SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 <u>truthful and accurate</u> 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 aforesaid

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	ACCIDENT STATEMENT
Date Of Report	29/04/2019 17:35
Date Of Accident	28/04/2019 18:40
Exact Location Of Accident	BLK 108 YISHUN RING ROAD 9 (OPEN CARPARK)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT4440P
Insured/Policyholder	
Name Of Registered Owner	TOH CHEE KIONG
NRIC No	S7537341D
Email Address	CKTOH1412@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93887205
Alternative Phone No	Office-NOPHONE
Vehicle Particulars	
Manufacturer	SUBARU
Model	XV-1.6 I-S AWD CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL / LEISURE
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	1700071953-01
Cover Note Number	
Driver	
Name of Driver	TOH CHEE KIONG
NRIC No	S7537341D
Date Of Birth	14/12/1975
Occupation	INDOOR

26/10/1998

20 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93887205

Fax Number

Contact Number OFFICE-NOPHONE

EMail Address CKTOH1412@GMAIL.COM

Address APT BLK 30 WOODLANDS DRIVE 16 #04-23

Postcode 737769
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

Simole

Insurance Company of Driver's Own Vehicle

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General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

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

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

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 THE ATTACHED DOCUMENTS AND VIDEO FOOTAGE

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGV82P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver IMRAN BIN ATAN

NRIC/Passport Number S1788412C

Contact Number

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

Accident Sketch Plan

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SCRIBE CIRCUMSTANCES OF THE A	CCIDENT
Location of accident:	108 trum Ring Rond (Open car parts)
Pate/Time: 28/4/19	@ oct 1843 lurs
yate live . Lot it	
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11 11 00 000 1000) is some toil to know gate distance
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	wil not grand horn to alert
t. Rear vehicle also	action sound voice
5. AL - PRULL WAT U	relacte's front right brompes but my trong left
AT A TETALT, 160	wil not sound horn to alert my front left whiche's front night bumpes hit my front left
humper.	
	P. Control of the con
191	
	4
*	7
DECLARATION	And top is supply rethect.
DECLARATION I/We declare the foregoing particular	s are true in every respect.
DECLARATION I/We declare the foregoing particulars	s are true in every respect.
DECLARATION I/We declare the foregoing particulars	
DECLARATION I/We declare the foregoing particular Policyholder's Signature	Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Name: DANIEL JUDE

GIARMC SketchPlanForm_V3

SKETCH PLAN

HMPORTANT NOTICE

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- 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
- 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, admowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GLA") 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, involces, 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 t 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
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permit 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 agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Pur
 - . (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 frau: regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

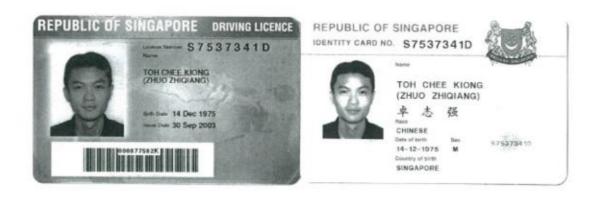
(II) for complying with requirements under any regulations, laws or court orders.

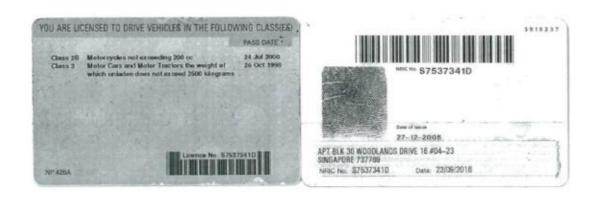
Policyholder's Signature

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

Reporting Centre Personnel's Signatu Name: DANIEL SUDE NRIC/FIN NO .: S9001518D

GIARMC SketchPlanForm_V3







CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Toh Chee Kiong (Zhuo Zhiqiang)
Period of Insurance : 30 Oct 2018 To 29 Oct 2019
Engine No. : FB16YB16579

Chassis No. : JF1GT3KC5JG022889

: SLT4440P Vehicle No. Policy No. : 1700071953-01

Endorsement No.

Issued Date : 19 Sep 2018

ABOUT THE COVER

Make/Model : SUBARU XV 1.6

Engine Capacity/Tonnage: 1,600.00 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 other person who is driving on the Policyholder's order or with his/her permission. This Policy will indemrify the Policyholder or any authorised driver only if helizhe meets the specified age condition.

You have to pay an additional sum of \$3,000 as "inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (parted or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

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 his or reward, driving test, racing, pece-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with history 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), see not to be included under these headings.

EXCESS

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

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Toh Chee Kiong (Zhuo Zhiqiang)

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

1 Motor Image Enterprises Pie Lld. Add: 19 Loreng 8 Toe Payoh Singapore 319255 64170100

For other Approved Reporting Contres/A/G Authorised Repairers, please contact our 24-bt or A/G SG Mobile App. Simply search and download "A/G SG" from (Tunes or Google Play rek emergency holline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.ag

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

I/We hereby certify that the policy to which this Contribute of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part I/V of Street

TAN CHONG CREDIT SUBARU-JAN

911 BUKIT TIMAH ROAD

SINGAPORE 589622

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.



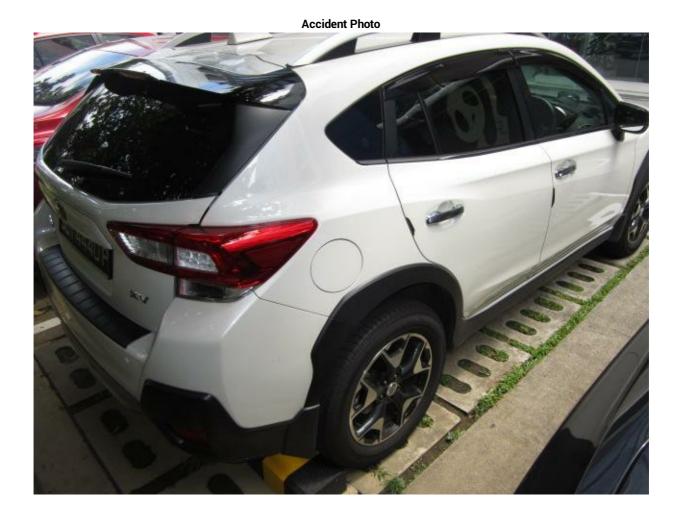














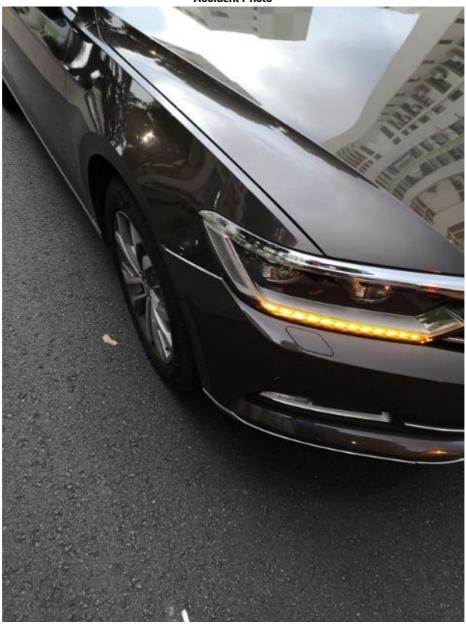














Accident Photo







