Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 07/02/2020 17:38

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

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 <u>truthful and accurate</u> 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	07/02/2020 17:33
Date Of Accident	24/01/2020 11:35
Exact Location Of Accident	SIMS AVE TURNING LEFT INTO GUILLEMARD RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLA9581H
Insured/Policyholder	
Name Of Registered Owner	YONG MING CHONG
NRIC No	SXXXX049A
Email Address	CHANLYN2003@YAHOO.COM.AU
Mobile Phone No	(LOCAL) +65-82692665
Alternative Phone No	Office-82692665
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VELLFIRE-2.4 DBA-ANH20W (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	1800019116
Cover Note Number	
Driver	
Name of Driver	LYN CHAN LAI YIN
NRIC No	SXXXX295A
Date Of Birth	04/07/1974

INDOOR

01/07/1998

21 YEARS AND 6 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-82692665

Fax Number

Contact Number

EMail Address CHANLYN2003@YAHOO.COM

Address 38 HOLLAND PARK

Postcode 247686 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

isdiance company of briver cown vernore

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

2

NO

NO

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? NO

I have been approached by unknown person(s)

soliciting/offering 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?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

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 SHA3550J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 insurers) 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:
 - (i) 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.:

NRIC/FIN N

07/02/2020

11-12am

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along sime Avenue going to filter left to go to Guillemara Road. I signalled left and there was a comfact
taxi behind me, vehicle SHA 3550J. The front of my can
was going into the lane for turning lett. The taxi driver
refuse to give way despite my vehicle indicating left,
he just drive an ferward that resulted in his vehicle
hitting the left back rear of my vehicle.

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)
Date & Time: 01 07-1 20 2.0 11.259m Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : YONG MING CHONG Vehicle No. : SLA9581H Period of Insurance : 23 Mar 2018 To 22 Mar 2019 Policy No. : 1800019116

Engine No. : 2ARH705076 Endorsement No.

Chassis No. : JTNGF3DH408004368 Issued Date : 20 Mar 2018

ABOUT THE COVER

Make/Model TOYOTA VELLFIRE

Engine Capacity/Tonnage 2,494.00 CC Sum Insured Market Value First Year of Registration 2016 Driver Restriction NA Off Peak Car No Insuring with COE/PARF

Person or Classes of Persons Entitled to Drive*

The Policyholder
 Any other person who is driving on the Policyholder's order of with his/her permission
 This Policy will indemnify the Policyholder or any authorised driver only if hershe meets the specified age condition

You have to pay an additional sum of \$3,000 as "Young and/or the aptrionic of Driver Excess" ("YADR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' disring experience.

Age Condition : All Age Condition

Limitation as to use*

Use only for social demestic and pleasure purposes and for the Pelicyholder's business.
This Policy does not cover use for hire or revarid driving fution, driving test, racing, pace-making reliability that 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.

* 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. 1937 (Malaysia), are not to be included under thirde Inadings.

Section 1
Fire - S0 Own Damage - S500 Theft - S0 Flood Cover - S0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

YONG MING CHONG - \$500 (Own Damage)

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 can be carried out at the repairer of Your choice (unless specifically excluded by Us)

For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 6318 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG.

SG Mobile App. Simply search and download "AIG SG" from flungs of Geogle Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

If We hereby certify that the policy to which this Certificate of Insurance relates is issued in accertance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia)

0692495000

TING SEE PING

AIG BUILDING 78 SHENTON WAY #07-16

SINGAPORE 079120 SP-DERRICKLIM

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE













Accident Photo



















