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 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 inont to the archiving of this ort at the

7. By the lodgement of this report to the insurers, you hereby conse aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	08/02/2020 11:02
Date Of Accident	07/02/2020 09:40
Exact Location Of Accident	KPE ENTRANCE FROM PIE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKD1543S
Insured/Policyholder	
Name Of Registered Owner	THANG JUE CHEW
NRIC No	S1206607D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97846191
Alternative Phone No	Office-97846191
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY-1.5 (A)
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
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	1700067825
Cover Note Number	
Driver	
Name of Driver	THANG DING YANG
NRIC No	S9313478H
Date Of Birth	31/03/1993

INDOOR

28/03/2013

6 YEARS AND 10 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-91545323

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 628A WOODLANDS RING ROAD #09-290

NO

2

NO

NO

YES

NO

1

NO

NO

Postcode

If No, Relationship of the Driver with the Insured **CHILDREN**

Vehicle Registration Number of Driver's Own

Was driver an employee of the Insured's Company

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? NO

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?

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)

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

I WAS ON THE SAID EXPRESSWAY WHEN FRONT VEHICLE STOPPED. I WAS UNABLE TO STOP IN TIME AND KISSED THE REAR OF **VEHICLE B**

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

SJC8266M Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B PRIVATE CAR Vehicle Category

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

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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:
 - (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:

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

07/02/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GUTTIESIADILE N. - P.

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Policyholder's Signature Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 07 | 02 | 202 0 4pm.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	THANG DING YANG	
VEHICLE NUMBER	SED (5435	
	07/02/2020 @ 0940 MM	
DATE/TIME OF ACCIDENT	HE ENTRANCE TROM PLE	8
PLACE OF ACCIDENT	37c 8566 m	
THIRD PARTY VEHICLE (IF ANY)	STE GSGE VI	
女女女女女女女女女女女女女女女女女女女女女女女女女女	实实实在实验的现在分词 化二甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲	自辦 按 经交货的债券交货
WHERE DID YOU START YOUR JO BEFORE THE ACCIDENT? From Home to office (B	DURNEY AND WHERE WAS THE INTENDED I	ESTINATION
ACCIDENT? IF YES, DID THE TRAI ON YOU? IF YES, WHAT IS THE RES	IC DRINKS BEFORE YOU DRIVE ON THE T FFIC POLICE CONDUCT ANY BREATHE-ANA SULT?	LYSER TEST
WHAT IS THE TYPE OF COLLISION VEHICLES INVOLVED? Head to fee	n and the extensiveness of the DAMA	IGES TO ALL
VERE YOU OR YOUR PASSENGER'S AKEN TO THE TRAFFIC POLICE FO No Injuries	S INJURED? IF INJURED, WHICH HOSPITAL OR INVESTIGATION?	? WERE YOU
me:		

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





Race
CHINESE
Date of birth Sea
31-03-1993 M
Country of birth
SINGAPORE

Sex

5931947U.:

422563

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE.DATE

iss 3A Meter cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500k</p>

00kg 28 Mar 2013 and

1

NP 428A



Nrtic No. S9313478H

MHC No. S9313478H

Date of Issue 29-05-2008

APT BLK 628A WOODLANDS RING ROAD #09-290 SINGAPORE 731628



CERTIFICATE OF INSURANCE

AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : THANG JUE CHEW

Vehicle No.

: SKD1543S

Period of Insurance : 01 Nov 2019 To 31 Oct 2020
Engline No. : HR15188156C
Chassis No. : JN1BAAG11Z0150518

Policy No.

: 1700067825-02

Endorsement No. Issued Date

: 04 Oct 2019

ABOUT THE COVER

Make/Model

: NISSAN SYLPHY 1.5

Engine Capacity/Tonnage: 1,498.00 CC

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2011 Insuring with COE/PARF : Yes

Driver Restriction : NA Person or Classos 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 incommity the Policyholder or any authorised driver only if he/she seeds the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or thesperioncod Driver Excess" ("YIDR") If You are or Your Authorition 2 years' driving experience.

Age Condition : All Age Condition Limitation as to use* :

Use only or sould, domestic and plustum purposes and for the Policyholder's business.
This Policy door not cover use for fine or reward, driving tallion, driving test, racing, pare-making, reliability that or speed-testing, the carriage of goods other than exemples in connection with any lizate or business or use for erry purpose in connection with Motor Trace.

* Limitations rendered incperative by Section 8 of the Moter 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.

EXCESS

Section 1 Fire - 90 Own Damage - S0 Theft - 90 Flood Cover - 50

Section 2 Property Damage - 50

Windscreen: \$100

Named Driver and Excess (where applicable)

THANG JUE CHEW

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

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairs s.
For other Approved Repairing Centres/NO Authorised Repairers, please cented our 24 hour accident Emergency hotine at +66 6338 6200. Alternatively, you may refer to AIG website war or AIG GO Wildle App. Cempty search and documental YAIG SIG Term (Turnes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

Who haveby certify that the policy to which this Certificate of Issusance relative its issued in accordance with the processors of the Motor Verincles(Trend Party Risks and Componentian) Act (Cap. 189), Part IV of the Road Transport Act, 1997 (Malaysia), Road Transport (Amendment) Act, 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia),

Insure Link Pto Ltd 2 Kallang Avenue #08-16

CT Hub S(339407)

ON: 6444 4644 Fax: 6444 0040

INSURE LINK PTE LTD 2 KALLANG AVE 808-16 CT HUB

SINGAPORE 339407

0501296000

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE.

Accident Photo













Accident Photo













