

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 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.
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 aforesaid.

ACCIDENT STATEMENT

| | |
|----------------------------|--|
| Date Of Report | 03/02/2020 19:14 |
| Date Of Accident | 03/02/2020 15:20 |
| Exact Location Of Accident | KK WOMEN'S AND CHILDREN'S HOSPITAL CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SLZ7309K |
| Insured/Policyholder | |
| Name Of Registered Owner | LAI JUEN BIN |
| NRIC No | S7502746Z |
| Email Address | LAIJUNBIN@YAHOO.COM.SG |
| Mobile Phone No | (LOCAL) +65-81256507 |
| Alternative Phone No | Others-81256507 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | JAGUAR |
| Model | XE-2.0 (A) |
| Exact Purpose for which vehicle was being used at time of accident | Social |
| 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 | 1800050623-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LAI JUEN BIN |
| NRIC No | S7502746Z |
| Date Of Birth | 30/01/1975 |
| Occupation | INDOOR |
| Date Of Driving Pass | 29/04/1995 |
| Driving Experience | 24 YEARS AND 9 MONTHS |

| | |
|---|---------------------------|
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81256507 |
| Fax Number | |
| Contact Number | OTHERS-81256507 |
| EEmail Address | LAIJUNBIN@YAHOO.COM.SG |
| Address | 2A LINCOLN ROAD #28-08 |
| Postcode | 308364 |
| 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) | 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? | NO |
| If Yes,against whom? | |

Circumstances of Accident

Please refer attachements.

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 | SME418Z |
| Vehicle Make/Model/Colour | AUDI |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | CHANG GUO QIAN |
| NRIC/Passport Number | S8313879C |

Contact Number
Address

Postcode

Insurance Company Name

ALG Asia Pacific Insurance Pte. Ltd.

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

| SINGAPORE ACCIDENT STATEMENT | |
|--|--|
| IMPORTANT NOTICE 1. Complete and submit this Form to Allied World's Authorised Reporting Centre (ARC) for claim. 2. Please report truthfully the details of the accident to speed up the claims process. 3. This Form must be completed by the Insured or the Authorised Driver. 4. 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. 5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies. 6. Any late reporting may be referred to the Traffic Police Department for investigation. | |
| ACCIDENT STATEMENT | |
| Date and Time of Accident | Date: 3/2/20 Time: 3:20 pm |
| Exact Location of Accident | Car park at KKWC4 |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | SLZ 7309K |
| INSURED / POLICYHOLDER (OWN VEHICLE) | |
| Name of Registered Owner (See Insurance Cert.) | LAI JUAN B.N. |
| Personal Identification - NRIC (Singaporean/PR) | S75027462 |
| - FIN/Passport Number | |
| - Not Applicable | |
| VEHICLE PARTICULARS (OWN VEHICLE) | |
| Vehicle Make / Model | Manufacturer Jaguar Model XE |
| Type of Vehicle* | <input checked="" type="checkbox"/> Sedan <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> M/cycle <input type="checkbox"/> Others |
| Exact Purpose for which vehicle was being used at time of accident | Social |
| Are you claiming under your own insurance policy for repair to your vehicle? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, Pls select: <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting) |
| *Vehicle Category* | <input checked="" type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle |
| INSURANCE COMPANY (OWN VEHICLE) | |
| Name of Insurance Company * | AIG Asia Pacific Insurance |
| Type of Policy | <input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> TP Only |
| Fleet Policy | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Policy Number | 1800050623-01 |
| Motor CI | |
| DRIVER | <input checked="" type="checkbox"/> Same as Insured above |
| Name of Driver | LAI JUAN B.N. |
| Personal Identification - NRIC (Singaporean/PR) | S75027462 |
| - FIN/Passport Number | |
| Date of Birth | 30 dd/ 01 mm/ 1975 yy |
| Driving Date Pass | 29 dd/ 04 mm/ 1995 yy |
| Year of Driving Experience | 24 Year(s) 9 Month(s) |
| Occupation | |
| Gender* | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |
| Contact Number / Mobile Phone / Fax No. | 81256507 |

