

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 withholding 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 | 22/02/2019 13:56 |
| Date Of Accident | 22/02/2019 10:30 |
| Exact Location Of Accident | AYE TO JURONG NEAR BUKIT MERAH |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SGN8855R |
| Insured/Policyholder | |
| Name Of Registered Owner | CHEE YEW KUN (ZHU YAOGEN) |
| NRIC No | S7314055B |
| Email Address | YEWKUN.CHEE@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-93628714 |
| Alternative Phone No | OTHERS-93628714 |

Vehicle Particulars

| | |
|--|---------------------------------------|
| Manufacturer | NISSAN |
| Model | QASHQAI-1.2 DIG-T CVT ABS 2WD 5DR (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? | 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 | 2100487881-02 |
| Cover Note Number | 31/10/2018 - 30/10/2019 |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | CHEE YEW KUN (ZHU YAOGEN) |
| NRIC No | S7314055B |
| Date Of Birth | 24/04/1973 |
| Occupation | INDOOR |
| Date Of Driving Pass | 13/03/1996 |
| Driving Experience | 22 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93628714 |
| Fax Number | |
| Contact Number | OTHERS-93628714 |
| Email Address | YEWKUN.CHEE@GMAIL.COM |

| | |
|---|------------------------------------|
| Address | BLK 612 CLEMENTI WEST ST 1 #13-320 |
| Postcode | S120612 |
| 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 - HEAD TO REAR |
| 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) | 2 |
| Passenger 1 | NAME: : WONG VOON MAY 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 attached sketch plan

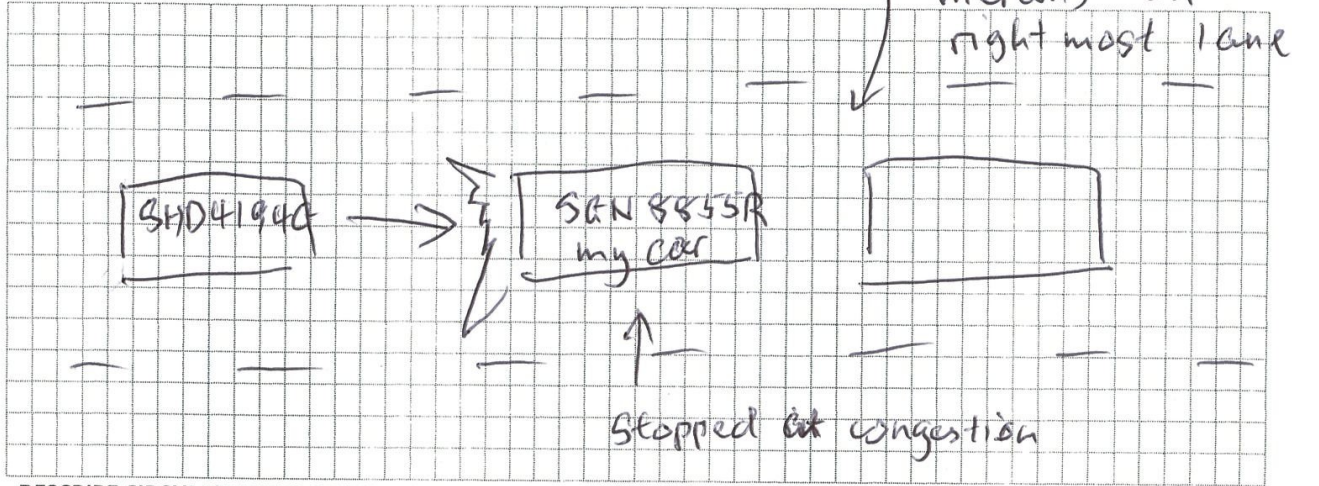
Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|---------------------------------------|
| Vehicle Registration Number | SHD4194G |
| Vehicle Make/Model/Colour | HYUNDAI BLUE |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | TEO NGAK HIN |
| NRIC/Passport Number | S0534565J |
| Contact Number | 97763968 |
| Address | BLK 251 KIM KEAT LINK #04-111 |
| Postcode | S310251 |
| Insurance Company Name | INDIA INTERNATIONAL INSURANCE PTE LTD |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along AYE and there was a traffic congestion. When I was stopped at behind a vehicle in front of my car because of the congestion, a taxi hit the back of my car.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

- Reporting Only
- Claim OD
- Claim TP
- Claim OD/ TP at other workshop

DECLARATION

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

Cyghu

Policyholder's signature

Date & Time

22/02/2019
1235 pm

Driver's Signature

(if driver not the policyholder)

Date & Time

[Signature]



Reporting Centre Personnel's Signature

Name:

Nric/Fin No.

SKETCH PLAN

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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:
 - (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 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:

22/02/2019
1235pm

GIA/RC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Chee Yee Kun (Zhu Yaogun)
 Period of Insurance : 31 Oct 2018 To 30 Oct 2019
 Engine No. : HRA233-1785A
 Chassis No. : SUNFEAJ11J27Y96144

Vehicle No. : SGN6855R
 Policy No. : 210049788-1-02
 Endorsement No.
 Issued Date : 01 Oct 2018

ABOUT THE COVER

Make/Model : NISSAN QASHQAI 1.2 DIG-TURBO
 Engine Capacity/Tonnage : 1,197.00 CC Sum Insured : Market Value First Year of Registration : 2016
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : No

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 authorized driver only. It shall meet the specified age condition.

You have to pay an additional sum of \$5,000 as "Inexperienced Driver Excess" (IDRE) if You are in Your Authorized Driver list but is unlicensed or licensed less than 2 years' driving experience.

Age Condition : 40 years old and above
 itation 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, liability claim 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 trials.

Loss of Use 1000cc - 1500cc

* Limitations contained hereinafter by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 196) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be deducted under these headings.

EXCESS

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

Section 2:
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Chee Yee Kun (Zhu Yaogun) - \$500 (Own Damage)

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

1. TC AutoClinic Add: No 1, South Lok Yang Road Singapore 626999 62622212
2. Pacelion Industrial Add: 19 S'ng Road 4 Singapore 610523 61055555
3. TC AutoClinic Add: 28 Luning Road Singapore 150007 67025511 67025512 67025513
4. Tse Chong Motor Sales Add: 810 Bukit Timah Road Singapore 658121 67694081 67694082 67694083
5. Tse Chong Motor Sales Add: 17 Luning 8 Tse Poyan Singapore 216204 65570752 65570754

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6328 8300. Alternatively, you may refer to AIG website www.aig.com.sg or AIG 888 Mobile App. Simply search and download "AIG 888" from iTunes or Google Play.

IMPORTANT NOTES

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

We hereby certify that this policy is effective Certificate of Insurance relative to issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 196) and Section 95 of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 196) (Singapore).

0000010443

TAN CHONG CREDIT, S.S.
 911 SUNTANA ROAD
 SINGAPORE 659222 AND PAVOTEC

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Janile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE

20181001

Accident Photo



Accident Photo



Accident Photo



Accident Photo



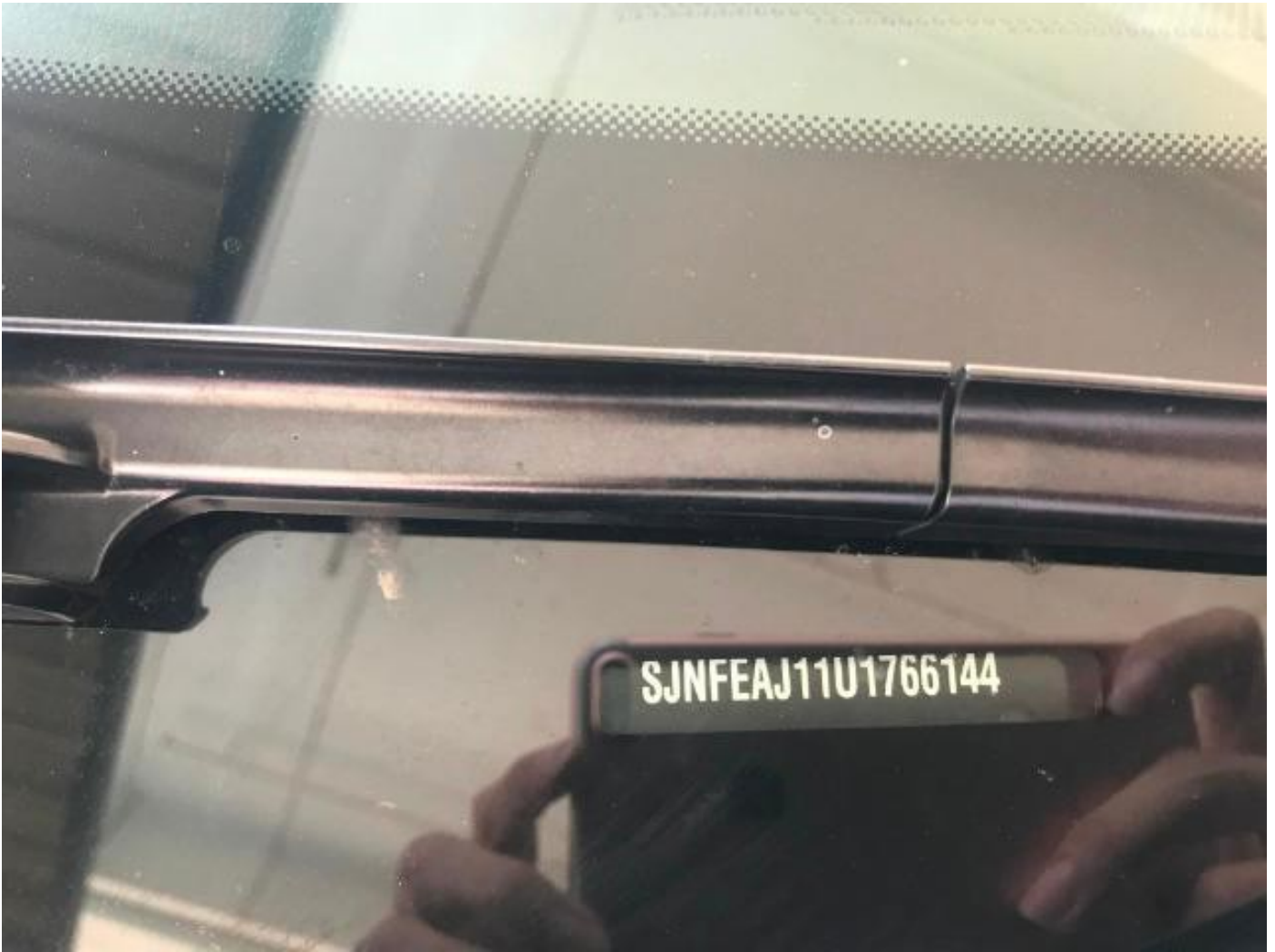
Accident Photo



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Identification Card



Identification Card



Accident Photo

