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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	19/08/2019 13:41
Date Of Accident	18/08/2019 21:55
Exact Location Of Accident	PIE TWDS AIRPORT BEFORE THOMSON
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH8394B
Insured/Policyholder	
Name Of Registered Owner	CHUA THIAM SOON
NRIC No	S1828934B
Email Address	CHUATHIAMSOON67@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96224288
Alternative Phone No	OFFICE-96224288
Vehicle Particulars	
Manufacturer	HONDA
Model	CRV
Exact Purpose for which vehicle was being used at time of accident	
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	

Insurance Company

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

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number 1900014525

Cover Note Number

Driver

Name of Driver CHUA MING YANG MALCOLM

NRIC No S9914911F Date Of Birth 05/05/1999 Occupation **INDOOR** 30/01/2018 **Date Of Driving Pass**

Driving Experience 1 YEAR AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90263722

Fax Number

Contact Number

EMail Address NOEMAIL Address BLK 639 CHOA CHU KANG ST 64 #10-19

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident **CHAIN COLLISION**

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : MUHD OMER IQBAL

GENDER: : MALE

Passenger 2 : PERVAIZ IQBAL NAME:

> GENDER: : MALE

Passenger 3 NAME: : HINA PERVAIZ

> GENDER: : FEMALE

Passenger 4 NAME: : IMAN IQBAL

> GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG PIE TOWARDS AIRPORT ON THE SECOND RIGHT LANE OF 4 LANES. AS I WAS TRAVELLING STRAIGHT, I NOTIVED THAT THERE WERE ROADWORKS ON THE RIGHT MOST LANE. I PROCEED TO TRAVEL STRAIGHT. WHEN SUDDENLY, ONE M/TAXI (SHD9920M) SWERVED INTO MY LANE AND ENCROACHED INTO MY PATH FROM THE RIGHT MOST LANE INTO MY LANE. I IMMEDIATELY APPLIED MY BRAKE AND STOP WHEN M/CAR (SJP5022B) CAME FROM MY REAR AND COLLIDED ONTO THE REAR PORTION OF MY VEHICLE. DUE TO THE STRONG IMPACT, CAUSED MY VEHICLE TO SURGE FORWARD AND COLLIDED ONTO TAXI (SHD9920U).

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

SJP5022B

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B
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 SHD9920U

Vehicle Make/Model/Colour

Details Of Properties VEHICLE C

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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.
- 7. 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

RIMBY: StetchFlanFores_23

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

2m Auto

SKETCH PLAN

C: SHO ODON B: 32 b 2055B D: STH 831AB.	HONSON. AP BEARE HONSON.
C: ZHO	PIE 72.03 THOMSON

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAJECTING ALONG PIE TOWARDS AIRART ON THE
SECOND RIGHT LANE OF 4 LANES AS I WAS TRAVELLING
STRAIGHT, I NOTICED THAT THERE WAS ROADWOOK ON THE
Plant most have I proceen to travework STRAIGHT, WHEN
SUPPENLY ONE M/TAXI SHO 9970M SWEEVYED INTO MY LANCE
AND ENCROPER INTO MY PAM FROM THE RIGHT MOST HAVE INTO
my LANG I immediately Apply my BRAKE AND STOP WHEN
WILLIAM STP 5033 (AMI COM MILL READ AND POLLINGO MANDO
THE REAL PORSTION OF MY VEHICLE, DUE TO THE STEOMER IMPAREMENTS MY VEHICLE TO SURGE FORWARD AND COULDED ON TO
CAUSED MY VEHICLE TO SURGE FORWARD AND COULDED ON to
M/1AXI 8 HD 99204 .

DECLARATION

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

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.:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1828934B



Name



CHUA THIAM SOON

順

CHINESE

Date of Birth

Sex

与18总额自然4月

Country of Birth

SINGAPORE

16-06-1967



NRIC No S1828934B



Blood Group

Date of issue

06-01-2003

THINK ONE MOTOGETANDING ING MOTOR TRADING

3288558

Identification Card

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9914911F





Name

CHUA MING YANG MALCOLM

蔡

明

諹

Race

CHINESE

Date of birth

Sex

05-05-1999

M

Country/Place of birth

SINGAPORE

(F2145-

...

5281618





Date of issue

10-03-2014

Address

APT BLK 639 CHOA CHU KANG STREET 64 #10-19 SINGAPORE 680639

Driving License



Lacence Number: \$991491

Name:

CHUA MING YANG MALCOLM

Birth Date: 05 May 1999

Issue Date: 30 Jan 2018



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

EFFECTIVE DATE

Class 3

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

30 Jan 2018

NP 428A





CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: CHUA THIAM SOON : 15 Feb 2019 To 14 Feb 2020

Period of Insurance Engine No.

: K24Z99053612

Chassis No.

: MRHRM3850HP080119

Vehicle No.

: SLH8394B

Policy No.

1900014525

Endorsement No.

Issued Date

14 Feb 2019

ABOUT THE COVER

Make/Model

: HONDA CRV 2.4 [Sedan]

Driver Restriction

Engine Capacity/Tonnage : 2,354.00 CC : NA

Off Peak Car : No

Sum Insured : Market Value

First Year of Registration : 2016

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyfickler b) Any other person who is driving on the Policyhouter's order or with higher permission. This Policy withing monthly the Policyhouter's any suther laws driver only if I wishe meets the specified age condition.

You have to pay an additional sum of \$0,000 as "Young anote: Inexpedenced Driver Excess" (YICR") if You are or Yikir A, the seed Univertyrance or uncarried by under the age of 23 and/or has less than years' crising expension.

Age Condition

: All Age Condition

Limitation as to use*

Use only for podal, domestic and prepared and for the Policyholder's business.
This Policy does not occur use for hits or meand, driving militan, inlesing test, writing percembering, religibility trial or speed-tooling, the camage of goods affor than samples in connection with water Trials.

This Policy does not occur use for hits or meand, driving militan, inlesing test, writing percembering, religibility trial or speed-tooling, the camage of goods affor than samples in connection with Walat Trials.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered impressive by Section 6 of the Motor Voltices (Third Porty Risks and Componisation) Art. (Cap. 146) and Section 35 of the Rose Transport Art. 1987 (Maraysia), are not to be included maken these headings.

EXCESS

Section 1 Fire - \$8 Own Damage - \$860 Theff - 90 Flood Cover - 50

Section 2

Property Demage - \$0.

Windsproon: \$100

Named Driver and Excess (where applicable)

CHUA THIAM SOON - \$800 (Cwn Damage)

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

Approved Reporting Centres/ AIG Author soc Repairers (For states related repairers, Within the first 3 years of the first registration of the Vehicle in Singapore. You have the option of having the accident repaire in 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 repair control out. At the Sele Agent's exclusive, Far of that Approved Repairers, please control out 24 hour accident emergency holding at +65 5835 5200. Alternatively, You may refer to AIG website www.nig.com.org. or AIG SC Manifest Fall SC From Flores or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

We nereby cartly that the patey to which this dentificate of the preparation is expressed in accordance with the provisions of the Victor Vehicles (Third Party Risks) (Copyright See (Marsysta)).

The Road Transport Act. (1967 (Makeysta) and Victor Vehicles (Third Party Risks) (Cles. 1959 (Marsysta)).

0504125000

PREMIUM LEASING PIE LED

291 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE

SINGAPORE 159938

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

1933307















