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Owner / Driver: (Tel:)	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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 STAT	=0	ENT
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Date Of Report

17/02/2020 16:12

Date Of Accident

15/02/2020 11:55

Exact Location Of Accident

PIE SLIP ROAD TOWARDS PAYA LEBAR

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SBU2626Y

Insured/Policyholder

Name Of Registered Owner

TEO HWEE SIAN (ZHANG HUIXIAN)

NRIC No.

SXXXX701D

Email Address

NOEMAIL

Mobile Phone No.

(LOCAL) +65-97858304

Alternative Phone No.

OTHERS-97858304

Vehicle Particulars

Manufacturer

OPEL

Model

ASTRA

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

1800138988-01

Cover Note Number

Name of Driver

TEO HWEE SIAN (ZHANG HUIXIAN)

NRIC No

Driver

SXXXX701D

Date Of Birth

12/08/1979

Occupation

INDOOR

Date Of Driving Pass

17/11/1998

Driving Experience

21 YEARS AND 2 MONTHS

Gender

FEMALE

Mobile Number

(LOCAL) +65-97858304

Fax Number

Contact Number

OTHERS-97858304

EMail Address

NOEMAIL

Address

BLK 479 SEGAR ROAD

#15-388

Postcode

670479

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?

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

NO

ambulance?

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)

2

Passenger 1

NAME:

: DARREN CHOW

GENDER:

: MALE

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YN8800K

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.
- 2. 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 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: 16 /2/207

Driver's Signature

(if driver is not the policyholder)

Date & Time:

15/2/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

	Paya Lebar Road.	
Lamp 0081 518 9	PIE Stip Read to paya tebor Road	Vehicle A: SBU 26267 Vehicle B: YN 8800K
DESCRIBE CIRCUMSTANCES OF THE	ACCIDENT	

			d date								100	V.
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Paya	(eb4	Road.	Traffic	was	61(1)	he	avy	cn	paya	[eboi	as	sch
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CLARATION		-3								- /		

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

Policyfolder's Signature Date & Time: 15

Driver's Signature

(If driver is not the policyholder)

Name:

Reporting Centre Person NRIC/FIN No.:

Email: <u>sm@id.ic.com.sg</u> Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A) Date of Accident: 15/02/2020 (dd/mm/yy) Time of Accident: _ (24-HR-FORMAT) Vehicle No. : SBU 2626 Y Vehicle Make & Model: Opel Astra Exact location of Accident: PIE SLIP RD TO PAYA LEBAR RD Policyholder's Name / IC No. TEO HWEE SIAN S7924701D Driver's Name / IC No.: TEO HWEE SIAN S7924701D (As Above) Company Contact No: Driver's Contact No. : 9785 8304 Driver's Address: 479 SEGAR ROAD #15-388 S670479 Insurance Company. AIG Email address (if any): Relationship between Owner & Driver: OWNER or Others specify: What do you wish to claim? (Please TICK one only) Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose) Exact purpose for which the vehicle Occupation (nature of job) / Indoor/ Outdoor Was being used at time of accident? ✓ Private use / Work purpose No. of Passengers (Including Driver): 02 Passenger Name: DARREN CHOW Gender: Male Passenger Name : Gender: Weather condition & Road conditions (On the day of accident) ✓ Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Was there any video captured by your Car Camera? Yes / V No Anv Injuries: Yes / V No (If YES) Injured Person' Name: _____Injured Person in Which Vehicle: _____ Injuries Sustain: Police Report filed: Yes / V No (If YES) Which Police Station: The Other Party(s) Details: 1. Driver's Name / IC No: _______ Vehicle No: YN 8800 K ___Insurance Company (If any): ___ Driver's Contact No: 2. Driver's Name / IC No: Vehicle No:

*Independent Witness (If Any): ______ Contact No: _____

Driver's Contact No: _____Insurance Company (If any):

Preferred Workshop Name: ____

^{*}If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: Teo Hwee Sian

Period of Insurance

: 20 Dec 2019 To 19 Dec 2020

Engine No.

: B1171737HRXX0234

Chassis No.

: W0VBE8EA2H8103272

Vehicle No.

: SBU2626Y

1800138988-01

Policy No.

Endorsement No. Issued Date

: 02 Dec 2019

ABOUT THE COVER

Make/Model

OPEL Astra 1.0 Turbo

Engine Capacity/Tonnage : 999.00 CC

Sum Insured | Market Value

First Year of Registration : 2017

Driver Restriction

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyhulder

a) the Policy will incominly the Policyholder's order or with higher permission.
This Policy will incominly the Policyholder or any authorised driver only if helphe meets the specified age condition.

You have to pay an experience sum of \$3,000 as "Young and/or inexpenenced Driver Excess" ("YIDR") if You are or Your Authorised Driver (numbed 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 pray for spoor domestic and gleesure purposes and for the Potcyholoen's business.
This Policy does not occur use for him or reward, driving test, racing, pace-making, reliability that or speed-festing, the carriage of goods other than samples in connection with Any trade or business or use for any purpose in connection with Motor Frade.

Loss of Use 1500cc - 1600cc Optional

* Directations range of Equipment by Section 8 of the Motor Verscles (Third-Party Risks and Compensation) Act (Cap. 189). Section 95 of the Road Transport Act, 1997 (Malaysia) and Road Transport (Amendment) Act 2019, pre-Not to be included under these headings.

EXCESS

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

Section 2

Property Darriage - 50

Windscreen: \$100

Named Driver and Excess (where applicable)

Teo Hwee Sian - 1600 (Own Damage), \$600 (Flood Cover)

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

Approved Reporting Contrast ACD Authorised Repairers (For claims reliable repairs)
Any accident repairs at the Vehicle in Singapore. You have the option of having the accident repairs carried out in the Spie Agent's workshop.
For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine at #65 5038 6200. Alternatively, You may refer to AIG website www.aig.ag.or AIG SiG Mobile App. Simply search and download "AIG SiG from Funes or Google Flay.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

If We hereby certify Bull the policy to which this Certificate of insurance retains is (squed 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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1999 (Malaysia)

0500522000

AVG Ass Pacific

MULTI-LINES AGENCIES

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIG BUILDING 78 SHENTON WAY #07-16 SINGAPORE 079120 AYSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Phone Las Terr