SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

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 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	25/03/2020 14:10
Date Of Accident	25/03/2020 08:15
Exact Location Of Accident	LOYANG AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLK5447L
Insured/Policyholder	
Name Of Registered Owner	LENG CHOO KIAN BOBBY
NRIC No	S1185629B
Email Address	BOBLENG@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-94388315
Alternative Phone No	Office-94388315
Vehicle Particulars	
Manufacturer	ТОУОТА
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	2100497200
Cover Note Number	
Driver	
Name of Driver	VICTORIA LENG JUN
NRIC No	S9839578D
Date Of Birth	22/11/1998

INDOOR

07/03/2017

3 YEARS AND 0 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-98008819

Fax Number

Contact Number

EMail Address VICTORIALENGJUN@GMAIL.COM

Address 103 RIVERVALE VIEW

Postcode 518447 NO

Was driver an employee of the Insured's Company

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

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

3

NO

YES

NO

2

NO

NO

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

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 : VENESSA LENG SHAN Name:

> 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 YES Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMJ3615A

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver KOH LING SEE NRIC/Passport Number Contact Number S7329166F 91397373

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMN2534K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver GOO LEEL LEE
NRIC/Passport Number S7264217A
Contact Number 92220380

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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	ME/	
ESCRIBE CIRCUMSTANCES OF T	HE ACCIDENT	
· As		
	ght lane at a slow spe	ed after checking that the
next lane was clear	of cars, another car h	ed after checking that the vit the left side of my car,
and the impact can	used me to hit the co	er on my right.
Before moving out.		ce that there here no car
on the next lare.		I out of Lane I to change lane.
	were moving out of lar	
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ECLARATION		
We declare the foregoing particular	s are true in every respect.	
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SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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:
 - 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

COUNT SERVINGER OF ST

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Leng Choo Kian Bobby
 Period of Insurance
 : 19 Jan 2020 To 18 Jan 2021

 Engine No.
 : 12RY331891

Chassis No. : MR053REH104557590 Vehicle No. : SLK5447L : 2100497200-02 Policy No.

Endorsement No.

: 09 Jan 2020 Issued Date

ABOUT THE COVER

: TOYOTA COROLLA ALTIS 1.6 DUAL Make/Model

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

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder
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 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)

Leng Choo Kian Bobby - \$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 hottine at +65 6336 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: DBS BANK 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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0030210000

AIG ASIA PACIFIC INSURANCE PL

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

78 SHENTON WAY #07-16 AIG BUILDING SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG

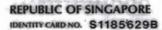
MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: Victoria lug Jur	
VEHICLE NUMBER	: SLK5447C : 25/03/2020 @ 0P14 : Lyang Ave	
DATE/TIME OF ACCIDENT	: 25/03/2020 @ 0P14	
PLACE OF ACCIDENT	: logary Ave	
THIRD PARTY VEHICLE (IF ANY)		
*****************	*******	****
DESTINATION BEFORE THE ACCI	JOURNEY AND WHERE WAS THE INTERIDENT? Airline House.	
TO ALL VEHICLES INVOLVED?	ON AND THE EXTENSIVENESS OF THE DAM.	AGES
WERE YOU OR YOUR PASSENGE WERE YOU TAKEN TO THE TRAF	ER/S INJURED? IF INJURED, WHICH HOSPI FIC POLICE FOR INVESTIGATION?	TAL?
Name:	Given To My Best Knowledge.	

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

AUTHORIZATION LETTER

Date:	_			3	100			
To:								
Cc:	Bomeo M	lotors (S)	Pte Ltd					
Attn:	To Whom	It May C	oncern					
Dear S	Sir / Madar	m,						
RE:	Authori	zation to	Act on Be	half for In	surance (Claims Docum	entation	
l/we,	(full nam	ne)				NRIC No		
			y/our (relation				(full r	name)
Helek	by dollio		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		NRIC No.		to drive	e my
	cle at time	of accide	enl.					
He /	She is a	lso autho	orize to exerc	ise and e	execute to	sign all / any	necessary trans	action
doc	mentation	n pertain	ing to my re	gistration	vehicle nu	mber	as	1 am
	anthy bayin	a tight of	ficial business	schedules	/ away fron	n Singapore on o	duty oversea trav	el.
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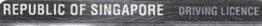






LENG CHOO KIAN BOBBY

28-08-1955 M





S9839578D

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9839578D



5227611



VICTORIA LENG JUN

凌筠

Rece CHINESE Date of birth 22-11-1998

SINGAPORE





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE





07-10-2013

NP 428A



Accident Photo







