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Confirmed by : (Dater.	Timer)
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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.
- 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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HOUSE THE RESERVE OF THE PARTY.	ACCIDENT STATEMENT	11 - OH (4m) - 55
Date Of Report	15/06/2019 11:56	
Date Of Accident	13/06/2019 18:45	
Exact Location Of Accident	ALONG PIE TWDS TUAS	
Country/State of Loss	SINGAPORE	
11. 不知识别性独立的一种	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLG652P	
Insured/Policyholder		
Name Of Registered Owner	LIM CHENG YAO	
NEW MARKET		

NRIC No S9129652G
Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-97553332

 Alternative Phone No
 OFFICE-97553332

Vehicle Particulars

 Manufacturer
 MAZDA

 Model
 MAZDA 3

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 2100485592-00000

Cover Note Number

Driver

 Name of Driver
 LIM CHENG YAO

 NRIC No
 \$9129652G

 Date Of Birth
 25/08/1991

 Occupation
 INDOOR

 Date Of Driving Pass
 13/03/2015

Driving Experience 4 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97553332

Fax Number

Contact Number OFFICE-97553332

EMail Address NOEMAIL

Address

BLK 2B GEYLANG SERAI #16-19

Postcode

404002

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

NO

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 ATTACHED STATEMENT.

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

Vehicle Make/Model/Colour

SME1991C

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHC262A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIM CHENG YAO

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SLG652P

Were seat belts worn?

YES Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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
- 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)
 - 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

Name:

NRIC/FIN No.:

(If driver is not the policyholder)

Date & Time:

SIARMC SetchPlanForm, V3

Name:

NRIC/FIN No.:

¥	. 18.
Date of Accident	: 13/6/19 Accident Time: 6. 45m
Accident Place	: Along PIE towards Tues
Vehicle. No. (Car Plate No.)	: SLGGS2P Make/Model: Mazda 3
Insurace Company	: A16 Policy No: 21500485592
Owner or Company Name /IC No.	
Owner or Company Contact No.	: Owner's Hp 97553332Company Tel
DRIVER'S Name / IC No.	: as above
DRIVER'S Date Of Birth	: 25/8/1991 DRIVER'S License Pass Date 13/3/2015
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Own
DRIVER'S Address	: BK 28 Greylong Seri, # 16-19 5404002
DRIVER'S Contact No./ Alt No.	:1) 2)
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 Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Dr.	iver): 1 Driver
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state):	camera: YES \ NO being used at the time of accident: Private use \ Work purpose
Other Pa	rty Driver's Particular (if any)
Vehicle, No: SMF 19910	
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:
* NEW - Passenger's name & g	







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Motor cars with unladen weight =< 3000kg with =< 7 DATE passengers, exclusive of driver; and other motor 13 Mar 2015 vehicles with unladen weight =< 2500kg

For LKK/NAC Use Only

NP 428A



CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT(CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) BULES, 1940 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) BULES, 1940 MOTOR VEHICLES (THIRD-PARTY) MOTOR VEHICLES (THIND PARTY RISKS) RULES, 1965 (MALAYSIA)

TRANS FUROKARS AUTO PROTECTOR

OWN DAMAGE EXCESS \$3600.00 WINDSCREEN EXCESS \$5100.00 (1)

CERTIFICATE NO. 210048592 00000

2100485592-00000

SUM INSURED Market Value INSURING WITH COEPARE YOU

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

Lim Cheng Yao.

19 Sep 2016

SLG652P

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

18 Sep 2017

4) DATE OF EXPIRY OF INSURANCE

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE SUBJECT TO AGE CONDITION ; All Age Condition

a) The Insured.
b) Any other person who is divering on the Insured's order or with his permission.
This points will indominally the insured or any authorised driver only if be able eners the age conditions.
This points will indominally the insured or any authorised driver only if be able eners the age conditions.
A Young sud-or hecaperionical Driver Excess ("YIDIC") of SSS 000 00, in additional to the
A Young sud-or hecaperionical Driver (academy for principle) in You are or the said.
Painty I turns, applies to You and any Authorised Driver (named or annumed) if You are or the said.
Authorised Driver is below the age of 23 and or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE .

Line only for second, dementic and picosome purposes and for the Insurers's business.
The Policy does not arrog one for here or rewards, button, driving test, facing, pace-making, reliability trul special moting to mentage of goods other than samples in connection with any trade or business or use for any purpose to metallics with the Motor Trade.

APPROVED REPORTING CENTRES: AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)

1. Francischen Pro Ede - No. 5 Ebs Close (Tel. 6385879)
2. Confordielen Engry - 205 Braidet Galden (Tel. 638587118) 3. DPS Body & Palot Workshop - 209 Pandati Galdens (Tel. 65654501)
4. Brain - 30 Brain Braid Crist Tel. 665677777) 5. Grand 1n - 52 Uni Ave 3 (Tel. 6278087) - For windscreen only
6. East Brain Sing Money - 64 Defe Leave 12 (1st. 63479560) 7. Las Brait (Meng Kite) Money - 21 Sin Mong End (Tel. 62438110)
8. Money Automotive - 1008 Budat Merals Lane 3 (Tel. 62723892) 9. Progressive Automotive - 3022A Unit Rd 1 (Tel. 67415336)
10. 5507, Money - 1 Kakh Budat Ave 6 Bib D (Tel. 67476406)

LOSS OF USE Loss of the 16 Days (1506 - 1600cc) - Refer to policy, wordings for details

NAMED DRIVER NA

HIRE PURCHASE COMPANY HONG LEDNG FINANCE LTD EMPLOYER'S LOAN

*Limitations rendered inoperative by Section 8 of the Motor Vanicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Rised Transport Act, 1967 (Malaysia), are not to be included under these headings.

17 We hereby Centry that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part PV of the Road Transport Act, 1987 (Malaysia)

Issued At Singapore # Oxidita

AIG Asia Pacific Insurance Pte. Ltd.

MATERIAL REAL PROPERTY OF THE PROPERTY OF THE

AUTHORISED REPRESENTATIVE

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AND AND PACKE STREET

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CONTROL OF THE AND AND PROPER TRANSPORT PARTY.

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