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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- Z. 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.
- 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 insur

 by the loagement of this report to the insurers, you hereby consaforesaid. 	ent to the archiving of this report at the centre and to copies of the report being made available		
THE RESERVE THE STATE OF THE ST	ACCIDENT STATEMENT		
Date Of Report	10/06/2020 12:56		
Date Of Accident	09/06/2020 17:40		
Exact Location Of Accident	JUNCTION OF ANG MO KIO AVE 5/ANG MO KIO IND PARK 2		
Country/State of Loss	SINGAPORE		
A Principal of the Control of the Co	ETAILS OF OWN VEHICLE		
Vehicle Registration Number	EW8989P		
Insured/Policyholder			
Name Of Registered Owner	NG WUN HAR GRACE		
NRIC No	SXXXX572B		
Email Address	WUNHAR@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-97947733		
Alternative Phone No	OTHERS-97947733		
Vehicle Particulars			
Manufacturer	VOLVO		
Model	V40 T2		
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 1800072873

Cover Note Number

Driver

Name of Driver NG WUN HAR GRACE

NRIC No. SXXXX572B Date Of Birth 17/04/1962 Occupation INDOOR Date Of Driving Pass 05/01/1984

Driving Experience 36 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97947733

Fax Number

Contact Number OTHERS-97947733

EMail Address WUNHAR@GMAIL.COM Address

4 JALAN PELAJAU

Postcode

808699

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

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)

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 AND ATTACHMENT

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

SHA3711L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

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

- 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 withholding 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. 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 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)
 - (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 Signatu

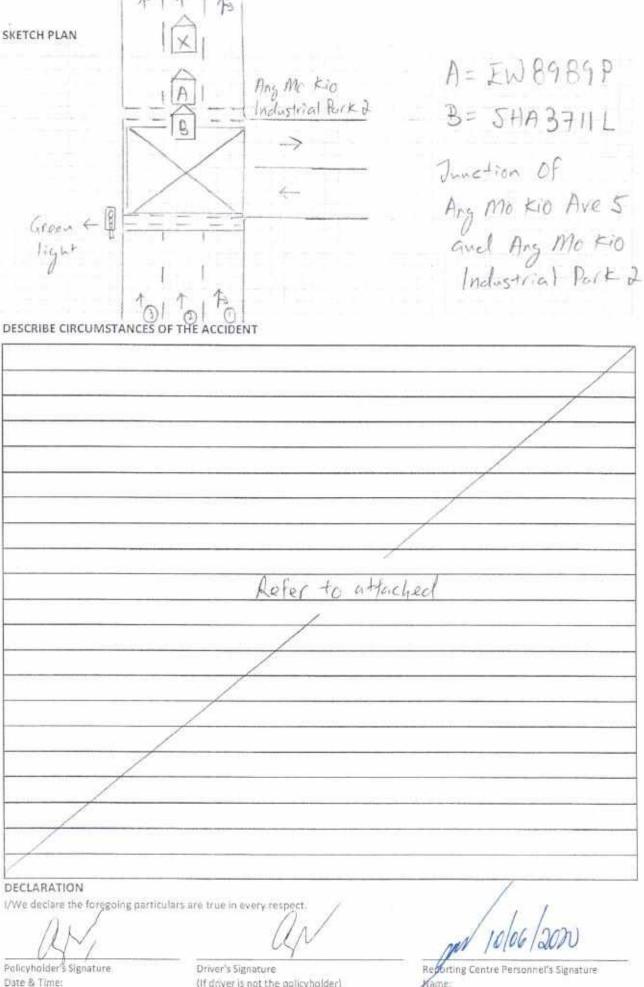
Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

NRIC/FIN NO.



(If driver is not the policyholder).

Date & Time:

Name:

NRIC/FIN No.:

On 09.06.20 at about 17:40 hours at the Junction of Ang Mo Kio Ave 5 and Ang Mo Kio Industrial Park 2, while I was travelling on the lane 2 going straight in the direction of Buangkok Green. It was green light at that time and traffic was heavy.

My front vehicle slowed down and stopped, hence I also followed suit. Suddenly, I heard a loud bang from behind and when I alighted, I realized it was Vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my vehicle (A).

(100) 1000 (100)

Vehicle (A): EW 8989P

Vehicle (B): SHA 3711L

W,

SINGAPORE ACCIDENT STATEMENT

Accident Date: 09/06/20 Time: 17-4c (hh:mm) 24 hr format
Location Duretion of Ang Mo Rio Ave 5 and Ang Mc Fic
Inclustrial Perk 2
Vehicle Number FW8989P
Insured Name NG WUN HAR GRACE
- 1- T-
NRIC/FIN \$ 154+5+2B Contact Number 97947733 Make Volvo Model V40 T2
Are you claiming under your own insurance policy for repair to your vehicle?
() Yes If No,Pls select: (/) Third Party () Reporting
Insurance Company AIG
TO PRINT A STATE OF THE STATE O
Policy Number 1800072875
N CD:
Name of Driver ()Same as Insured
NINIC / PINI
NRIC / FIN Contact Number
Date of Birth 17 - 04 - 1962
Driving Pass Date 05 JAN 1984
Occupation (/ Indoor () Outdoor
Gender () Male (✓) Female
Email Address Wuhharegmail. 60 M ()NO EMAIL
Address of Driver 4 JALAN PELAJAU SINGAPORE 808699
Was driver an employee of the Insured's Company? () Yes () No
If No, Relationship of the Driver with the Insured
(\(\subseteq \) Owner () Spouse () Friend () Relative () Children () Sibling
Does the Driver Own Any Other Vehicle ? () Yes (No
If Yes, Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle
Weather Conditions () Clear () Raining () Others
Road Surface () Dry () Wet () Others
Was any foreign vehicle involved in this accident? () Yes () No
Was anybody injured in the accident? () Yes (✓) No
If yes, injured detail
Was there any video captured by Car Camera? () Yes () No
Was the Accident reported to the Police? () Yes (✓) No If yes attach police report
DETAILS OF 3 rd party Name / Nric Contact
Veh B SHA 3711L
Veh C
Veh D
Veh E
Veh F

Driver Only



CERTIFICATE OF INSURANCE

WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

Name of Policyholder

: NG WUN HAR GRACE

Period of Insurance

: 25 Jun 2018 To 24 Jun 2020

Engine No.

: B4154T52545420

Chassis No.

: YV1MV28L0J2511219

Vehicle No.

: EW8989P : 1800072873

Policy No. Issued Date

Endorsement No.

: 29 Jun 2018

ABOUT THE COVER

Make/Model

: VOLVO V40 T2

Engine Capacity/Tonnage = 1,498,00 CC

Sum Insured : Market Value

First Year of Registration 2018

Driver Restriction

NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

all, any other process.

If Any other prince who is driving on the Policyholder's order or with his/live parmission.

This Palicy will indemnify the Policyholder or any authorized driver only if he/after meets the specified age condison.

You have to pay an additional sum of \$3,000 as "Young and/or inexperienced Driver Expess" ("NDR") if You are or Your Authorised Driver (named or continued) is under the age of 23 and or has less

Age Condition

: All Age Condition

Limitation as to use*

Use only for social, homestic and pleasure purposes and for the Policyholder's quariess.
This Pulicy does not down use for hire or reward, this nig tuition, driving test, racing, pace-making, reliability trial or speed-leating, the carriage of goods other than sumplies in connection with any triade or business or use for any purpose in connection with Motor Trade.

Loss of Use 2000cc

* Universitions, randored inequive, by Section B of the Stotol vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1967 (Midsyste), are not no mediated under these headings.

EXCESS

Section 1

Fre - \$0 Own Damage - \$800 Touth - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

NG WUN HAR GRACE - \$800 (Own Damage)

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

1 Wearnes Automotive Pre Eld. Add; 249 Alexandra Road Singapore 159935 64304890 63789350

For other Approved Reporting Centres/AIG Authorised Repairers, please comact our 24-hour ecodent emergency hothre at +55.6338.6200; Attendovely, you may rolly to AIG withile www.aig.com.ag. or AIG SG Mobile App. Simply search and downseat 'ASG SG' from (Tunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OVERSEA-CHINESE BANKING CORPN LTD

TWe hereby certify that the policy to which this Certificate of Insurance referes is issued in accordance with the provisions of the Motor Venicles (Third Porty Risks and Compensation) Act (Cac. 189). Part IV of the Road Transport Act, 1967 (Malaysia) and Motor Venicles (Third Porty Risks and Compensation) Act (Cac. 189). Part IV of the Road Transport Act, 1967 (Malaysia) and Motor Venicles (Third Porty Risks and Compensation) Act (Cac. 189). Part IV of

0503485752

WEARNES AUTOMOTIVE - FAG (V)

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE