SINGAPORE ACCIDENT STATEMENT

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.
- 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 con aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available		
	ACCIDENT STATEMENT		
Date Of Report	06/07/2019 10:44		
Date Of Accident	05/07/2019 11:30		
Exact Location Of Accident	ALONG TOA PAYOH LORONG 6		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SDN5006E		
Insured/Policyholder			
Name Of Registered Owner	HENG LIK BOON		
NRIC No	S0130932C		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-93822728		
Alternative Phone No	OFFICE-93822728		
Vehicle Particulars			
Manufacturer	ТОУОТА		
Model	COROLLA ALTIS-1.6 CLASSIC (A)		
Exact Purpose for which vehicle was being used a time of accident	t		
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	2100472783-03		
Cover Note Number	28/06/2019-27/06/2020		
Driver			
Name of Driver	HENG LIK BOON		
NRIC No	S0130932C		

Date Of Birth 20/12/1954 Occupation **INDOOR** Date Of Driving Pass 22/04/1980

Driving Experience 39 YEARS AND 2 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-93822728

Fax Number

Contact Number OFFICE-93822728

EMail Address NOEMAIL Address 66 TOH TUCK ROAD

03-01

NO

2

NO

1

Postcode 596730

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 COLLIDED INTO MOTORCYCLIST

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

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? YES

Remarks/ Reasons: FOOTAGE WITH OWNER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBH489H

Vehicle Make/Model/Colour B

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

		1
SKETCH PLAN		
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	motorcyclist	
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HITTHE PUR		
		B-FBH 489H
DESCRIBE CIRCUMSTANCES OF THE	ACCIDENT	
On 5 July at as	round 11.30 am	I was driving along
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a motorcydist	bana into to	he loft stile of me
Car. the dit mote	rcyclist after	the sittle of the road.
drove sideway a	nd parked at	the side of the mad
1410 0100 010		
We stopped and	inspect the dai	naged. The left bumper as not damage one and vehicle and body, and we departed.
Crmy lar 18 dam	aged. There w	as not damage aneand
Thon of the tales	mutorcyclist's	vehicle and body.
men after laking	The pretures	and We departed.
Important:		- Reporting Only
You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.		- Claim OD
		- Claim TP
		- Claim OD/TP/at other workshop
DECLARATION		J J J J J J J J J J J J J J J J J J J
I/WE declare the foregoing particulars	are true in every respect.	· /
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fearing 6/7/19		AV_{i}
Magnes 10 Fram		
Policyholder's size-a		-
Policyholder's signature Date & Time	Driver's Signature	Reporting Centre Personnel's Signature
~ 11110	(if driver not the policyholder)	Name:
	Date & Time	Nric/Fin No.

Sketch Plan Pg. 2

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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
- 5. 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
- 7. By the ladgment 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:

- 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)
 - (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.
- 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 & Signature

Date & Times

Driver's Signature

(If driver is not the policyholder)

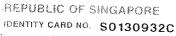
Date & Time:

Reporting Centre Personnel's Signature

Name:

NITICATIN No.:

Sketch Plan Pg. 3



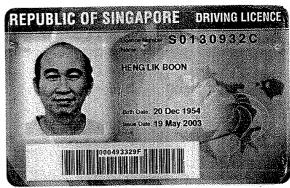


HENG LIK BOON

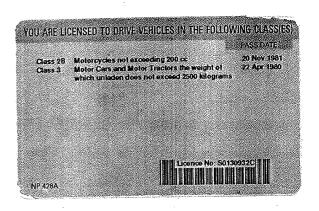


Oate of birth 20-12-1954 Country of birth SINGAPORE











CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: Heng Lik Boon

Period of Insurance

: 28 Jun 2019 To 27 Jun 2020

Engine No.

: 1ZRY307865

Chassis No.

: MR053REH104553229

Vehicle No.

: SDN5006E

Policy No.

: 2100472783-03

Endorsement No. Issued Date

: 29 May 2019

ABOUT THE COVER

Make/Model

: TOYOTA COROLLA ALTIS 1.6 DUAL

Engine Capacity/Tonnage: 1,598.00 CC

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2016 Insuring with COE/PARF : Yes

Driver Restriction : NA Person or Classes of Persons Entitled to Drive*:

a) The Policyholder

a) The Policyholds 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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named 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 hire or reward, driving tuition, 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 Optional

* 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

Section 1
Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Heng Lik Boon - \$600 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, 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: United Overseas Bank Limited

I/We hereby certify that the policy to which this Certificate 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 the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

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AIG - AUTO DIRECT 78 SHENTON WAY #07-16 AIG BUILDING SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. **AUTHORISED REPRESENTATIVE**

