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.
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By the lodgement of this report to the insurers, you hereby conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available			
	ACCIDENT STATEMENT			
Date Of Report	14/02/2020 13:56			
Date Of Accident	13/02/2020 17:10			
Exact Location Of Accident	BARTLEY RD EAST SLIP RD TWD AIRPORT RD			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SGZ7722J			
Insured/Policyholder				
Name Of Registered Owner	KUEK BUCK HEE VINCENT			
NRIC No	SXXXX338C			
Email Address	VINCETKUEK_CO@SINGNET.COM.SG			
Mobile Phone No	(LOCAL) +65-96360690			
Alternative Phone No	Office-62411547			
Vehicle Particulars				
Manufacturer	ТОУОТА			
Model	HARRIER-2.0 (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	1800150005			
Cover Note Number				
Driver				
Name of Driver	LOW MUI DEE			
NRIC No	SXXXX571B			
Date Of Birth	04/08/1962			

INDOOR

25/11/1983

36 YEARS AND 2 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96777220

Fax Number

Contact Number

EMail Address SLOW.0408@GMAIL.COM.SG

Address 1A JALAN ULU SIGLAP

Postcode 457120 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

insurance company of briver's Own Verticle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

2

NO

NO

NO

1

NO

NO

NO

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

nvolved 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

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? YES

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH8443K

Vehicle Make/Model/Colour HYUNDAI BLUE COMFORT DELGRO

Details Of Properties

Vehicle Category TAXI

Name of Driver OH POH KIEW
NRIC/Passport Number SXXXX155E
Contact Number 83823248

Address BLK 542 HOUGANG AVE 8 #5-1283

Postcode 1953

Insurance Company Name

Nature Of Damage LEFT DOOR

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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)

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Sketch Plan

Witnessed by Reporting Centre Personnel

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icyholder's Signature / Date ne 1110 an^	& Driver's Signature (If driver	cack/HI	/ Date Witnessed by Reporting Centre

AIG

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: Low they OBE	
VEHICLE NUMBER	: 862 7722)	
DATE/TIME OF ACCIDENT	13/2/2020 (1710	Cud
PLACE OF ACCIDENT	: Bartley Rd Bast	slip od tod
THIRD PARTY VEHICLE (IF ANY)	8H8HH3K	
*********	*****	*****
DID YOU DRINK ANY ALCOHOLI THE ACCIDENT? IF YES, DID THE ANALYSER TEST ON YOU? IF YES	C DRINKS BEFORE YOU DRIVE O	Steer he will be to the stand of the stand o
Ho		
WHAT IS THE TYPE OF COLLISION TO ALL VEHICLES INVOLVED?		THE DAMAGES
WERE YOU OR YOUR PASSENGE WERE YOU TAKEN TO THE TRAF	FIC POLICE FOR INVESTIGATION	CH HOSPITAL?
Name: Ances Kuca Issue Nec	liven To My Best Knowledge.	
AIG Asia Pacific Insurance Pte. Ltd. AIG Building 78 Shenton Way #07-16 Singapore 079 Tel: 6419 3000	9120	



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Kuek Buck Hee Vincent
 Period of Insurance
 : 20 Dec 2019 To 19 Dec 2020

 Engine No.
 : 8ARZ101883

 Chassis No.
 : JTEZB3GH40J001057

Vehicle No. : SGZ7722J : 1800150005-01 Policy No.

Endorsement No.

: 11 Dec 2019 Issued Date

ABOUT THE COVER

: TOYOTA HARRIER 2.0 Make/Model

First Year of Registration : 2017 Sum Insured : Market Value Engine Capacity/Tonnage: 1,998.00 CC Insuring with COE/PARF : Yes Off Peak Car : No Driver Restriction : NA

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder

a) The PolicyTouries by 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 "Inexperienced Driver (Excess" (TDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

: 40 years old and above 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-feating, 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 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 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

Section 1 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Kuek Buck Hee Vincent - \$600 (Own Damage), \$600 (Flood Cover), Low Mui Dee - \$600 (Own Damage), \$600 (Flood Cover)

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 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 carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency holine at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.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: 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 the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0502263000

SAFE HARBOUR ASSURANCE AGENCY

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

BLK 208 HOUGANG ST 21 #04-207

SINGAPORE 530208

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Pusy Khee Goh

AUTHORIZATION LETTER

Date: 14/2/20			di .		
	tors (S) Pte Ltd May Concern				
Dear Sir / Madam,					
RE: Authorize	ation to Act on Behalf fo	or Insurance Clai	ms Documentati	on	
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documentation	faccident. o authorize to exercise and pertaining to my registrating to ficial business schedus esitate to contact me should	tion vehicle number ules / away from Sin	gapore on duty ove	ersea travel.	am
Thank You					©.
Yours truly,	O/				•
Signature :	. Vincenc Kurac 9	such Mer			
Name	NINCOS FUECO	and the			
0 - 1 1 1 0	103000				

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0150338C





KUEK BUCK HEE VINCENT

CHINESE Date of Birth

11-06-1954 Country of Birth SINGAPORE

NRC No. S0150338C

07-06-1993





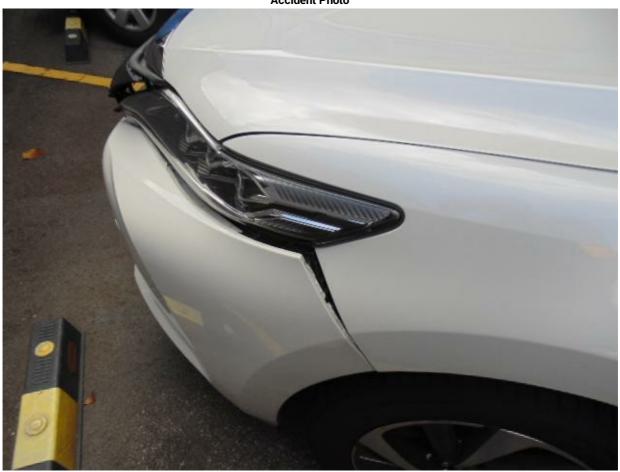






















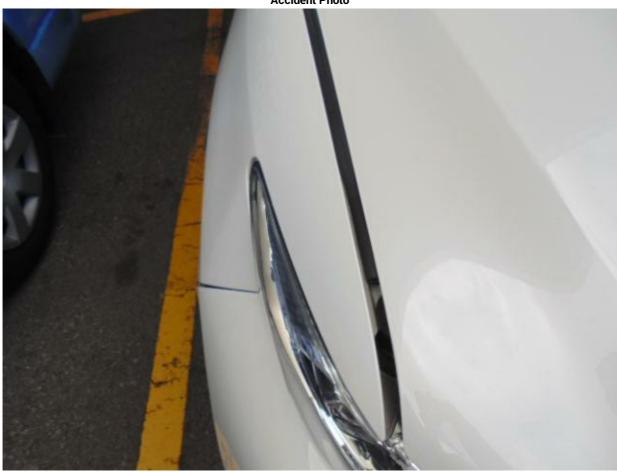














Accident Photo

