Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 11/11/2019 16:40

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

- 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.
- 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

7. By the lodgement of this report to the insurers, you hereby conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available				
	ACCIDENT STATEMENT				
Date Of Report	11/11/2019 16:22				
Date Of Accident	07/11/2019 08:25				
Exact Location Of Accident	CHOA CHU KANG GROVE TURNING LEFT TO BRICKLAND ROAD				
Country/State of Loss	SINGAPORE				
	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SMG1305Z				
Insured/Policyholder					
Name Of Registered Owner	LI WEI				
NRIC No	S7178142I				
Email Address	ALOHA8294@GMAIL.COM				
Mobile Phone No	(LOCAL) +65-98347389				
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				
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	1800145373				
Cover Note Number					
Driver					
Name of Driver	LIWEI				
NRIC No	S7178142I				
Date Of Birth	10/12/1971				
Occupation	INDOOR				

24/06/2003

16 YEARS AND 4 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-98347389

Fax Number

Contact Number OFFICE-NOPHONE

EMail Address ALOHA8294@GMAIL.COM

Address 12 CHOA CHU KANG GROVE #19-31

Postcode 688208 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 **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

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

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: : M

> Gender: : Female

Passenger 2 Name: : B Gender: : Male

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

2

NO

NO

YES

NO

3

Circumstances of Accident

PLEASE REFER 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 SLT7827M

Vehicle Make/Model/Colour NISSAN QASHQAI

Details Of Properties REAR SIDE Vehicle Category Name of Driver

PRIVATE CAR

NRIC/Passport Number

Contact Number

98796579

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

CR PLAN		TITLE	THE		HIL
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	1 1				
	1 2	11111			
Chacler Kay	Grove A my			1111	
C rescent					
			1111		1111
	15/11/4 59 SO				
ESCRIBE CIRCUMSTANCES OF T	HE ACCIDENT				
At the left turn Brickland Rd, follows forward from right side SMG1305Z hit G	· t. 1	ch ch	class tou	Canbb.	+-
At the left turn	I machine Je	one chan	Cru rem	Carve	10
Brickland, Rd.	SLT7827M 9	Tarter 1	noring ?	ronvaid	SW6120
follows forward	while paying	a attenti	on to p	rogsible.	traffic
fortous just cide	CITYO	toned	udden/	i put of	no Yell
from right give	, SCI +82+M	3 copper	appear 4	gone	1.0 7.00
SMG1305E hit &	LT 7827 M to	on beh	not,		
		(0)			
		22			
	th.				
					-
DECLARATION					//
I/We declare the foregoing parti	culars are true in every r	espect.			AV
VA					X
XA					1/
Policyholder's Signature	Driver's Signatur	e		Reporting Ce	ANIEL J
Date & Time: 11/11/2019	(if driver is not t	he policyholder)		NRIC/FIN No	

Date & Time:

SKETCH PLAN

INPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Pollcyholder and/or the Authorised Drivet.
- 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 that he referred to the Police for investigation.
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- 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 aforesald.
- 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 insure 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)
 - [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;
 - (N) 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 external cover of envelopes/mall packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively t "Purposes")
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are perm to 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 /law 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 fra regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

Reporting Centre Personnel's Sign

Warns:

NRIC/FIN No.:

DANIEL JUDE

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

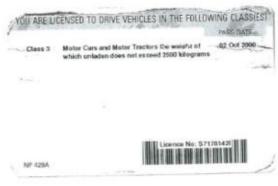
Driver's Signature

(If driver is not the policyholder)

Date & Time:

GIARMIC Stortch/fanForm_V3











CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Li Wei
Period of Insurance : 05 Dec 2018 To 04 Dec 2019

Engine No.

: FB20YE55159

Chassis No.

: JF1SJ5KC5JG112825

Vehicle No.

: SMG1305Z

Policy No.

: 1800145373

Endorsement No. Issued Date

: 24 Dec 2018

ABOUT THE COVER

Make/Model

: SUBARU Forester 2.0i-L

Engine Capacity/Tonnage : 1,995.00 CC Driver Restriction

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2018

Insuring with COE/PARF : Yes

: NA 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 heliahe 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 than 2 years" driving experience.

Age Condition

: All Age Condition

Limitation as to use* :

Use only for social, correstic and pleasure purposes and for the Policyholder's business.
This Policy does not cover use for him or reward, driving tallion, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trace 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, 1997 (Malaysia), are not to be included under these headings.

EXCESS

Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Li Wei - \$800 (Own Damage)

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

1.Motor Image Enterprises Pte Ltd: Add: 19 Lorong 8 Toa Payoh Singapore 319255 64170100

For other Approved Reporting Centre/M/G Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 (338 (820). Alternatively, you may refer to AIG website www.aig.com.ag or AIO SG Mobile App. Simply search and download "AIG SG" from Tunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

I/We hereby certify that the policy to which this Certificate of resultance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part (V of the Road Transport Act. 1997 (Malaysta) and Motor Vehicles (Third Party Risks) Rules, 1909 (Malaysta)

0500619218

TAN CHONG CREDIT SUBARU-ACL

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

SINGAPORE 589622

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

