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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.
- 5. Any false reporting may be referred to the Police for investigation.
- 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

	ACCIDENT STATEMENT
Date Of Report	02/11/2019 11:37
Date Of Accident	01/11/2019 18:40
Exact Location Of Accident	8C BOON TIONG RD MSCP (DECK 2A)
Country/State of Loss	SINGAPORE
D. D. Charles	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU5305K
Insured/Policyholder	
Name Of Registered Owner	YAO HUITING GERTRUDE
NRIC No	S8426860G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97124555
Alternative Phone No	OFFICE-97124555
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA 6
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	1700079969
Cover Note Number	
Driver	
Name of Driver	CHAY LAP WAI JACKSON (XIE LIWEI)

S8239190H NRIC No 27/11/1982 Date Of Birth **INDOOR** Occupation 06/07/2006 Date Of Driving Pass

13 YEARS AND 3 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-97124555 Mobile Number

Fax Number

Contact Number

NOEMAIL EMail Address

Address BLK 454 CLEMENTI AVE 3 #23-556

Postcode 120454

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

NO

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.

moningromening accident claims assistance.

Number of Passengers (Including Driver) 1

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 STATEMENT.

Attachment(s)

Are accident photos available for attachment?

ttachment? YES Car Camera? YES

Was there any video captured by Car Camera?

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SBZ1398K

Vehicle Make/Model/Colour

Details Of Properties

Remarks/ Reasons:

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)

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.
- 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 intensity 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 avaluating, 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.

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Polloyholder's Signature Data & Time:

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Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyhelder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Date of Accident	: 01 11-2019 Accident Time: 18-41 (24-HR-Format)
Accident Place	: 8C . Boon Tiong Road Multi storey carpark (Deck 2A).
Vehicle, No. (Car Plate No.)	: SLV 5305K . Make/Model: Mazda 6
Insurace Company	: A1G Policy No: 17 000 79969.
Owner or Company Name /IC No.	: Yao Huiting Gertrude (S8426860G).
Owner or Company Contact No.	: Owner's Hp Company Tel
DRIVER'S Name / IC No.	: chay lap Wai, Jackson (58239190H).
DRIVER'S Date Of Birth	: 27. 11. 1982 . DRIVER'S License Pass Date 06.07. 2006 .
Relationship of Owner & Driver	Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: BIK 454 clementi Avenue 3 # 23-556 Simpapore 120454
DRIVER'S Contact No./ Alt No.	(1) 9712 4555 2)
DRIVER'S Occupation	: (NDOOR \OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	CLEAR & DRY RAINING & WET AFTER RAIN & WE'T
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river): 1 Dive(.
Was there any video Captured by or Exact purpose for which vehicle wa Any Injury (If YES, Pls state): N	s being used at the time of accident: Hirvate use \ Work purpose
Other 1	Party Driver's Particular (if any)
Vehicle, No: SBZ 1398k	Vahicle. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

* NEW - Passenger's name & gender:





CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: Yao Huiting Gertrude

Period of Insurance

: 05 Dec 2017 To 04 Dec 2019

Engine No.

: PY21062327

Chassis No.

: JM6GL1031J0135052

Vehicle No.

: SLU5305K

Policy No.

: 1700079969

Endorsement No.

: 000000000167715

Issued Date

: 19 Dec 2017

ABOUT THE COVER

Make/Model

: MAZDA 6 2.5 SKYACTIV

Engine Capacity/Tonnage : 2,488.00 CC Driver Restriction

: NA

Off Peak Car : No

Sum Insured : Market Value

First Year of Registration : 2017

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Polloyholder

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" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less

Age Condition

: All Age Condition

Limitation as to use* :

Use only for social, domostic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving tuison, driving test, recing, 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

Fire - S0 Own Damage - \$750 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Yao Huiting, Gertrude - \$750 (Own Damage)

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

1. Trans Eurokars Pte Ltd Add: 5 Ubi Close, Singapore 408605 63958899

For other Approved Reporting Contres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +85 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SQ Mebile App. Simply search and download "AIG SG" from Tunes 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 provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of provisions of the Motor Vehicles (Third Party Risks) Rules.

0503599190

ARF (AP) PTE LTD - MAZDA

7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX

SINGAPORE 089111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE