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Owner/Driver: (SUIV.		Tel:	
Policy No: () Po	riod: ()	Cover Type: ()
Confirmed by : (Date:	Timer)
Insured/Driver Liability: (%) [Note-Est Status (V	VO): N: 0-20	0%; P: 21-79%. P: 80-1	00%] .
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number

Contact Number EMail Address

- 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.

- 5. 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	16/01/2020 17:41
Date Of Accident	15/01/2020 19:15
Exact Location Of Accident	LOWER DELTA FLYOVER TOWARDS BUKIT PURMEI
Country/State of Loss	SINGAPORE
CAR WELL RESIDENCE D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKD6239M
Insured/Policyholder	
Name Of Registered Owner	WOO KUAN YEW
NRIC No	SXXXX403J
Email Address	KYWOO@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-94887932
Alternative Phone No	OTHERS-94887932
Vehicle Particulars	
Manufacturer	LEXUS
Model	ES250
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	1900009675
Cover Note Number	
Driver	
Name of Driver	WOO KUAN YEW
NRIC No	SXXXX403J
Date Of Birth	05/06/1968
Occupation	INDOOR
Date Of Driving Pass	19/02/1994
Driving Experience	25 YEARS AND 10 MONTHS
Gender	MALE

(LOCAL) +65-94887932

KYWOO@SINGNET.COM.SG

OTHERS-94887932

Address

BLK 87 ZION ROAD

#25-170

Postcode

160087

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

SIDE SWIPE

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

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

XD2010C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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.
- 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.
- 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 disclusure 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 complle 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.

2

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Policyholder's Signature Di

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Persons

Name

NRIC/FIN No.:

GLADINAL SPORESPRINGERS AND

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 15 JAN 2020	TURAL LO LO LO LO
LOCATION LOWER DEUTA PLYON	TIME: 19.154/25 (hh:mm) 24 hrs Form
	TOWARD BUELT PURME!
VEHICLE NUMBER SED 62391	
INSURED NAME WOO KNAN YEN	V
NRIC/FIN 86870403]	V
INTO ICE A FEATURE OF THE PROPERTY OF THE PROP	CONTACT: 9488 7937
Are you claiming under your own is	DEL 65 250
Are you claiming under your own insurance polic () Yes, If No. Pls Select: () Third Pour	cy for repair to your vehicle?
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TYPE OF POLICY () COMPREHENSIVE	
POLICY NUMBER: 190009676-0	() THIRD PARTY () TPFT
POLICY NUMBER: 1900009675-01	1 11
NAME DRIVER :	
WHILE DRIVER:	(SAME AS INSURED
NRIC / FIN	(O) GIVE AS INSURED
	CONTACT:
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DRIVING PASS DATE: 19 FEB 1994 DCCUPATION: () INDOOR ()	
TENDER (OUTDOOR
MATT INTER ()	FEMALE
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ADDRESS OF DRIVER: BLK 87 ZION	RAD # 25-120 8 (1) NO EMAIL
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CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Woo Kuan Yew

Driver Restriction : NA

Period of Insurance : 09 Mar 2019 To 08 Mar 2020

Engine No. Chassis No. : 2ARF253597 : JTHBJ1GG202095050 Vehicle No.

: SKD6239M

Policy No.

1 1900009675

Endorsement No. Issued Date

: 13 Feb 2019

ABOUT THE COVER

Make/Model LEXUS ES250

Engine Capacity/Tonnage: 2,494.00 CC

Sum Insured : Market Value

First Year of Registration : 2017

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

The Policyholder
 Any other permission.
 Any other permission.
 This Policy will independ the Policyholder or any sutherised diver only if height meets the specified age condition.

You have to pay an whitecost sum of \$3,000 as "Young writter tresperienced 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

Age Condition : All Age Condition

Limitation as to use* :

Use only for social, demands and pressure purposes and for the Policyholder's business. This Policy does not cover use for him or reward, driving total, driving test, racing, pace-making, reliability triving testing, the covings of goods other than samples in commental with any trade or fundamental for any purpose in connection with Mater Trade.

Loss of Use 1500cc - 1800cc Optional

* Limitations rendered incomplish by Section & of the Motor Vehicles (Think-Party Risks and Compensation) Act (Cop. 159) and Section 95 of the Rised Transport Act, 1567 (Malaysia), ere not to be included under these headings.

EXCESS

Fire - \$0 Own Damage - \$700 Theft - \$0 Fixed Cover - \$0

Property Damage - 50

Windscreen: \$100

Named Driver and Excess (when applicable)

Woo Kuan Yew

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

Approved Reporting Certical AIG Authorised Repaires (For claims mixed repairs)
Any according to the Vehicle must be garred out by one of our Authorised Repaires. Within the first 3 years of the first registration of the Vehicle in Singapore. You have the option of having the according to the first approved Repairing CerticalAIG Authorised Repairing CerticalAIG AIG Soft from Cluring or AIG social energy to time at +65 6338 6200. Alternatively, You may refer to AIG website were significant.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

Fire Resetty swifty that the policy is which the Certificate of Insurance relates is issued in accordance with Rused Transport Act, 1987 (Maraysia) and Major Vehicles (Trird Party Risks) Rules, 1999 (Malaysia). tance with the provisions of the Matter Vehicks (Third Party Risks and Compensation) Act (Dec. 188s, Part IV of

0502253000

SAFE HARBOUR ASSURANCE AGENCY HER 208 HOUGANG ST 21 #04-207 SINGAPORE \$30208

Undereritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATATE