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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any witful 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.

- 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.

AC	CID	CAIT	STAT	 CAIT
AC	UID	ENI	SIMI	

Date Of Report

16/03/2019 14:45

Date Of Accident

15/03/2019 19:30

Exact Location Of Accident

ALONG RIVER VALLEY ROAD

Country/State of Loss

SINGAPORE

<b>DETAILS OF OWN</b>	VEHICLE

Vehicle Registration Number

SLS1092K

Insured/Policyholder

Name Of Registered Owner

LEE SUN FEI

NRIC No

S1661515C

Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-96531129

Alternative Phone No

OTHERS-96531129

Vehicle Particulars

Manufacturer

KIA

Model

FORTE K3-1.6 EX (A)

Exact Purpose for which vehicle was being used at time of accident

PRIVATE USE

time of accident

YES

Are you claiming under your own insurance policy for repair to your vehicle?

If No. Please state action to be taken

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

Name of Driver

Date Of Birth

1900056795

Cover Note Number

Driver

NRIC No

LEE SUN FEI S1661515C 11/06/1964 OUTDOOR

Occupation

Date Of Driving Pass

19/04/1982

Driving Experience

36 YEARS AND 10 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-96531129

Fax Number

Contact Number

OTHERS-96531129

EMail Address

NOEMAIL

Address

BLK 674A JURONG WEST STREET 65

#08-64

Postcode

641674

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

SIDE SWIPE

Weather Conditions

RAINING

Road Surface

WET

#### Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident
Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

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)

3

Passenger 1

NAME:

: PASSANGER

GENDER:

: MALE

Passenger 2

NAME:

: PASSANGER

GENDER:

: MALE

### **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

# PLEASE REFER TO 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

Vehicle Registration Number

SGL7978C

Vehicle Make/Model/Colour

TOYOTA WISH

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

TANG SOON LIANG

NRIC/Passport Number

S7209147G

Contact Number

90072033/96116333

Address

Postcode

Page 2 of 17

Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

## SKETCH PLAN

## IMPORTANT NOTICE

- L. Please report <u>optrectly</u> the details of the assident to speed up the claims procus-
- This Form must be completed by the Policyholder and/or the Authorises Driver.
- 3. Information provided must be as truthful and accurate as possible, Any wiful misrepresentation or with rolling of material facts may allow insurance companies to repudivie policy flability.
- 4. The leave and appearance of this Form by incurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false recording 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 insurence Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
- 7. By the lodgment of this report to the insurers, you hareby consent to the archiving of this report at the contre and to copius of the report being made available aloresaid.
- 5. 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:
  - (i) processing, handling and/or dealing with my dains including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the secident and/or my dalms:
  - (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 cortain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); end/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (E) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' iswyers/law firms, may/see permitted to collect, usp, dictions and/or process my Parsonal information for one or more of the above Purposes; and
- my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers on egests (including their lawyers flaw firms), which may be sized outside of Singaporo, for one or more of the chove Purposes.
- (a) my Personal Information will also be collected and used to compile claims blattery for the purpose of fraud detection, invastigation 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
  - (2) for complying with requirements under any regulations, laws or court orders.

Follovioleens Signature Date & Time:

Dirlyer's Signature

(if driver is not the policyholder)

Date & Time:

	ref.
KETCH PLAN	X
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DECLARATION

We declare the foregoing particulars are true in every people;

Policy/holder's Signature Date & Times

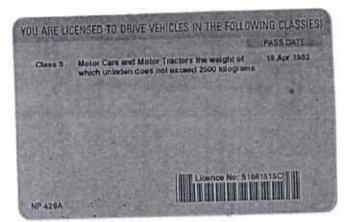
Oriver's Signature (If driver is not the policyholdar) Date & Times

Reporting Contre Person Mente: MRIC/FIN No.:

Date of Accident	: 15/3/7010 Accident Time: (0/30 (24-HR-Format)
Accident Place	: River Volley Road (27 Mariorman)
Vehicle Reg. No. (Car Plate No.)	SCS 1092K
Vehicle Make/Model	: (c; o) (c s
Insurance Company	: A   G Policy No.
Owner or Company Name /IC No.	
Owner or Company Contact No.	: Ormania II.
DRIVER'S Name / IC No.	Company Tel
DRIVER'S Date Of Birth	: 11/6/64 DRIVER'S License Pass Date_ 10/4/1982
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: 674A Jureny West Show 65 #00-6
DRIVER'S Contact No./ Alt No.	:1) 9653112-92) -
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	:
Weather & Road Surface	CLEAR & DRY\RAINING & WET\AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	w 12 3
Was there any video Captured by ca Exact purpose for which vehicle wa	ar camera: YES \NO s being used at the time of accident; Private use \ Work purpose
	arty Driver's Particular (if any)
Vehicle Reg. No: SGL	7975C Vehicle Reg. No:
Vehicle Make Wodel: To yo for	Vehicle MakelModel:
Name Driver: Tang Scon	Cland Name Driver:
IC No. Driver: 57 209147	G IC No. Driver:
Driver's Contact & Add: 9007703	
9611622	











# CERTIFICATE OF INSURANCE

## RIDE SHARE PRIVATE VEHICLE

Name of Policyholder

: LEE SUN FEI

Period of Insurance

: 08 Mar 2019 To 07 Mar 2020

Engine No.

: G4FGHH679753

Chassis No.

: KNAFJ411MJ5743004

Vehicle No.

: SLS1092K

Policy No.

: 1900058795

Endorsement No.

Issued Date

: 07 Mar 2019

## ABOUT THE COVER

Make/Model

: KIA FORTE K3 1.6 A EX

Engine Capacity/Tonnage: 1,591.00 CC

Sum Insured : Market Value

First Year of Registration : 2017

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 offser person who is driving on the Policyholder's order or with higher permission.
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

When the Vehicle is used for the carriage of passenger for hire or reward, such authorised driver must be named under the Policy and registered with an intermediary which facilitates the carriage of

You have to pay an additional sum of \$3,000 as: "Young and/or inexpetienced Driver Excess" ("YIDR") if You are or Your Authorised Oriver (named or unnamed) is under the age of 23 and/or has less than years' driving experience.

Age Condition

: All Age Condition

Limitation as to use\*

Use for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired. Use for the carriage of passengers for fare or reward by any person to whom the Vehicle is hired. This Policy does not cover

use for driving batton, driving test, racing, pace-making, reliability trial or speed-testing;
 use whilst drawing a trailer except the towing (other than for reward) of snyone disabled using a mechanically propelled vehicle; and
 use for any purpose in connection with Motor Trade.

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 - \$1800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$2000

Windscreen: \$100

Named Driver and Excess (where applicable)

LEE SUN FEI - \$1800 (Own Damage) \$2000 (Property 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 Sole Apent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency notine at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from ITunes or Google Play.

#### IMPORTANT NOTES

If the vehicle is used for the carriage of passenger for hire or reward, such driver must be named under the Policy and registered with an intermediary which facilitates the carriage of passengers for hire or reward. Should you decide to include any other driver, please contact us. (Company reserves the right to acceptinged the inclusion of any Named Orivers)

Hire Purchase Company/Employer's Loan: MayBank

If We hereby carrily 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, 1969 (Malaysia).

0000064000

DIRECT CLIENTS 01.4.95 AIG BUILDING 78 SHENTON WAY #07-16

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Morile

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE