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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.

 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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

STATE OF THE PARTY	ACCIDENT STATEMENT
Date Of Report	18/04/2019 09:27
Date Of Accident	17/04/2019 07:55
Exact Location Of Accident	KPE AFTER EXIT 10 TOWARDS UNDERGROUND TUNNEL
Country/State of Loss	SINGAPORE
HORITAN TO VERY WHITE EVEN CANON	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS4284D
Insured/Policyholder	
Name Of Registered Owner	CHNG SIEW HOON (ZHUANG XIUYUN)
NRIC No	S7328349C
Email Address	CHNGANDREA@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97876492
Alternative Phone No	OTHERS-97876492
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI-1.2 DIG-T (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE CAR
nsurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700056150-01
Cover Note Number	
Driver	
Name of Driver	CHNG SIEW HOON (ZHUANG XIUYUN)
IRIC No	S7328349C
Date Of Birth	11/08/1973
Occupation	INDOOR
Pate Of Driving Pass	30/10/2012
Priving Experience	6 YEARS AND 5 MONTHS
ender	FEMALE
Mobile Number	(LOCAL) +65-97876492
ax Number	and was a market a m A market a m
Contact Number	OTHERS-97876492
Mail Address	CONTROL COMPANIES COMPANIES AND A STATE OF THE STATE OF T

CHNGANDREA@YAHOO.COM

Address

23 TAMPINES CENTRAL 7

#07-26

Postcode

528609

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

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

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)

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

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

SLW299S

Vehicle Make/Model/Colour

HONDA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LEE WENYONG

NRIC/Passport Number

S8127162C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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.
- Any false reporting 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 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 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:
 - (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: |

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature HOBS
Name:
Name:
No.: Reput Worth HOBS

KETCH PLAN	CPR OF	14R FHIT 10 10W	ARDS UNIDAL GROWN DIMINIS
		I A A	B) SLS 4284D
		1-11-21	B) SLW 299S
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my gide	dow	(Light Hard) for	om drives seat all the wo
losser	y scra	tching my side	dows.
ECLARATION	going particulars	are true in every respect.	
Ong	Boms particulars	are true in every respect.	alo 4 bold
Policyholder's Signatur	e[19	Driver's Signature (If driver is not the policyholder)	Reporting Centre Bersonnel's Signature

ACCIDENT STATEMENT

ACCIDENT DATE: 17 04,20	19)(DD/MM/YYY), TIME: (07:55)(HH:MM)
LOCATION: FRE after	Exit 10 toward underground fund
	- March Leaves Land
1. DETAILS OF VEHICLE	10/120/10
a) VEHICLE NUMBER:	LS42849
b)INSURANCE COMPANY:	AIG
C)POLICY NUMBER:	•
d)POLICY TYPE: (COMPRE)	HENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
O/MARE & MODEL	
I)TYPE: (SALOON / COUPE /	MPY /VAN / LORRY / MOTORCYCLE / OTHERS)
.g) VEHICLE CATEGORY: (PR	VATE/ COMMERCIAL / MOTORCYCLE)
h)PURPOSE OF USING AT A	CCIDENT TIME: driving to york
TAKE YOU CLAIMING UNDE	R YOUR OWN INCID ANDER MEDICAL
IF NO, PLEASE STATE (THIRE	PARTY CLAIM (REPORTING ONLY)
2. INSURED / POLICY HOLDER	THE TOTAL PROPERTY OF THE PROP
AINAME: CHNG Q	EN FLOOR
b) NRIC/FIN/PASSPORT: C	7328349C CONTACT: 97876492
c) ADDRESS: 23 Tank	res Central 7 #07-21
SIDAINE	210,509
*CONTINUE TO 3.d IF DRIVE	R ALSO POLICY HOLDER
THE OF PASSON ARE DRIVER	
(Including drive-) a) NAME: AS ADON	(MALE / FEMALE)
C) DINNIC/FIN/PASSPORT:	CONTACT:
CJADDRESS:	
AND ATE OF THE O	8 1929
d)DATE OF BIRTH:	O) 1173)(DD/MM/YYYY)
OCCUPATION: (INDOOR /	OUTDOOR 6 0 2012
1) DATE OF DRIVING PASS	
IF NO. RELATIONSHIP OF	E OF THE INSURED'S COMPANY? (YES YND)
5. DIWEATHER CONDITION: (CI	EARLY BANNING (STITES)
DIROAD SURFACE: DRY/W	T / OTHERS
6. WAS ANYBODY INJURED (YES	S (NO)
7. a) REPORTED TO POLICE (YES	(80)
IF YES, PLEASE STATE WHICH	POLICE STATION
8. THIRD PARTY VEHICLE	
ING OF Passenger of VEHICLE MULLED. SLV	12995 MODEL: Honda
- Induding driver) B) DRIVER'S NAME: 2	· Wenyong
() NRIC/FIN/PASSPORT:	VIZTIGATE CONTACT:
9. THIRD PARTY VEHICLE	
the of passanger of VEHICLE NUMBER:	MODEL:
Indudian data of DRIVER'S NAME	10 17
NRIC/FIN/PASSPORT:	CONTACT:
()	The state of the s
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174	11 9

email = chaganolreacyation com

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$73283490





CHNG SIEW HOON (ZHUANG XIUYUN)

去 庄 Face

CHINESE Date of But 11-08-1973 County of Brin

BINGAPORE

3388180

Date: 02/01/2018



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 30 Oct 2012 of the driver, and other motor vehicles =< 2500kg

NP 428A





CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: CHNG SIEW HOON (ZHUANG XIUYUN)

Period of Insurance

: 22 Sep 2018 To 21 Sep 2019

Engine No.

: HRA2488577A

Chassis No. : SJNFEAJ11U2021746 Vehicle No.

: SLS4284D

Policy No.

: 1700056150-01

Endorsement No.

Issued Date

: 23 Aug 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 : 2017

Driver Restriction

- NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The PolicyNotian b) Any other person who is triving on the Policyholder's order or with his/her permission This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified aga 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 less than

Age Condition

: All 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 him or reward, driving futilion, driving test, racing, pace-making, reliability trial 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 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

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

CHNG SIEW HOON (ZHUANG XIUYUN) - \$600 (Owri Damage)

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

1.TC AutoClinic Add: No.1, Sixth Lok Yang Hoad Singapore 628099 62622212

2 Autolution industrial Add: 19 Ubi Road 4 Singspore 40853 64909886 3 TC AutoClinic Add: 25 Leng Kee Road Singspore 159097 67036511 67038512 67038513

4 Tan Chong Motor Sales Add: 913 Bukit Timah Road Singapore 589573 64694091 64694092 64694093 5 Tan Chong Motor Sales Add: 17 Lorong 8 Toa Payoh Singapore 319254 63570763 63570754

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine at +85 6338 5200. Attenuatively, 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

Hire Purchase Company/Employer's Loan: HL Bank

Whithereby carefly that the policy to which this Cartificate 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). 1001447927

0500610353

TAN CHONG CREDIT PTE LTD-LSL

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

SINGAPORE 589622 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE