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Owner / Driver: (·) Cover Type: ()
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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 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 ladgement 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	29/04/2019 21:03	
Date Of Accident	27/04/2019 23:55	
Exact Location Of Accident	BLK 270 PUNGGOL FIELD HOUSING ESTATE LOADING BAY	
Country/State of Loss	SINGAPORE	
THE RESIDENCE OF THE PARTY OF T	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJU8912L	
Insured/Policyholder		
Name Of Registered Owner	CHUA SOCK TENG (CAI XUETING)	
NRIC No	S8571809F	
Email Address	NOEMAIL	
Mobile Phone Na	(LOCAL) +65-90038719	
Alternative Phone No	OTHERS-82284662	
Vehicle Particulars		
Manufacturer	NISSAN	
Model	SYLPHY-1.5 (A)	
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE	
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	2100182844-09	
Cover Note Number		
Driver		
Name of Driver	CHUA GUAN KEAT	
NRIC No	S8671883I	
Date Of Birth	22/11/1986	
Occupation	OUTDOOR	
Date Of Driving Pass	07/10/2010	
Driving Experience	8 YEARS AND 6 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-90038719	
Fax Number		
Contact Number	OTHERS-82284662	

NOEMAIL

Address

BLK 340 BUKIT BATOK STREET 34

#02-48

Postcode

650340

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SIBLING

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

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. 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

SBT5068T

Vehicle Make/Model/Colour

PORCHE GREY

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

YAP EN PING

NRIC/Passport Number

S9530291B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
 - 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

flame:

MRIC/FIN No.

SKETCH PLAN

Vehicle B SBT 5068 T

BLK 270 PULLYGOL FRELD HOUSING KENETH LEADUR BOY



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT The mortion Dule I time of accident 29/04/2019 should 23:55pm
My which was stationery pool stopped at BIX 270 Punggal Field
Lousing estate below the loading of unloading lot. I am still inside
my vehicle yet and suddnly velicle B "SBT 50687" remote
his cer and collidet onto my ver car partion. I come down
and exchange particulars and vehicle of "SBT 50687"
mention she did not aware of my vehicle so while reverse
and hit are on my ven on portion.

DECLARATION

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

DV.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Sign

Mame:

NEW FIN NO

ACCIDENT DATE & LOCATION			
Date & Time of Accident *	Date: 27/04/2019 Time: 25-55 pm (24 hr format)		
Exact Location of Accident *	BIK 270 Pungget Field Housing estate unloading		
INSURED / POLICY HOLDER / VEHICLE PARTICUL	ARS / DETAILS OF OWN VEHICLE		
Vehicle Registration Number *	SJU 8912L Make & Type : Wissan SYLPHY 1.5		
Name of Registered Owner*	CHINA SOCK TONS		
NRIC / FIN / Passport /Co Regn No. *	58571809F		
Contact Number *	9003 8715 Email/Fax No: -		
Exact Purpose for which vehicle			
was being used at Time of Accident	Private Usage / Commercial or Company's Usage		
Are you claiming under your own	☐ Yes / ☐No If No, Please state action to be taken		
insurance policy for repair to your vehicle?* INSURANCE COMPANY (OWN VEHICLE)	Third Party Claim (SYH / Other workshop?) / Reporting Only		
Name of Insurance Company *	China / EQ / Etiqa / MSIG / Tokio Marine/ Great American (A1G)		
Type of Policy*	Comprehensive / Third Party / Third Party Fire & Theft		
Policy No. (Certificate No.) / Cover Note No.	2100182844-09		
DRIVER			
Name of Driver*	CHUIA Guan keat Gender Gele DFemale		
NRIC / FIN / Passport Number *	S8671883I		
Date of Birth *	221 111 (986 (dd/mm/yyyy)		
Occupation *	☐ Indoor / ☐-Outdoor		
Date of Driving Pass (Pass Date) *	07/10/2010		
Contact Number *	8228 4662		
Address	BIK 340 Bakit Rotok Street 34 #02-48		
Email Address / Fax Number *	Email: Fex:		
Relationship of the Driver with the Insured *	Owner / Employee / Spouse / Friend / Others: Brother		
Does Driver Own any Vehicle, if YES pls indicate	Veh No: 1) 2) 3)		
Vehicle Number & Insurance Company *	Ins Co: 1)		
GENERAL INFORMATION OF THE ACCIDENT	01-1-0-11-10-10-10-10-10-10-10-10-10-10-		
Type of Collision	Chain Collision / Side-Swipe Front to Rear bOthers:		
Weather Conditions *	Clear / Raining / Others:		
Road Surface * OTHER INFORMATION	Wet ICDTY I Others:		
Was anybody Injured in the accident? *	WNo / Eyes (Police Report required)		
Was any injured conveyed to hospital	⊠No / □Yes		
by ambulance?			
Was any foreign vehicle involved in this accident? *	ENo / DYes Veh No: Veh Category:		
Number of vehicles involved in the accident	(02)		
Was there any witness?	⊟No / □Yes		
Was any other VEHICLE / Property involve /damage?*	□No / ⊟Yes		
Was there any video captured by Car Camera?	□Mo / □Yes		
DETAILS OF POLICE ACTION			
Was the Accident Reported to the Police?*	ENo / DYes If Yes, Please state which Police Station		
Was Notice of Intended Prosecution given? *	□No / □Yes If Yes, against whom?		
Number of Passengers (Including DRIVER)?*	(01)		
Passengers	Name: Name:		
	Gender : Male / Female Gender : Male / Female		
Have you been approached by unknown per-	son(s) soliciting/offering accident claims assistance? Yes (No)		

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$86718831





CHUA GUAN KEAT

CHINESE Cate of birth

22-11-1986 Country/Place of birth MALAYSIA

Clear 3 Motor Cara =< 2000kg with =<7 passengers, ax dusive B7 Oct 2010 of the driver; and other motor rehides < 2500kg

CON PARE LICENSED, TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!



OPEOSS SHORADNIS APT BLK 340 BUKIT BATOK STREET 34

58-01-5018



168817882 # DRW



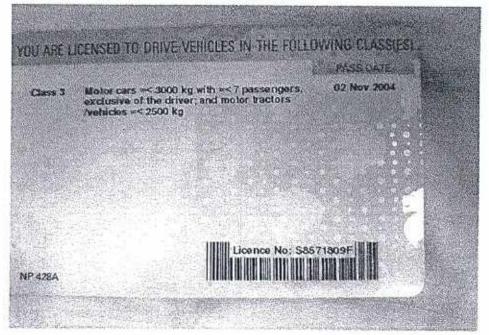
2151985







SINGAPORE 650340





CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: Chua Sock Teng

Period of Insurance

: 02 Jan 2019 To 01 Jan 2020

Engine No.

: HR15274381R

Chassis No.

: JN1BAAG11Z0110541

Vehicle No.

: SJU89121

Policy No.

: 2100182844-09

Endorsement No.

issued Date

: 26 Dec 2018

ABOUT THE COVER

Make/Model

: NISSAN SYLPHY 1.5

Engine Capacity/Tonnage: 1,498.00 CC

Sum Insured : Market Value

First Year of Registration : 2010

Driver Restriction

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) the reacysomer 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 meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or inexperienced Driver Excess" ("YIDA") If You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than a

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 hire or reward, driving tuition, driving test, racing, pace-making, resability 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 - S0 Own Damage - \$800 That: - \$0 Flood Cover - \$0

Section 2

Property Damage - 50

Windscreen: \$100

Named Driver and Excess (whose applicable)

Chua Sock Teng - \$600 (Own Damage)

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

1.TC AutoClinic Add: No.1, Sixth Lok Yeng Road Singapore 528099 62622212

2.Autolution Industrial Add: 19 Ubl Road 4 Singapore 408523 64939666 3.TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 6703651 67036512 67036513 4.Tan Chong Motor Sales. Add: 913 Buikh Tenah Road Singapore 585623 64694091 64694092 64694093

5.Tan Chong Motor Sales Add: 17 Lorong 8 Ton Payoh Singapore 319254 63570753 63570754

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 6338 6200. Attematively, 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: MayBank

IAWe horsely certify that the policy to which this Certificate of Insurance rotates 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, 1957 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500610307

TAN CHONG CREDIT PTE LTD-CCK 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