Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 06/07/2020 11:06

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 <u>truthful and accurate</u> 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

	ACCIDENT STATEMENT
Date Of Report	06/07/2020 10:42
Date Of Accident	16/06/2020 08:15
Exact Location Of Accident	AMK AVE 3 & CTE (AMK CENTRAL FLYOVER)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLB2356H
Insured/Policyholder	
Name Of Registered Owner	SNG CHENG WEI
NRIC No	S7101826A
Email Address	CONNIE.LIM89@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97333605
Alternative Phone No	Office-NOPHONE
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER-2.0 I-L (SJ) (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Гуре Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100459192-04
Cover Note Number	
Driver	
Name of Driver	CONNIE LIM HWEE KOON
NRIC No	S7107565F
Date Of Birth	02/03/1971

INDOOR

18/04/1995

25 YEARS AND 1 MONTH

Gender **FEMALE**

Mobile Number (LOCAL) +65-97333605

Fax Number

Contact Number

EMail Address CONNIE.LIM89@YAHOO.COM.SG

BLK 588A ANG MO KIO ST 52 #07-209 Address

Postcode

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

General Information of the Accident

Type Of Accident **COLLISION - HEAD TO REAR**

2

NO

NO

YES

NO

1

NO

NO

Weather Conditions MAYBE DRIZZLE

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

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)

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 ATTACHED

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

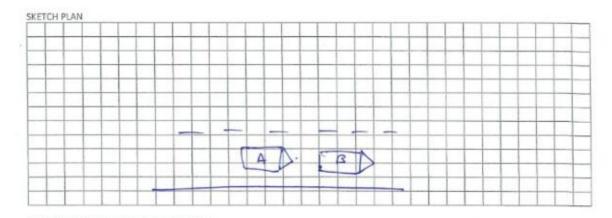
Vehicle Registration Number SMQ6285L

Vehicle Make/Model/Colour TOYOTA VIOS **Details Of Properties REAR PORTION** PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number 98581420 Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)



DESCRIBE CIRUMSTANCES OF THE ACCIDENT I was driving as the right here, stopping behind a car. I beard & stopped behind a cur. I trought I have acceptably "trucked" the cur and got out of the car. He come art from the car & checked and we saw a big gap botheren his and my car (picture attented) He claimed that I have tarched his our and punted at some small continues courts) that I are a descript. I told his that If I was consent by me, I would accept it but need his company to goess. But as our our was quite for away from each other , there was no damages / destrot in any of the our. I en but some If the duts was consided by one & or H was three before that, As I was attending a 5 days tracked, I rushed to brave the site lepen verding my destriction, I called him to lettle but he was not available and In hence I texted him. He said he needed & report to his ventual Company because these was a pesseage, inside and would that would fee Is involved trush there was no denige to car. I agreed and asked him to got the company to catact me preferably alter the next day's afternoon as my matherial ewis creation was on 17 Sine. After which, there was no calls from argone and I thought the case was settled as those was no denege at all , the outs might were abreau had seen frome before the acquests. I did not ever download my video footage as there was he follow up ceal at all. The viges was overtice as when I recoived the 1rd party clean letter from insurance and should that they how claved egabet 41 as there was no damage to any car at all

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature
Name: DANIEL JUDE

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 insurers) 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.

Policyhol der's Signature

ate & Time: 4410 10

Driver's Signature (If driver is not the policyholder)

Date & Time: 4/7/20/72 /2:1/ n.A -

my physical

Reporting Centre Personnel's Signature
Name: DANIEL JUDE
NRIC/FIN NO.:

SXX XX518D















CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : SNG CHENG WEI (SUN QINGWEI) Vehicle No. : SLB2356H Period of Insurance : 31 Mar 2020 To 30 Mar 2021 Policy No. : 2100459192-04

Engine No.

: FB20Y225950 : JF1SJ5KC5GG069147 Endorsement No. Chassis No. Issued Date : 24 Mar 2020

ABOUT THE COVER

Make/Model : SUBARU FORESTER 2.0I-L

Engine Capacity/Tonnage : 1,995.00 CC Sum Insured : Market Value First Year of Registration : 2016 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

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 incluminally the Policyholder or any authorised driver only if he/sithe 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

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 fution, driving test, racing, pare-moting, reliability trief or speed-leating, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with fidos Trade.

Loss of Use 1500cc - 1600cc

* Limitations randored inoperative by Section 6 of the Notor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1967 (Molaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

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

Section 2 Property Damage - 50

Windscreen: \$100

Named Driver and Excess (where applicable)

SNG CHENG WEI (SUN QINGWEI) - \$800 (Own Damage), \$800 (Flood Cover)

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

1.Motor Image Enterprises Pte Ltd Add: 19 Lorong 8 Top Paych Singapore 319255 64170100

For other Approved Reporting Centres/A/G Authorised Repairers, please contact our 24-hour accident emergency holline at +65 6338 6200. Alternatively, you may refer to A/G website www.aig.sg.or A/G 9G Mobile App. Simply search and download "A/G 5G" from Tunes or Google Ptey.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

IAWe hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Trind Party Risks and Compensation) Act (Cap. 189), Part IV of Street Road Transport Act. 1967 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

TAN CHONG CREDIT SUBARU-ACL

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

913 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE SINGAPORE 589623

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

BSPLIC

1003

























