SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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

| | ACCIDENT STATEMENT |
|--|--------------------------------------|
| Date Of Report | 30/12/2019 12:37 |
| Date Of Accident | 28/12/2019 15:00 |
| Exact Location Of Accident | SENGKANG EAST WAY |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLJ2546J |
| Insured/Policyholder | |
| Name Of Registered Owner | SNG HWEE HOCK @ PATRICK SNG |
| NRIC No | S0261301H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98187900 |
| Alternative Phone No | Others-98187900 |
| Vehicle Particulars | |
| Manufacturer | ТОУОТА |
| Model | COROLLA ALTIS CLASSIC 1.6 CVT |
| 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? | YES |
| lf 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 | 2100491409-03 |
| Cover Note Number | 01/12/2019 TO 30/11/2020 |
| Driver | |
| Name of Driver | SNG HWEE HOCK @ PATRICK SNG |
| NRIC No | S0261301H |
| Date Of Birth | 13/01/1945 |
| Occupation | INDOOR |
| Date Of Driving Pass | 09/10/1967 |

52 YEARS AND 2 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-98187900

Fax Number

Contact Number OTHERS-98187900

EMail Address NOEMAIL

Address APT BLK 984D BUANGKOK LINK #10-29 (S) 537984

NO

2

NO

NO

2

NO

NO

YES

YES

NO

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 **COLLISION - HEAD TO REAR**

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

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?

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 : MADAM SNG Name:

> Gender: : Female

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?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SHD3897T Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category **TAXI**

Name of Driver PEH KIOW THIONG NRIC/Passport Number Contact Number

98629181

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.
- 5. 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:
 - 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.:

| SKETCH PLAN | | |
|--|--|--|
| A. SLJ 25467. B. SHD 3897T. | * * * * * | y |
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| | | INSURER: |
| | | VEHICLE: |
| | | DOA: |
| | | CLAIM TYPE: |
| | | WORKSHOP: |
| DECLARATION | | (ME90) |
| I/We declare the foregoing particula | ars are true in every respect. | A SOW ROLL OF |
| Policyholder's Signature Date & Time: | Driver's Signature (If driver is not the policyholder) Date & Time: \(\frac{1}{2}1 | Reporting Centre Personnel's Signature Name: NRIC/FIN No.: |

1220

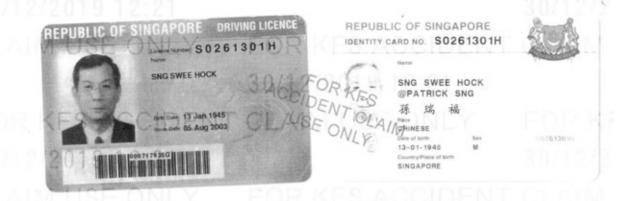
AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

| NAME (DRIVER) | : Sue Suce Hock |
|---|---|
| VEHICLE NUMBER | : SLJ 2546J. |
| DATE/TIME OF ACCIDENT | : 28/12/19@ 1500h |
| PLACE OF ACCIDENT | : Sugtag tast wany. |
| THIRD PARTY VEHICLE (IF ANY) | 7 FPB & CO +12 : |
| ****** | ********************************* |
| WHERE DID YOU START YOUR JO BEFORE THE ACCIDENT? | URNEY AND WHERE WAS THE INTENDED DESTINATION |
| DID YOU DRINK ANY ALCOHOLI ACCIDENT? IF YES, DID THE TRAI 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 SULT? |
| VEHICLES INVOLVED? | N AND THE EXTENSIVENESS OF THE DAMAGES TO ALL |
| hedon | |
| | |
| TAKEN TO THE TRAFFIC POLICE F | /S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU FOR INVESTIGATION? |
| No. | |
| Lusur | |
| Name: | |

1

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







CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Sng Swee Hock @ Patrick Sng Period of Insurance : 01 Dec 2019 To 30 Nov 2020

: 1ZRY345182 Engine No.

: MR053REH104561919 Chassis No.

Vehicle No. Policy No.

: SLJ2546J : 2100491409-03

Endorsement No.

Issued Date : 25 Oct 2019

ABOUT THE COVER

: TOYOTA COROLLA ALTIS 1.6 DUAL

Engine Capacity/Tonnage: 1,598.00 CC : NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2016 Insuring with COE/PARF : Yes

Driver Restriction 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 halthe meets the specified age condition.

You have to pay an additional sum of \$3,000 as "inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving exper-

Age Condition

: 30 years old and above

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 hire or reward, driving tation, driving test, racing, 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), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under those headings.

Section 1 Fire - \$0 Own Damage - \$1100 Theft - \$0 Flood Cover - \$1100

Section 2 Property Damage - 50

Windscreen: \$100

Named Driver and Excess (where applicable)

Sng Swee Hock @ Patrick Sng - \$1100 (Own Damage). \$1100 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to 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 repairs carried out at the Sole Agent's workshop.

For other Application Reporting Centres AIG Authorised Repairers, please contact our 24-hour accident emergency holine at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.com sg or AIG SG Mobile App. Simply search and download "NIG SG" from iffunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

(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 6f the Road Transport Act, 1987 (Malaysia). Road Transport (Amendment) Act 2018 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504641000

ASSURE INSURANCE AGENCY

29 KELANTAN ROAD #01-111 KELANTAN COURT

SINGAPORE 200029

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte, Ltd. PUCED PEPPRECENTATIVE