| | | |
|--|--|-------------------|
| Address of Driver | 2A Lincoln Road #28-08 | Postcode (308364) |
| Email Address | laijunbin@yahoo.com.sg | |
| Was driver an employee of the Insured's Company? | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| If No, Relationship of the Driver with the Insured | Owner | |
| Vehicle Registration Number of Driver's Own | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Vehicle Registration Number of Driver's Own Vehicle (if applicable) | | |
| Insurance Company of Driver's Own Vehicle (if applicable) | | |
| GENERAL INFORMATION OF THE ACCIDENT | | |
| Type of Collision (E.g. Chain collision, Head-On collision, Side Swipe, Front to Rear) | Side Swipe | |
| Weather Conditions | <input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____ | |
| Road Surface | <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____ | |
| OTHER INFORMATION | | |
| Was any foreign vehicle involved in this accident? | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Was any body injured in the accident? | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Was any other vehicle or property damaged? | <input checked="" type="radio"/> Yes <input type="radio"/> No | |
| Was there any video captured by Car Camera? | <input type="radio"/> Yes <input checked="" type="radio"/> No | |
| Number of Passengers (Including Driver) | 1 | |
| DETAILS OF POLICE ACTION | | |
| Was the Accident reported to the Police? | <input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.) | |
| Police Station Name | | |
| Police Station Address | | |
| Police Station Contact | Tel No. | Fax No. |
| Was notice of intended Prosecution given? | <input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?) | |
| DETAILS OF OTHER VEHICLE / PROPERTY 1 | | |
| Vehicle Registration Number | SME 4182 | |
| Vehicle Make/ Model/ Colour | Audi | |
| Details of Properties | | |
| Name of Driver | | |
| Personal Identification - NRIC (Singaporean/PR) - FIN/Passport Number | Chang Guo Qian S8313879C | |
| Contact Number | | |
| Address | | |
| Name of Insurance Company | AIG Asia Pacific Insurance | |
| 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.
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 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.
5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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 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:

(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/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

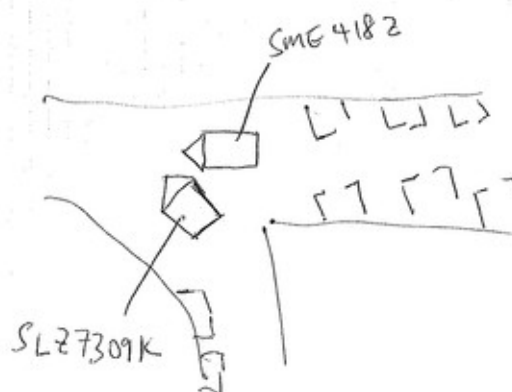
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Page 4

Describe Circumstance of the Accident

I was moving out and turning out to, left
to exit ⁱⁿ car park, KK women and Children
hospital, SME 4182 drove into my path
and hit my car's right front corner.

IMPORTANT NOTE

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

Declaration

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

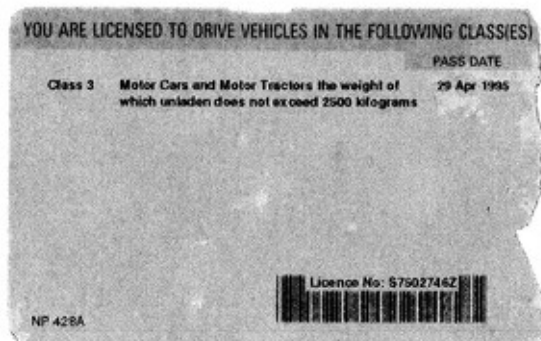
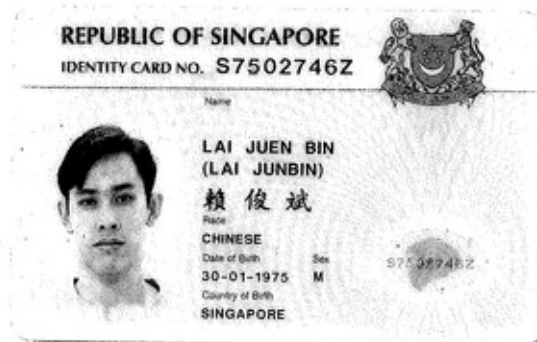
Policyholder's Signature / Date & Time

 3/2/20

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel







CERTIFICATE OF INSURANCE

WEARNES AUTO PROTECTOR (JAGUAR) PRIVATE VEHICLE

Name of Policyholder : LAI JUEN BIN
Period of Insurance : 17 May 2019 To 16 May 2020
Engine No. : 171108Y0042PT204
Chassis No. : SAJAB4AX3JCP34294

Vehicle No. : SLZ7309K
Policy No. : 1800050623-01
Endorsement No. :
Issued Date : 02 Apr 2019

ABOUT THE COVER

Make/Model : JAGUAR XE 2.0 PRESTIGE
Engine Capacity/Tonnage : 1,999.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2018
Insuring with COE/PARF : Yes

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 he/she 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, domestic and pleasure purposes and for the Policyholder's business.
This Policy does not cover use for hire or reward, driving tuition, 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 2000cc

* 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, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$900 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

LAI JUEN BIN - \$900 (Own Damage)

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

1. Wearn's Automotive Pte Ltd Add: 45 Leng Kee Road Singapore 159103 63789333

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

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OVERSEA-CHINESE BANKING CORPN LTD

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 of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503486647

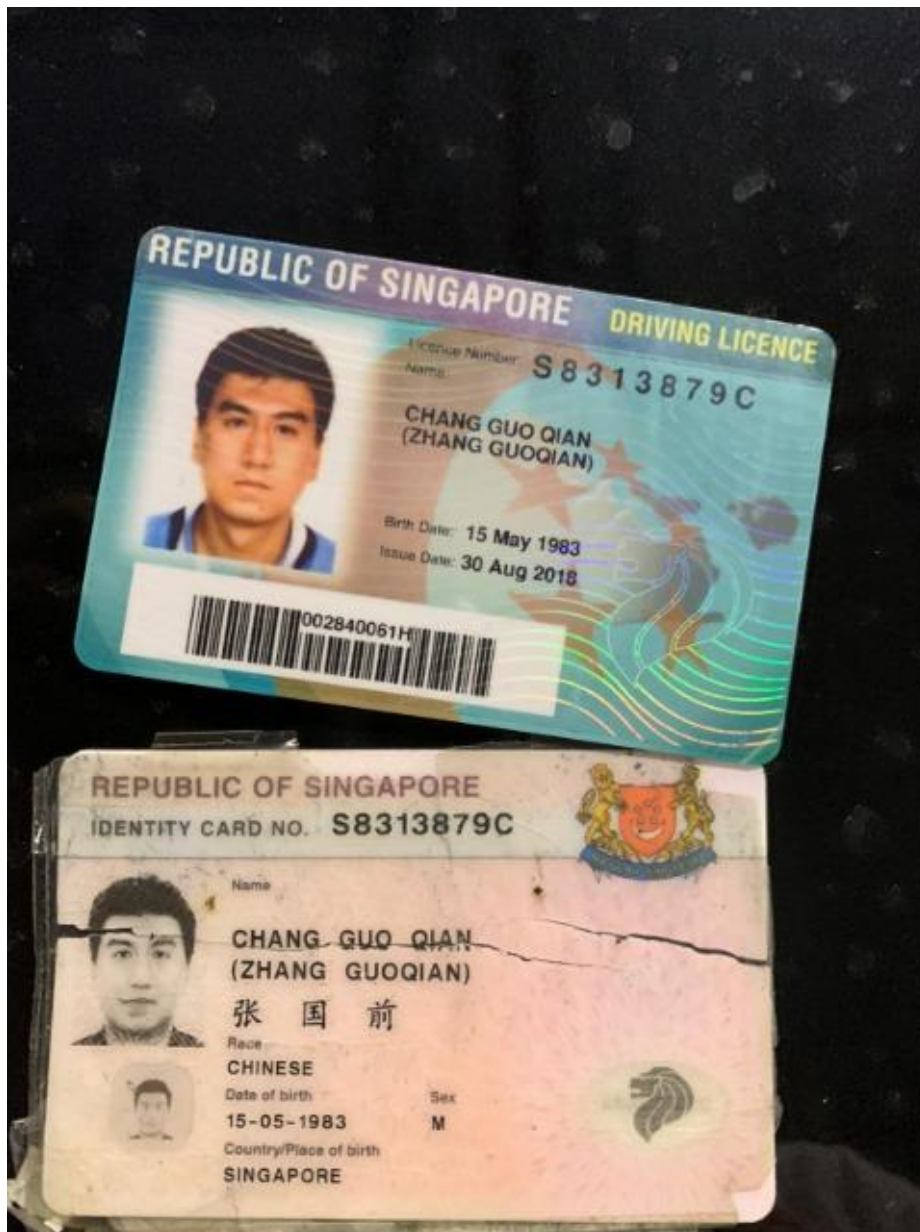
WEARNES AUTOMOTIVE - TAH (JLR)
45 LENG KEE ROAD
SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

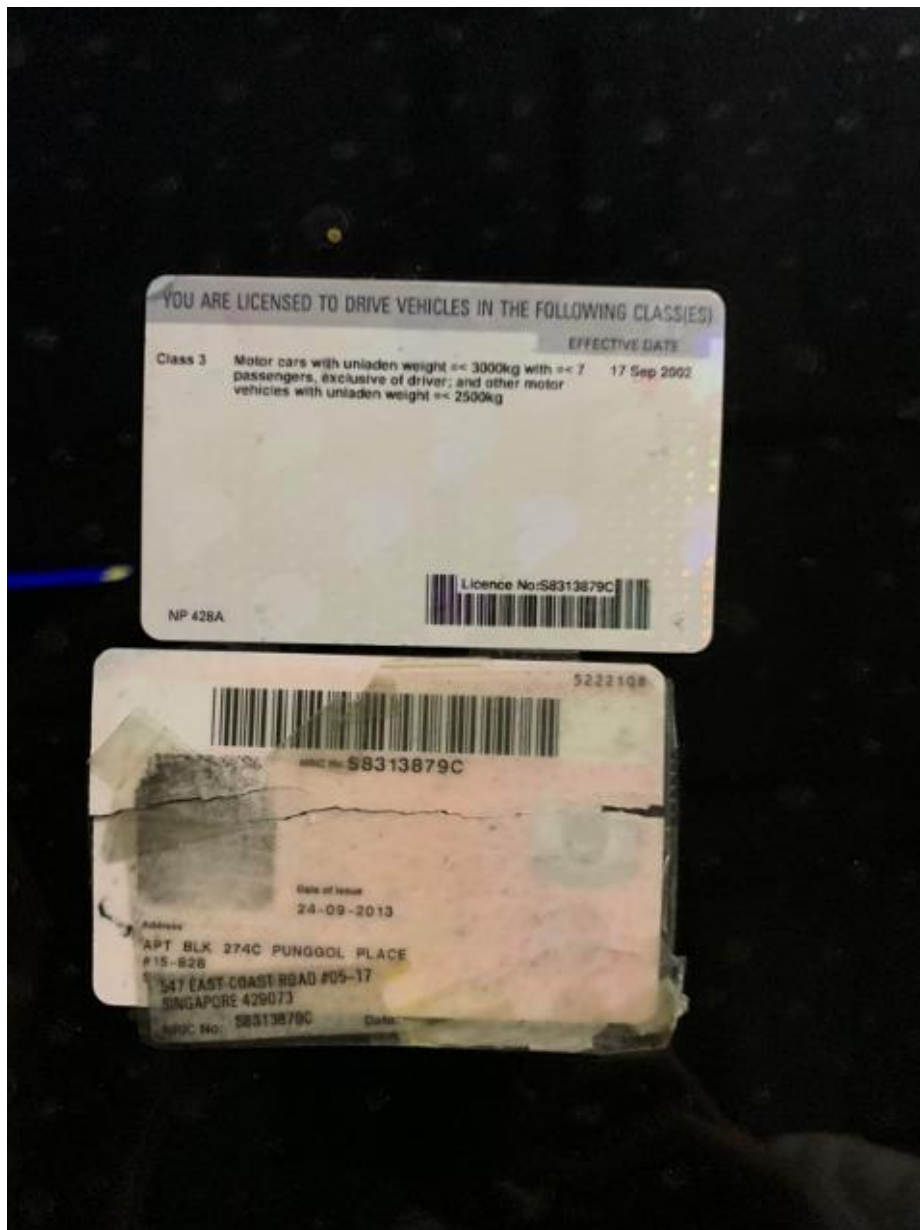
AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSP8HA

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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