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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.
- 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 ladgement 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.

	ACCIDENT STATEMENT		
Date Of Report	22/01/2020 16:06		
Date Of Accident	21/01/2020 18:15		
Exact Location Of Accident	UPPER CHANGI ROAD (BEFORE BEDOK MRT)		
Country/State of Loss	SINGAPORE		
THE WAR THE PARTY OF THE PARTY	ETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLG4443A		
Insured/Policyholder			
Name Of Registered Owner	SONG QINGLING BELINDA		
NRIC No	SXXXX114D		
Email Address	BELINDASONG@OUTLOOK.SG		
Mobile Phone No	(LOCAL) +65-88291291		
Alternative Phone No	OTHERS-88291291		
Vehicle Particulars			
Manufacturer	ТОУОТА		
Model	SIENTA		
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	1900164515		
Cover Note Number			
Driver			

Name of Driver SONG QINGLING BELINDA

 NRIC No
 SXXXX114D

 Date Of Birth
 11/05/1987

 Occupation
 INDOOR

 Date Of Driving Pass
 09/02/2008

Driving Experience 11 YEARS AND 11 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-88291291

Fax Number

Contact Number OTHERS-88291291

EMail Address BELINDASONG@OUTLOOK.SG

Address

29 COMPASSVALE ROAD

#13-35

Postcode

544758

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

2

NO

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 1

Number of Passengers (Including Driver)

Details of Police Action

NO

Was the accident reported to the police? 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

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

SK7647

Vehicle Make/Model/Colour

MERCEDES BENZ

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

STEVE SOON

NRIC/Passport Number

Contact Number

82871720

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the daims process.
- 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 withholding 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.
- Any false reporting may be referred to the Police for layestigation.
- 6. 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.
- 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 aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
 - (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;
 - (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/mall packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my daims.(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
- 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.
- 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 dalms.
- (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 agancies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyliolder's Signature

Date & Time:

Univer's Signatura

Di driver le re

to & Times

NRIC/FIN NO.

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DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time:

NRIC/FIN No.:

Date of Accident	Olor DOSO Accident Time: 1815 (24-HR-FORMAT)
Accident Place	: Upp Changi Kol (Before Bedok Met.)
Vehicle Reg. No (Car plate No.)	: SL64443A.
Vehicle Make/Model	:_ Tayona Siada.
Insurance Company	Policy No.
Owner or Company Names /IC No	0: Ing Ring King Bellinda SS714114D
Owner or Company Contact No.	.88291291 Owner's HPCompany Tel
DRIVER'S Name & IC no.	: Cony aing Ling Relieds 587141140
DRIVER'S Date of Birth	: 11/05/1987 DRIVER'S License Pass Date 09/62/2008
Relationship bet. Owner & Driver	: Spouse \ Parents \Children\ Sibling \ Employee\ Others:
DRIVER'S Address	:09 Compassible Rol \$13-35 Bax44
DRIVER'S Contact No./ Alt No.	:1)
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)
Email Address	: Lexinda song & Outlook . sq
Weather & Road Surface	: CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Ins
Number of Passengers (including Dri	ver): 01
Was there any video Captured by	
Other P	Party Driver's Particulars (if any)
Vehicle Reg No: SKZ 642	Vehicle Reg No:
Vehicle Make\Model: Mev2	Vehicle Make\Model:
Name DRIVER: Steve Soon.	Name DRIVER:
IC No. DRIVER:	IC NO. DRIVER-
PISTER S Contact & add: 0187 17 20	DRIVER'S Contact & add:



CERTIFICATE OF INSURANCE

TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : SONG QINGLING BELINDA Period of Insurance

: 23 Sep 2019 To 22 Sep 2020

Engine No.

: 2NRX480893

Chassis No. : MHFZ28H3900064606 Vehicle No. Policy No.

: SLG4443A : 1900164515

Endorsement No.

Issued Date

: 25 Sep 2019

ABOUT THE COVER

Make/Model

: TOYOTA SIENTA 1.5

Engine Capacity/Tonnage : 1,496.00 CC

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2019 Insuring with COE/PARF : Yes

Driver Restriction : NA

Person or Classes of Persons Entitled to Drive*:

a) The Pisticshoeter b) Any other person who is driving on the Postorbolder's order or with feather premission. This Pistics will interestly the Pisticyholder or any suthyrised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and'or inexperiences Driver Excess" ("VIDR") if You are or Your Authorised Showr (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, domestic and pleasure purposes and for the Pulicyholder's business.
The Policy does not rever use for his or revard, driving lutture, driving test, racing, pace-making, reliability that or speed testing, the carriage of goods other than samples in connection with Motive Trade.

Interests or use for any purposes in connection with Motive Trade.

Loss of Usw 1500cc - 1600cc

* Commissions rendered inoperative by Section 6 of the Motor Vanctes (Thod Party Ross and Compensation) Act (Cap. 189). Section 05 of the Rose Transport Act. 1987 (Malaysia) and Road Transport Act. 2019, are not to be included under these headings.

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - 50

Windscreen: \$100

Named Driver and Excess (where applicable)

SONG CINICLING BELINDA - \$600 (Own Daniege), \$600 (Flood Cover)

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

tryons Bodytuse Centre (For accident reper A accident reputing). Ass: 17 Util Road 4 Singuisire 406611 Tel: 6631 1568 tryons Bodytuse Centre (For accident report & accident reporting). Add: 2 Pandan Crescent Singuisire 126462 Tel: 6631 1188

For other Approved Reporting ContractAtO Authorised Residence, please contact our 24-hour accident emergency holine at +65 538 8250. Attendablely, you may refer to AtG waterin were segment or AXS 5G Mobile App. Scripty search and stoeriose "AtG 5G" from iTures or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OCBC Bank Ltd

I'We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Make Vehicles (Tree Make Vehicles) (Tree Party Flinks and Compensation) Act (Cep. 189), Part IV of Party Flinks (Fluids) (Fluids)

0504667211

INCHCAPE AUTO TOYOTA - BSTL024

33 LENG KEE ROAD

SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE