SINGAPORE ACCIDENT STATEMENT

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.
- 3. Information provided must be as <u>truthful</u> and <u>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.

By the lodgement of this report to the insurers, you aforesaid.	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	06/04/2020 17:31		
Date Of Accident	06/04/2020 11:40		
Exact Location Of Accident	ALONG AYE TOWARDS TUAS NEAR EXIT 15		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLL4259P		
Insured/Policyholder			
Name Of Registered Owner	TEO CHING LIAN		
NRIC No	S7503377Z		
Email Address	ANGKG75@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-98896745		
Alternative Phone No	OTHERS-98896745		
Vehicle Particulars			

SUBARU Manufacturer

Model FORESTER-2.0 XT (A)

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number 2100501993-03

Cover Note Number

Driver

Name of Driver ANG KIM GUAN NRIC No S7536892E Date Of Birth 29/11/1975 Occupation **INDOOR Date Of Driving Pass** 15/10/1993

Driving Experience 26 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98896745

Fax Number

Contact Number OTHERS-98896745 **EMail Address** ANGKG75@GMAIL.COM

4 PAVILION VIEW Address

Postcode 658418

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 - CHANGE/CROSS LANE**

Weather Conditions **CLEAR** DRY Road Surface

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? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

YES 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) 1

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?

NO

NO

Circumstances of Accident

KINDLY REFER TO SKETCH PLAN.

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

YN7171Z Vehicle Registration Number Vehicle Make/Model/Colour ISUZU

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver ONG KIAN CHYE

S1420050I NRIC/Passport Number **Contact Number** 93368832

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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- 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) 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:

614/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

GIARMC SketchPlanForm_V3

SKETCH PLAN		
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT The long (B) suddenly s Side and into my lane. I brake Lit onto my left front.	mad o	mt to the right
APA		
Important:	. 1	- Reporting Only
You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.		- Claim OD
		- Claim TP
		- Claim 9ৰ্চ/ TP at other workshop
DECLARATION		
I/WE declare the foregoing particulars are true in every respect.	,	

Driver's Signature (if driver not the policyholder) Date & Time $\begin{array}{c|c} \mathcal{C} & \mathcal{C} & \mathcal{C} & \mathcal{C} \\ \end{array}$

Nric/Fin No.

Name:

Reporting Centre Personnel's Signature



CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Feo Ching Lian (Zhang JingLian) Period of Insurance : 25 Feb 2020 To 24 Feb 2021

: FA20B880640 Engine No.

Chassis No. : JF1SJGK85GG081462 Vehicle No. · SUL4259P Policy No. : 2100501993-03

Endorsement No.

Issued Date : 08 Jan 2020

ABOUT THE COVER

Driver Restriction

: SUBARU NEW FORESTER 2.0XT

Engine Capacity/Tonnage: 1,998.00 CC Sum Insured : Market Value

First Year of Registration : 2017 Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

: NA

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 "thexperienced Driver Excess" ("IDR") 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-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

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)

Teo Ching Lian (Zhang JingLian) - \$1400 (Own Damage), \$1400 (Flood Cover)

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

1.Motor Image Enterprises Pte Ltd. Add; 19 Lorong 8 Toa Payoh Singapore 319255 64170100

For other Approved Reporting Centres/AlG Authorised Repairers, please contact our 24-hour accident emergency hottine at +65 6338 6200. Alternatively, you may refer to AlG website www.aig.sg or AlG SG Mobile App. Simply search and download "AlG SG" from iTunes or Google Play

IMPORTANT NOTES

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

WWe hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Venicles (Third Party Risks and Compensation) Act (Cap. 189). Part IV of the Road Transport Act. 1987 (Malaysia). Road Transport (Amendment) Act. 2019 and Motor Venicles (Third Party Risks) Rules, 1969 (Malaysia).

0500619219

TAN CHONG CREDIT SUBARU-OJW

AIG Asia Pacific Insurance Pte. Ltd. This computer generated document does not require a signature.

913 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

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SINGAPORE 589623

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Sketch Plan Pg. 4

Date: 6th Apr 2020

To: AIG

78 Shenton Way

#09-16

Singapore 079120

AUTHORIZATION LETTER

To whom it may concern,

I, Teo Ching Lian of NRIC S7503377Z, being owner of the vehicle (Car registration no: SLL4259P) that was involved in the accident (along Jalan Ahmad Ibrahim Expressway) on 6th April 2020, hereby authorize Ang Kim Guan of NRIC S7536892E to file for the accident.

He is also authorized to act on my behalf and to be my authorized signatory in any other matters relating to this accident.

Yours Sincerely,

Teo Ching Lian





































