/11/1962
Occupation	OUTDOOR
Date Of Driving Pass	10/10/1983
Driving Experience	35 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98289388
Fax Number	
Contact Number	OFFICE-98289388

NOEMAIL

Address 84 JLN DAUD #13-02

Postcode 419593

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 Registration Number of Drivers Own Vehicle

•

Insurance Company of Driver's Own Vehicle

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General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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?

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

I WAS TRAVELLING ALONG BALESTIER RD ON THE CENTER LANE, SUDDENLY THE TAXI FROM THE EXTREME LEFT LANE CUT INTO MY LANE AND HIT ONTO MY VEH LEFT REAR PORTION.

Attachment(s)

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

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC8934S

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)

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.
- 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.
- 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.
- 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.
- 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:
 - 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.

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

NRIC/FIN No.:

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Please	Refer to statement

DECLARATION

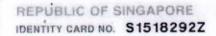
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIADUCE SKATCHPIANFORM VE





Name

KEE SIAK YONG



CHINESE

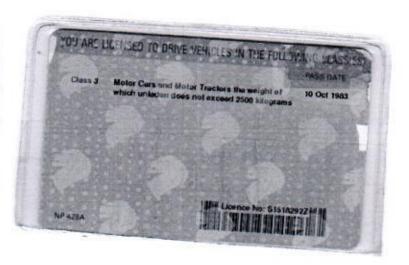
Date of birth 01-11-1962

Country/Place of birth SINGAPORE











CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: Kee Siak Yong

Period of Insurance

: 17 Nov 2017 To 16 Nov 2018

Engine No.

: 4A92CC4418

Chassis No. : JMYSRCY1AFU005638 Vehicle No.

: SKW7787R

Policy No.

: 2100438352-02

Endorsement No. Issued Date

: 11 Oct 2017

ABOUT THE COVER

Make/Model

MITSUBISHI LANCER EX 1.6L

Engine Capacity/Tonnage : 1,590.00 CC

Sum Insured Market Value

First Year of Registration : 2015

Driver Restriction

: NA

Off Peak Car No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive':

as the Productions.

This Policy will informing the Policyholdre's order or with history permission.

This Policy will informing the Policyholder or any authorised driver only if hotahe meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young arction inexperienced (vivor Excess") YIOP") If You are on Your Authorised Dever (named or innumed) is under the age of 23 and/or has less

Age Condition

All Age Condition

Limitation as to use*

Use only for social, demostic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuttion, driving test, racing, pace-making, reliability hirel 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 randored inoporative by Section 6 of the Mater Vehicles (Thint-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1997 (Malaysia), and not to be included under those headings.

EXCESS

Section 1
Fire - \$0 Over Damage - S800 Theft - \$0 Flood Cover - \$0

Property Demage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Kee Siak Yong - \$800 (Own Damage)

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

1.Cyde & Carriege Customer Service Centres (For windscreen chirm only). Add. 20 Long Kee Rd Singapore 159094 64706588

2 Cysle & Cernage Customer Service Centre (For windspreen dam selly). Add: 230 Util Rd 3 Singapore 406650 67461000

% Cyclo & Carriege Bedy & Point Centre, Add 209 Pendan Gardens Singapore 600339 85684501

For other: Approved Reporting Centres/AIG Agricers of Registers, please contact our 24-hour eco.dent emergency hobine at +65 6336 6200. Alternatively, you may refer to AIG website www.eig.com.sg or AIG SG Mobile App. Simply search and described. AIG SG from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

I/Wa horeby certify that the policy to which this Certificate of Insurance relates a issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Companiesson) Act (Cap. 189), Part IV of the Road Transport Act. 1987 (Motays a) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500720787

CYCLE & CARRIAGE - PATRIC/MIT)

239 ALEXANDRA ROAD

SINGAPORE 159930 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE