SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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 insurers, you hereby conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	17/02/2020 11:26
Date Of Accident	17/02/2020 06:30
Exact Location Of Accident	BRADDELL VIEW CONDO BLK 10-G CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLK2259H
Insured/Policyholder	
Name Of Registered Owner	LEE WAI LUNG
NRIC No	S1324242I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83796779
Alternative Phone No	Office-62593837
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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?	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	2100494097-02
Cover Note Number	
Driver	
Name of Driver	LEE WAI LUNG
NRIC No	S1324242I
Date Of Birth	31/08/1958
Occupation	INDOOR

30/06/1995

24 YEARS AND 7 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-83796779

Fax Number

Contact Number OFFICE-62593837

EMail Address NOEMAIL

Address 10-G BRADDELL HILL #11-26

Postcode 579726 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 - MAJOR/MINOR RD

DRY

NO

2

NO

NO

NO

2

NO

NO

Weather Conditions VERY DARK Road Surface

Other Information

Was any foreign vehicle involved in this accident?

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)

Passenger 1 Name: : GWEE YI XIN

> Gender: : Female

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

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

SHF620J Vehicle Registration Number Vehicle Make/Model/Colour **RED TAXI**

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver **RICHARD**

NRIC/Passport Number Contact Number

97413259

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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:

17 Feb 2020

8:30 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Road		Taxi
	4-	1 mg car
		Broddell Vian
		810ck 10G
		Caupayk
CDIDE CIDCUI	ASTANCES OF THE ACC	
CRIBE CIRCUN	VISTANCES OF THE ACCI	IDENT
TL IIIo	way dade	1. H
- wa	y very dark	in the morning, around 6:30 AM.
L was	driving out	of my condominium carpark to go
to my	daughter's	of my condominium carparle to go school.
	1 + 4	T T before
		e T- Junction to turningin right.
As the	red color o	of the Taxi blended into the early
		and the dim road, I couldn't see
		so, I started to move/drive ou
and co	Hided with	The Taxi.
IARATION		
-	igoing particulars are true i	in every respect.
declare the fore	egoing particulars are true i	in every respect.
declare the fore		in every respect.
declare the form	lung	1
declare the form	lung Driver's	s Signature Reporting Centre Personnel's Signature
LARATION declare the fore U W au yholder's Signatu & Time: Feb 202	lung Driver's (If driver	s Signature Reporting Centre Personnel's Signature er is not the policyholder) Name:



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: Lee Wai Lung
VEHICLE NUMBER	: SLK 2259 H
DATE/TIME OF ACCIDENT	: 17 Feb 2020 ground 6:30 am
PLACE OF ACCIDENT	: Braddell View Condominium Carpar
THIRD PARTY VEHICLE (IF ANY)	: Taxi Red Glor: SHF 620J
****************	治出来我不得放弃的实实实验的企业企业企业企业企业企业企业企业企业企业企业企业企业企业企业企业企业企业企业
Start: Braddell View going to ACS ACS School DID YOU DRINK ANY ALCOHOLIC	Condo. Carpayk Block 10-G (I) @ Dover Goad C DRINKS BEFORE YOU DRIVE ON THE DAY OF THE TRAFFIC POLICE CONDUCT ANY BREATHE-
WHAT IS THE TYPE OF COLLISIO TO ALL VEHICLES INVOLVED?	ON AND THE EXTENSIVENESS OF THE DAMAGES
WERE YOU OR YOUR PASSENGE WERE YOU TAKEN TO THE TRAFF	CR/S INJURED? IF INJURED, WHICH HOSPITAL? FIC POLICE FOR INVESTIGATION?
le Wai Lung Lee Wai Lung	

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

AIG Asia Pacific Insurance Pte. Ltd. AIG Building 78 Shenton Way #07-16 Singapore 079120 Tel: 6419 3000

UNDERTAKING

1. Lee Wai	Lung , (NRIC No. 5132 4242 I), hereby
	Accident Statement lodged by me on 17 Feb 2020
at 8:30 am hours pe	ertaining to the accident involving motor car Reg. No
SLK 2259 H , in which	ch I was the driver are true and accurate to the best of my
knowledge, information and	
I acknowledge that my insu	arers are not liable under the contract of insurance if there is
a breach of policy terms an	d conditions.
In the event that an unrela	ted/unreported third party property or injury claim arises or
there is evidence emerges	s that there is a breach of policy terms and conditions,
	absolve my insurer from all liability under the contract of
insurance and I undertake	to re-pay any sums paid by my insurers pursuant to the
contract of insurance upon	receipt of written demand by my insurers.
Signature	: le wai lung
Name of Insured / Driver	: Lee Wai Lung
Nric No.	: S1324242 I
Date	: 17 Feb 2020
Signature	: lee wai lung
Name of Policyholder	: Lee wai Lung
Nric No.	: S1324242 I
Date	: 17 Feb 2020



CERTIFICATE OF INSURANCE

: SLK2259H

Vehicle No.

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Lee Wai Lung

Period of Insurance : 10 Jan 2020 To 09 Jan 2021 Policy No. : 2100494097-02

Engine No. : 1ZRY345679 Endorsement No.

Chassis No. : MR053REH104562096 **Issued Date** : 17 Dec 2019

ABOUT THE COVER

: TOYOTA COROLLA ALTIS 1.6 DUAL

Engine Capacity/Tonnage : 1,598.00 CC Sum Insured : Market Value First Year of Registration : 2017 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

The Policyholder
 Any other person who is driving on the Policyholder's order or with his/her permission.
 This Policy will indomnify the Policyholder or any authorised driver only if heishe 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 Policyholdor'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 adote Trade.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Mataysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800

Section 2 Property Damage - S0

Windscreen: \$100

Named Driver and Excess (where applicable)

Lee Wai Lung - \$800 (Own Damage), \$800 (Flood Cover)

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

Approved Reporting Centres! AIG Authorised Regatives (For dialins related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs accident expense out at the Sels Agent's workshop.

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

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

I/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 75 the Road Transport Act, 1987 (Mataysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

AIG ASIA PACIFIC INSURANCE PL

78 SHENTON WAY #07-16 AIG BUILDING

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SSCASB

























