SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report $\underline{\text{correctly}}$ the details of the accident to speed up the claims process.
- 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver.</u>
- 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.

	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	29/07/2019 15:56
Date Of Accident	28/07/2019 18:30
Exact Location Of Accident	GIVE WAY LOYANG AVENUE 8 & TAMPINES AVE 7
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMC5288J
Insured/Policyholder	
Name Of Registered Owner	SEET THIAN BENG BENJAMIN
NRIC No	S1766726B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90907202
Alternative Phone No	Office-NOPHONE
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER-2.0 I-L (SJ) (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?	YES
If No, Please state action to be taken	
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	1800079793
Cover Note Number	
Driver	
Name of Driver	TEO SOO KIM CAROLYN
NRIC No	\$70427101
Date Of Birth	05/12/1970

INDOOR

10/11/1992

26 YEARS AND 8 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-90907202

Fax Number

Contact Number

EMail Address CAROLYNTEOSK@HOTMAIL.COM

Address 754 YISHUN ST 72 #09-496

Postcode 760754
Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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

ambulance?

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

Passenger 1 Name: : TEO SOO LING KATHLEEN

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?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER ATTACHED

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLE2590G
Vehicle Make/Model/Colour HONDA VEZEL

Details Of Properties REAR SIDE

Vehicle Category PRIVATE CAR

Name of Driver MOHAMAD SA'ID RIN OTHMAN

NRIC/Passport Number Contact Number S1430238G 93283981

Address

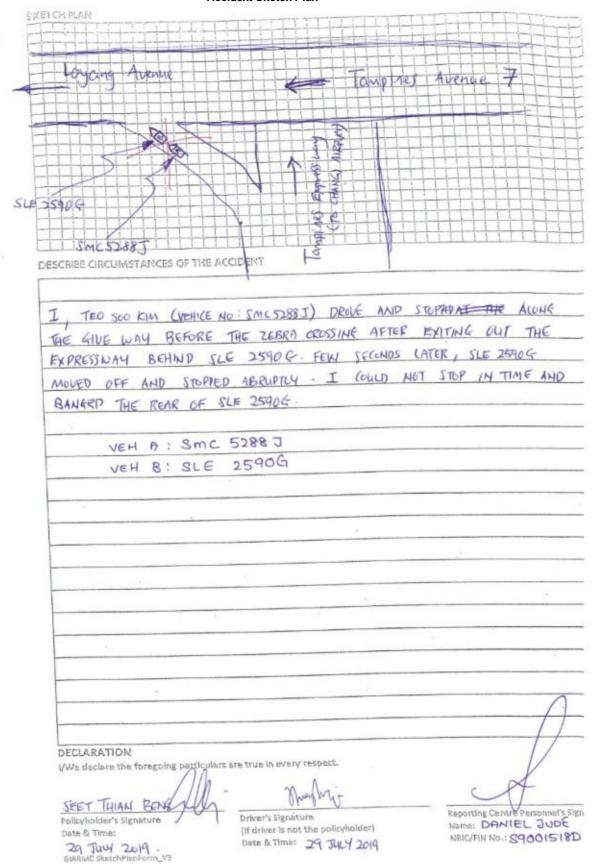
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan



SKETCH PLAN

HAPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the dalms process.
- 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.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- Any false reporting may be referred to the Police for Investigation.
- E. 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, admostledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, discipe 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 insure vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Wonetary 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 or external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively t "Purposes")
 - (b) all insurar(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are perto 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 provide agents (including their lawyers flaw firms), which may be sited outside of Singapore, for one or more of the above P
 - 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 fro 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.

Date & Time:

29 JULY 2019 Driver's Signature

(If driver is not the policyholder)

Date & Time: 29 TUCY 2019

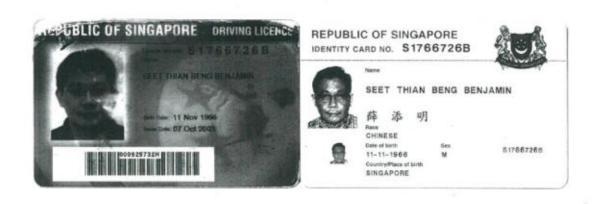
Reporting Centry Personnel's Sign Name: DANIEL JUDE

NRIC/FIN No.: S90015180

GIARMIC SketchPlanForm, V3











CERTIFICATE OF INSURANCE

: 04 Jun 2019

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Seet Thian Beng Benjamin Vehicle No. : SMC5288J : 06 Jul 2019 To 05 Jul 2020 : FB20YE14651 Period of Insurance Policy No. : 1800079793-01

Engine No. Endorsement No. Chassis No. : JF1SJ5KC5JG110896 **Issued Date**

ABOUT THE COVER

Make/Model : SUBARU Forester 2.0I-L

First Year of Registration : 2018 Engine Capacity/Tonnage : 1,995.00 CC Sum Insured : Market Value 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 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" ("VIDIY") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

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 his or reward, driving tailon, driving test, racing, pace-making, reliability trial or speed-besting, 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 - \$0 Dwn Damage - \$800 Theft - \$0 Flood Cover - \$0

Property Damage - \$0 Windscreen: \$100

Named Driver and Excess (where applicable)

Seet Thian Beng Benjamin - \$800 (Own Damage)

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

1 Molor image Enlerprises Ple Ltd. Add: 19 Lorong & Toe Paych Singapore 319255 54170100

For other: Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency holline at +65 6336 6200. Alternatively, you may refer to AIO website www.aig.com.sg or AIG SIG Mobile App. Simply search and download "AIG SIG" 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 IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500619233

TAN CHONG CREDIT SUBARU-MEG 911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE SINGAPORE 589822

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE



















































