SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

- 1. 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	05/09/2019 09:38
Date Of Accident	04/09/2019 16:50
Exact Location Of Accident	PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SME3741U
Insured/Policyholder	
Name Of Registered Owner	XIAO LILI
NRIC No	G1555238M
Email Address	ALLWORLDPARTS@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-83837318
Alternative Phone No	Office-65819236
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ESTIMA AERAS 2.4 G EDITION A
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	YES
f No, Please state action to be taken	
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
ype Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800120409
Cover Note Number	12/10/2018 TO 01/12/2019
Driver	
Name of Driver	XIAO LILI
NRIC No	G1555238M
	02/01/1979
Date Of Birth	02/01/1979
Date Of Birth Descupation	INDOOR

25/05/2017

2 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-83837318

Fax Number

Contact Number OFFICE-65819236

EMail Address ALLWORLDPARTS@OUTLOOK.COM
Address 31 PASIR RIS GROVE #09-63 (S) 518075

Postcode

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 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

3

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

NO

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

Was any other material or property damaged?

soliciting/offering accident claims assistance.

NO

NO

NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

refer with attach.

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 SGG4311G

Vehicle Make/Model/Colour TOYOTA ESTIMA

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 SHA3897J

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)

Accident Sketch Plan

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.
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- 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.
- 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:
 - (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's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

		P = SGG 421
PIE		C: SHA389
— A .	<u>U</u> <u>D</u>	
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
I was drivi	'ns along pie	on the first
190-th vehicle	C B 4 C	were collised each
1 ioned Fine	front of me.	c by ctill morp
	in light	hit one the rec
of cer 5 GG	A3114.	
DECLARATION I/We declare the foregoing particula	rs are true in every respect.	
		ST MAN S
or part 4 commons	1	12/ 12/
Via LiLi Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature

aig interview form

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: XIAO LILI : SME3741U : 04/09/2019 @ 1650hrs : pie towards tuas : SGG4311G			
VEHICLE NUMBER				
DATE/TIME OF ACCIDENT				
PLACE OF ACCIDENT THIRD PARTY VEHICLE (IF ANY)				

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT? from changi to jurong				
DID YOU DRINK ANY ALCOHOLIC ACCIDENT? IF YES, DID THE TRAF ON YOU? IF YES, WHAT IS THE RES	C DRINKS BEFORE YOU DRIVE ON THE DAY OF THE FFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ULT?			
WHAT IS THE TYPE OF COLLISION VEHICLES INVOLVED?	N AND THE EXTENSIVENESS OF THE DAMAGES TO ALL			
WERE YOU OR YOUR PASSENGER/ TAKEN TO THE TRAFFIC POLICE FO	'S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU OR INVESTIGATION?			
Xran Lili Name:				

I Affirmed The Above Information Is Given To My Best Knowledge.







CERTIFICATE OF INSURANCE

AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : XIAO LILI Period of Insurance : 12 Oct 2018 To 01 Dec 2019

Engine No. 1

: 2AZH768634 : ACR500134217 Chassis No.

Vehicle No.

: SME3741U

Policy No.

: 1800120409

Endorsement No. Issued Date

: 11 Oct 2018

ABOUT THE COVER

: TOYOTA ESTIMA AERAS 2.4 [Sedan] Make/Model

Engine Capacity/Tonnage: 2,362,00 CC Sum Insured : Market Value First Year of Registration : 2013 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive":

e) The Palicyholder b) Any other person who is diving on the Policyholder's order or with hisher permission. This Policy well indemnify the Policyholder or any sutherised driver only if heishe medis the specified age condition.

You have to pay an additional sum of \$3,000 as "Young entitor inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than years' driving experience.

Age Condition ; All Age Condition

Limitation as to uso* :

Use only for social, demostic and pleasure purpose and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tution, driving test, racing, pace-making, reliability trial or spece-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Tando.

* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cop. 189) and Section 65 of the Read Transport Act, 1997 (Molaysia), are not to be included under these headings,

Section 1 Fire - SO Own Damage - \$300 Theft - \$0 Flood Cover - \$0

Section 2 Property Demoge - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers.
For other Approved Repairing ContratiAtO Authorised Repairers, please contact our 34-hour accident emergency hotine at +05 0338 0200. Alternatively, you may refer to AIG website www.elg.com.ep or AIG SQ Mabile App, Simply search and download "AIG 80" from (Tunce or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

INVe hereby certify that the policy to which this Certificate of Insurance relates in issued in accordance with the provisions of the Motor Vehicles (Third Perty Risks and Compensation) Act (Cop. 180), Part IV of the Road Transport Act, 1907 (Molaysia) and Motor Vehicles (Third Perty Risks) Rules, 1939 (Molaysia).

Insure Link Pte Ltd 2 Kellang Avenue #08-16 GT Hub: S(339407)

Off : 6444 4644 Fax: 6444

INSURE LINK PTE LTD

2 KALLANG AVE 1/08-16 CT HUB

SINGAPORE 339407

0501295000

Underwritten by AIG Asia Pacific insurance Pto, Ltd.

AIG Asia Pacific Insurance Pto. Ltd. AUTHORISED REPRESENTATIVE ________

























