Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 21/03/2019 14:01

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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

	A COLDENT OF A TEMENT
	ACCIDENT STATEMENT
Date Of Report	21/03/2019 13:47
Date Of Accident	15/03/2019 17:20
Exact Location Of Accident	WOODLANDS ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SJM389S
Insured/Policyholder	
Name Of Registered Owner	CHAN KWAI MAY
NRIC No	S1433554D
Email Address	MAYCHAN9039@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96910038
Alternative Phone No	Office-93910038
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY-1.6 (A)
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy or repair to your vehicle?	YES
f No, Please state action to be taken	
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Гуре Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900013173
Cover Note Number	
Driver	
Name of Driver	CHAN KWAI MAY
NRIC No	S1433554D
Date Of Birth	28/01/1960

INDOOR

19/09/1992

26 YEARS AND 5 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-96910038

Fax Number

Contact Number OFFICE-93910038

EMail Address MAYCHAN9039@GMAIL.COM Address 11 DAIRY FARM ROAD #02-03

Postcode 679040

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?

Was any injured conveyed to hospital by

ambulance?

YES

NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Was any other material or property damaged?

NO

1 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

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 SLK5233L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

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

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 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 trutMid and accurate as possible. Any willul misrepresentation or withholding of material facts may allow insurance companies to regudiate 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
- 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

Any fable reporting may be referred to the Police for investigation.

- 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
- Consent under the Personal Data Protection Act (PDPA) the report being made available aforesaid.

(a) My insurer, my workthop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose aud/or process my personal data/personal information as 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 webside(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 'traypers/law firms, the Monattary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)

understand, acknowledge, agree and consent that:

(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) administrating my claims (including the mailing of correspondence, statements, invokes, 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 (v) complying with applicable law in administering, processing, handling and/or dealing with my claims/collectively the external cover of envelopes/mail packages); and/or "Purposes")

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

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.

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.

Ē

the information so collected under (d) above may be shared / disclosed:

Ē 3

9

(ii) for complying with requirements under any regulations, laws or court orders.

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

Reporting Other Personnel's Signature

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

Oriver's Signature (If driver is not the golicyholder)

Reporting Centre Personnel's Signature

Date & Time:

DECLARATION

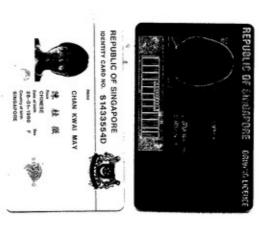
NRIC/FIN No.:

Policyholder's Sight Date & Time:

woodland Road
(A) (B)
@ \$Jm 389 S.
6 96K 52836

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	I did a online reporting (Ret no. MSVC19000634)	to the har & ve	I was travelling along woodlands Road. I	At the above date and time.
--	---	-----------------	--	-----------------------------







CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Chan Kwai May
Period of Insurance : 30 Jan 2019 To 29 Jan 2020
Engine No. : HR16834653C Chassis No.

ABOUT THE COVER : MNTBBAB17Z0033496

Vehicle No.
Policy No.
Endorsement No. SUMJARGS

1900013173

: 20 Feb 2019

Issued Date

Make/Model : NISSAN SYLPHY 1.6 PREMIUM Engine Capacity/Tonnage : 1,596.00 CC Sum In

Driver Restriction

Š

Off Peak Car : No Sum Insured : Market Value

First Year of Registration : 2019 Insuring with COE/PARF : Yes

Person or Classes of Persons Enfolded to Drive":

#The Pelsoder

#If the Pelsoder

#If the Pelsoder

This Pelson plants what is strong on the Pelsonation's corer or with histour permission.

This Pelson will indicately the Pelsonation or any authorised their only if heither meets the operated age condition.

You have to pay an additional sum of \$3,000 as "Young and/or less years' diving expensions. ad Driver Excess? ("YIDR") if You are or?

Age Condition : All Age Condition

Limitation as to 1996*:

Unification to 1996*:

Use of the soul, consist and pleasure proposes and for the Policyletion's bostness, relatedly said or speed seaton, the contagnition of seaton or cover and the finite or research, deleting lists, rating, personalising, initiatibly said or speed seaton, the contagnitions or seaton or seaton or seaton or seaton.

* Limitations revolved inoperative by Spolition 6 of the Mator Verholes (Trind-Party Risca and Compensation) And (Cosp. 198) and Section 95 of the Road Transport Act, 1987 (Mallyralit), are not to be spoliticated under Pares Readings.

EXCESS

.665 of Use 1500cc - 1600cc

Section 1 Fire - 50 Own Damage - \$800 Truft - \$0 Flood Cover - \$0

Bootlon 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (www.upstacks)

Chan Kwai May - \$500 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS

uteCtric Add: 25 Leng Noe Road Singapore 198097 679386 Dreng Motor Steller Add: 913 Build: Timah Road Singapore 5 Dreng Motor Sales Add: 57 Looing 8 Toa Paych Singapore 1 985/1 67036512 67036513 - 569623 64694091 64694092 64694090 w 319254 63570753 63570754

+65 6338 6300 AM

Für other Appreved Reporting Dentmal/KIII Authorised Repainers, please contact our 24-hour socialest or AUG ISO Nobile App. Simply search sive (owensed "AUG SQ" from (Tures or Google Play).

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OCBC Bank Ltd

With heavily couldy that the policy to which this Cardicate of Insurance milete is insent in incontrince with the provisions of the Natur-Vavision (Their Ping Klista and Comparastics) Art (Cap. 169), Part V-the Road Terreport Art, 1920 [Malaysia] and Natur-Vavisies (Their Pang Klista) Klaus, 1930 (Malaysia).

Jonak A

911 SUNIT TIMAH ROAD TAN CHONG MOTOR CENTRE SINGAPORE 569022 ANSPANOTOR
Underwritten by AIG Asia Pacific Insurance Pts. Ltd.

TAN CHONG CREDIT PTE LTD - LSY

Tit Shandon Wiley 807-16 AVG Building S00'8120 | T.+65 6419 3000 | www.jay.com.ag

AIG Asia Pacific insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SM







