SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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

	ACCIDENT STATEMENT
Date Of Report	23/01/2019 14:18
Date Of Accident	23/01/2019 08:20
Exact Location Of Accident	PIE AROUND 300M TOWARDS EXIT 17 RIGHT 1ST LANE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDY1086S
Insured/Policyholder	SET 10000
Name Of Registered Owner	LAU SIEW LAI
NRIC No	S2580997A
Email Address	SLLAU.JOE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96398902
Alternative Phone No	Home-96419887
Vehicle Particulars	Tionic 30413007
Vanufacturer	NISSAN
Model	JUKE-1.6 MCVT (A)
Exact Purpose for which vehicle was being used at	JUNE-1.0 MICVT (A)
ime of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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.
Гуре Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100504036-01
Cover Note Number	
Driver	
Name of Driver	SIM KOK HEE, GLEN
NRIC No	S9034021B
Date Of Birth	17/09/1990

INDOOR

05/02/2013

5 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96419887

Fax Number

Contact Number

EMail Address GLEN.SIMKH@GMAIL.COM

Address APT BLK 723 PASIR RIS STREET 72

#11-133

Postcode 510723
Was driver an employee of the Insured's Company NO

was arrest air employee of the insured 5 company

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident CHAIN COLLISION

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

3

Was any body injured in the Accident? YES

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.

YES

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 FRT & BACK VIDEO AND SKETCH PLAN

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 SKN3705B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver NI XIANGRONG

NRIC/Passport Number S2737461A

Contact Number Address

98523140

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJS8752S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MUHAMAD AZAM BIN ABDUL JALIL

NRIC/Passport Number S1377994E **Contact Number** 98736833

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SIM KOK HEE, GLEN

Approximate Age 29

Injuries Sustain **NECK AND UPPER BACK PAIN**

Injured person in which vehicle? SDY1086S YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

APT BLK 723 PASIR RIS STREET 72 Address

#11-133

Postcode 510723

Sketch Plan

SKETCH PLAN

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- 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:
 - (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: 23/

13:46

Driver's Signature

(If driver is not the policyholder)

Date & Time: 23/1/2019

13:50

Reporting Centre Personnel's Sign

NRIC/FIN No.:

KETCH PLAN		
		л
$C \Rightarrow B$	-> A 1st land	e
		A- SJS 8752 S
AL DIC I W	100 1 1	B- SDY 1086 S
Along PIE, less than Exit ### 17 5/	300m eg	C - SKN 3705 B
SCRIBE CIRCUMSTANCES OF THE ACC	CIDENT	
		at the tail of the jo
nd both for A and B	are stationary. Th	en car C but the rear
f en B's rear partie	on at high speed.	en cor C bit the rear Cor B then hit cor A a
the impact.	Thigh speed.	car p well not car A a
The impact.		
_1		THE PROPERTY OF THE PERSON OF
CLARATION	in account	19 UBI ROAD 4
e declare the foregoing particulars are true	in every respect.	INGAPORE 105823
The		4N Ille
cyholder's Signature Driver'	's Signature	Reporting Centre Personnell's Signature
e & Time: 2 3/1/2019 (If driv	er is not the policyholder)	Name: THEK Actions
RMC Sketch Want or 10 V3	Time: 23/1/2019	NRIC/FIN NO.: G3462824L

13:50



CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Lau Siew Lai

Period of Insurance : 19 Mar 2010
: HR16232189C Vehicle No. : SDY1086S : 19 Mar 2018 To 18 Mar 2019 Policy No. : 2100504036-01

Endorsement No. Chassis No. : JN1FBAF15Z0000199 Issued Date : 07 Mar 2018

ABOUT THE COVER

Make/Model : NISSAN JUKE 1.6 CVT

Sum Insured : Market Value First Year of Registration : 2012 Engine Capacity/Tonnage : 1,598.00 CC Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

as 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 meas 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 sess than 2 years' driving experience.

: All Age Condition 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 traition, driving test, recting, pace-making, reliability trial or speed-lesting, 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, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1 Fire - S0 Own Damage - \$1000 Theft - S0 Flood Cover - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Lau Siew Lai - \$1000 (Own Damage), Sim Kok Hee Glen - \$1000 (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 can be carried out at the repairs of Your choice unless specifically excluded by Us).

For Approved Reporting Centres/AIG Authorised Repairiers of Your choice unless specifically excluded by Us).

For Approved Reporting Centres/AIG Authorised Repairiers, please contact our 24-hour accident, emergency hotine at +65 6336 6200. Alternatively, you may refer to AIG website www.sig.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: DBS BANK LTD

IWe 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).

0504469000

GRINWEIV PTE LTD

3 TAMPINES GRANDE #02-01

SINGAPORE 528799 SP-MO-GRINWEIVALLIANCE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

Janile

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?

- Emergency breakdown service Towing service (accident or non-accident related) Advice on Motor Claims procedures

What should I do in the event of an accident?

- Keep carm and move your car to a safe place.

 Do not admit or discuss fault or bisme with the other partylles).

 Report the accident to us with your accident valuels (whicher damaged or not) via our approved reporting castres or authorised repairers within 24 hours or throok working day of the accident.

 Submit Whits/Jummons/Comespondences from third party(les) to AIG immediately.

If no one is injured in the accident:

- You are not required to make any police report.
 Riccord vehicle exember, name and address, insurance company and policy number of the other drivers), and vehicle(s).
 Collect distals (name, address and contract number) of witnesses and/or try to take photographs of the according to 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.

 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.

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 accident claim.
- Your rental car will be made available within 5 working hours of activation with the Rental Car Company.
- 3. At the time of collection of the Rental Car, the original insurance policy and schedule issued by AlG, a copy of the Accident Report from the Workshop must be produced.
- 4. 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.
- 5. Rental cars are strictly for use in Singapore only.
- 6. Extension of rental beyond repair period approved by AlG surveyor will be chargeable by the Rental Car Company on per day basis.
- 7. Upgrade of Rental Car is available upon request subject to additional charges by the Rental Car Company.
- 8. The rental car will be delivered (within Singapore), and MUST BE RETURNED BACK TO the Workshop upon collection of your accident car.

Rental Car Company: BKW Rent A Car Pte. Ltd.

Activation Hotline: 67387777

120 Lower Delta Road #02-15 Cendex Centre Singapore 169208

Operation Hours: 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.







T ZONE TOWING & RECOVERY SERVICES

8 Kaki Bukit Ave 4 #06-32 Premier@Kaki Bukit

Singapore 415875

Email: t-zonetowing@live.com.sg

Reg No. 53125821A

No. T 39740

SALE / WORK ORDER	
23/01/19	Time Received
23/01/19 Cash	Time Arrived
lo	Time Completed
act No.	From Thomson Carporle
SDY 10265	To Thomson Canada
lel	Tow Truck No. YN 7944K
)	Amount #240/
AL CHARGES	BODY & PAINT CONDITION RECORD
vheels / Flat bed ent / Multi-storey	16 A
up / Bogged	
way / 2nd Link	
odykit	
ion of Key	
Carpark	*please remove any valuables or personal belongings in the car
bizsA	,
s Name & Signature	Member's Signature

swed at owner's risk. The company accepts no responsibility for damages or other misdemeanour to your vehicle j towed.























































































































