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 insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

oresaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
ate Of Report	11/04/2020 11:22
ate Of Accident	10/04/2020 13:45
xact Location Of Accident	X OF UPP SERANGOON RD & MEYAPPA CHETTIAR RD
country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
ehicle Registration Number	SDU444U
nsured/Policyholder	
lame Of Registered Owner	ANGELINE SENG LAI SIN
IRIC No	S7306238A
mail Address	SENG.ANGELINE@GMAIL.COM
Nobile Phone No	(LOCAL) +65-93384615
Iternative Phone No	Office-93384615
/ehicle Particulars	
1anufacturer	SUBARU
1odel	FORESTER 2.5X
xact Purpose for which vehicle was being used at me of accident	
re you claiming under your own insurance policy or repair to your vehicle?	YES
No, Please state action to be taken	
ehicle Category	PRIVATE CAR
nsurance Company	
lame of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
ype Of Coverage	COMPREHENSIVE
leet Policy	NO
olicy Number	2100312152
over Note Number	
Oriver Oriver	
lame of Driver	EUGENE TAN THIAM HEE
IRIC No	S7300250H

OUTDOOR

14/10/1991

28 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96914173

Fax Number

Contact Number

EMail Address EUGEANZ@GMAIL.COM

Address BLK 104 BISHABN ST 12 #02-264 S570104

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

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

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

2

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver) 1

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

REFER TO ATTACHED REPORT

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKG4086J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver KOH SWEE YEE

NRIC/Passport Number

Contact Number 98452133

Address NA NA Postcode NA Insurance Company Name

2

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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 :
 - (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' 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: Driver's Signature
(If driver is not the policyholder)
Date & Time: 11 AVDIL 70 20

NRIC/FIN No .:

Reporting Centre Personnel's Signature

SKETCH PLAN SKG40863 SDY 4444 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT recline vehicle INSURER: ALG VEHICLE: SDU 4444 10/4/2020 DOA: CLAIM TYPE: KFS -WORKSHOP: DECLARATION I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

Driver's Signature

Date & Time:

(If driver is not the policyholder) 11 ASPEIL 2020 ..

FULLED TAN

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: Eugene Tan Thian Hwee
VEHICLE NUMBER	: SDU 4 44 U .
DATE/TIME OF ACCIDENT	: 10/4/2020 13.47-
PLACE OF ACCIDENT	: V upp. Scrapon Rd & Meyappay Chetterer nd
THIRD PARTY VEHICLE (IF ANY)	: SKG4086J
**********************	***********
WHERE DID YOU START YOUR JOB BEFORE THE ACCIDENT?	URNEY AND WHERE WAS THE INTENDED DESTINATION
Potong Pasir	- Toa Payoh.
	C DRINKS BEFORE YOU DRIVE ON THE DAY OF THE FIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ULT?
NO .	
WHAT IS THE TYPE OF COLLISION VEHICLES INVOLVED?	N AND THE EXTENSIVENESS OF THE DAMAGES TO ALL
WERE YOU OR YOUR PASSENGER/ TAKEN TO THE TRAFFIC POLICE FO	S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU OR INVESTIGATION?
No	
Name: NAPRIL 2020	
I Affirmed The Above Information Is G	iven to My Best Knowledge.







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CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Angeline Seng Lai Sin

Period of Insurance : 24 Dec 2019 To 23 Dec 2020

Engine No. Chassis No.

: JF1SG9KT58G107961

: EJ25D317486

Vehicle No.

: SDU444U

Policy No.

: 2100312152-07

Endorsement No. **Issued Date**

: 19 Dec 2019

ABOUT THE COVER

Make/Model

: SUBARU FORESTER 2.5X T TURBO

Engine Capacity/Tonnage : 2,457.00 CC Driver Restriction

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2008

Insuring with COE/PARF : Yes

: 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 "inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience

Age Condition

: 40 years old and above

nitation as to use* :

Use only for social, demestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for this or reward, driving fution, driving test, racing, pace-making, reliability trial or speed-lesting, 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.

EXCESS

Section 1 Fire - \$0 Own Damage - \$1400 Theft - \$0 Flood Cover - \$1400

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Angeline Seng Lai Sin - \$1400 (Own Damage), \$1400 (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 scarried out at the Sole Apper's servishment.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline 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: CITIBANK SINGAPORE

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).

0691079000

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

3 TAMPINES GRANDE #04-01 AIA TAMPINES

SINGAPORE 528799 ANSP-TANGIMCHEONG

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.





















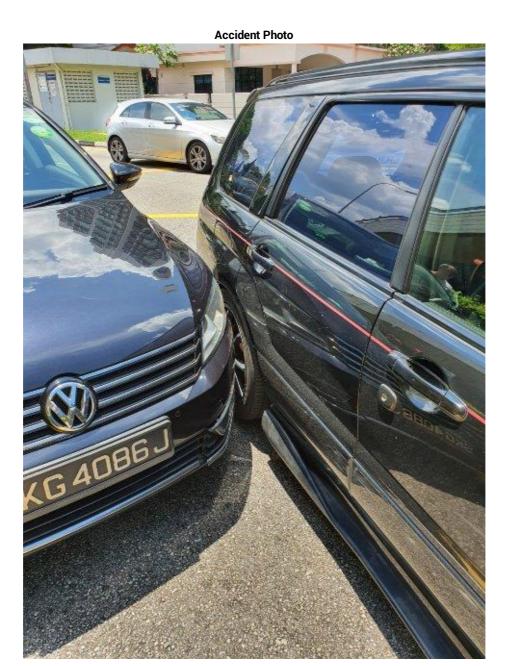












Accident Photo

