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### 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.

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.

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	ACCIDENT STATEMENT
Date Of Report	10/07/2019 14:37
Date Of Accident	09/07/2019 10:35
Exact Location Of Accident	WOODLANDS CHECKPOINT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGZ6051T
Insured/Policyholder	
Name Of Registered Owner	CHIANG LENG OON
NRIC No	S0467065E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81238258
Alternative Phone No	OFFICE-81238258
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS
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

PRIVATE CAR

Vehicle Category Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 2100442089-03

Cover Note Number

Name of Driver JACE LIM WEI MIN

NRIC No S8713061D Date Of Birth 07/05/1987 Occupation INDOOR Date Of Driving Pass 25/05/2009

Driving Experience 10 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-81238258

Fax Number

Contact Number

EMail Address NOEMAIL Address APT BLK 310A PUNGGOL WALK \$04-506

Postcode 821310

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - SON-IN-LAW

Insurance Company of Driver's Own Vehicle

•

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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

YES

Was any other material or property damaged?

Jal.

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

BEATRICE

GENDER:

: FEMALE

Passenger 2

NAME:

: ASHLYN

GENDER:

: FEMALE

**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

REFER TO THE STATEMENT ATTACHED.

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 SKQ5763D

Vehicle Make/Model/Colour

TOYOTA CAMRY

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver HO SANG BIN

NRIC/Passport Number

Contact Number 83331629

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.
- 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 withholding of material facts may allow insurance companies to repudiate policy liability.
- 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

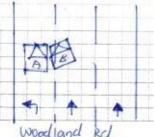
9

Name:

NRIC/FIN No.:

Vehicle A: SEZ 6051T vehicle B: SKa5763D

woodland check point



ESCRIBE CIT	RCUMSTANCES OF	THE ACCIDENT	(Wood)	land Rd		
Or	. the stated	d date x +	ime. I , ve	hick A	was to	avelling
traight	on the state	ed venue.	Juddenly u	chille 8	cut into	my lane
nd hit c	n to my w	hide front	right por	tion.		
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10-7-			<del>OF SECOND</del>			

# DECLARATION

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

Polycyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

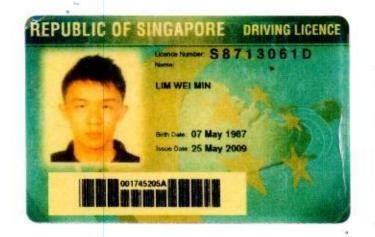
Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE OF OI M HOD/MM/Y	YYYY), TIME: (055 am) [HH:MM]
LOCATION: Woodland checkpoint (car	Lane).
1. DETAILS OF VEHICLE  GIVEHICLE NUMBER: SGZ GOETT	
DINSURANCE COMPANY: ALG	
CIPOLICY NUMBER: 2100 442089-0	
dIPOLICY TYPE: (COMPREHENSIVE / THIRD	PARTY / THÍRD PARTY FIRE &THEFT)
DIMAKE & MODEL: Toyota vios	
F)TYPE: (SALOON / COUPE / MPV /V AN / LO G) VEHICLE CATEGORY: (PRIVATE / COMME	RCIAL / MOTORCYCLE)
hIPURPOSE OF USING AT ACCIDENT TIME:	Private WC
IJARE YOU CLAIMING UNDER YOUR OWN I	NSURANCE (YES/NO)
IF NO. PLEASE STATE (THIRD PARTY CLAIM)	/ REPORTING ONLY)
ANAME: Chiang Long oon	(M&ZE / FEMALE)
DINRIC/FIN/PASSPORT: S 0467065	E CONTACT:
	1/4 # 12-3613 (5)1233
	4 4 4
* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER
The of passang DRIVER ALSO POLICY	
(Included of the state of the s	(MADE / FEMALE)
DINKIC/FIN/PASSPORT: 387 136CID	CONTACT: 8123 8258
CIADDRESS: BIK 310A Punggol Walk T	A04-506 (1) 821310
D Beatrice (F) "a) DATE OF BIRTH: (7 / 5 / 1987 ) 10	D/MA/WWW)
	D/MM/TTTT)
Ashiyn (F)	
<ol> <li>WAS DRIVER AN EMPLOYEE OF THE INSU</li> </ol>	JRED'S COMPANY? (YES / NO
IF NO, RELATIONSHIP OF THE DRIVER W	ITH INSURED: SON - IN - LAW
5. GIWEATHER CONDITION: (OFFAR / RAINING	/ OTHERS
b)ROAD SURFACE: (DRY / WET / OTHERS	
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATIO	N:
# HE of pussinger as VEHICLE NUMBER: Skg 57630	
THE OF PUSSONGER OF VEHICLE NUMBER: SKO 57630	MODEL: Toyota canny
(Including driver) b) DRIVER'S NAME: HO SONG BIN  C) NRIC/FIN/PASSPORT: S 13 10 557 2	2217127 8222 1/26
9. THIRD PARTY VEHICLE	CONTACT: 8333 1629
	MODEL:
The of present of Dan and Present	MODEL:
(Induding driver) f) NRIC/FIN/PASSPORT:	CONTACT
( )	CONTACT:

|email = rico60 autosurvices egmail. comp fax = 6286 7060





IDENTITY CARD NO. \$8713061D





JACE LIM WEI MIN

林伟沿

CHINESE Date of birth

07-05-1987 Country/Place of birth SINGAPORE Sex

887130610

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

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 25 May 2009

of the driver; and other motor vehicles =< 2500kg

NP 428A

5320333



NRIC No. S8713061D

23-06-2014

APT BLK 310A PUNGGOL WALK #04-506 SINGAPORE 821310

NRIC No: \$87130610

1

Date: 14/10/2015





0585120



NRIC No. S0467065E

Blood Graup

Date of issue

27-10-1992

\* C-3013

SINGAPORE 1233



# CERTIFICATE OF INSURANCE

# AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Chiang Leng Oon

Period of Insurance

: 04 Dec 2018 To 03 Dec 2019

Engine No.

: 1NZX650681

: MR053HY9305036515 Chassis No.

Vehicle No.

: SGZ6051T

Policy No.

: 2100442089-03

Endorsement No.

Issued Date

: 07 Nov 2018

## ABOUT THE COVER

Make/Model

: TOYOTA VIOS

Engine Capacity/Tonnage : 1,497.00 CC

Off Peak Car : No

Sum Insured : Market Value

First Year of Registration : 2007

Insuring with COE/PARF : Yes

: NA Driver Restriction 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 indemnify the Policyholder or any authorised driver only if hersine meets the specified age condition.

You have to pay an additional sum of \$3,000 as: "Young and/or inexperienced Driver Excess" ("YEOR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2

Age Condition

: All Age Condition

Limitation as to use"

Use only for social demestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving suition, driving test, racing, page-making, reliability final or speed-testing, the carnage 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 (Mateysie), are not to be included under these headings.

# EXCESS

Section 1

Fire - 50 Own Damage - \$1100 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - 50

Windstorees: \$100

Named Driver and Excess (where applicable)

Chiang Leng Con - \$1100 (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 Agents workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hottine at +65 6336 6200. Alternatively. You may refer to AIG website www. aig com. sg or AIG SG Mobile App. Simply search and downtood "AIG SG" from IT unes or Google Play.

## IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: SPEED CREDIT PTE LTD

IVWe hereby genify that the poticy 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 IV of the Road Transport Act, 1967 (Mataysia) and Motor Vehicles (Third Party Risks) Rules, 1969 (Mataysia).

0030210000

AIG ASIA PACIFIC INSURANCE PL 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

ANG