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	07/07/2020 15:54				
Date Of Accident	06/07/2020 20:50				
Exact Location Of Accident	CHOA CHU KANG GROVE				
Country/State of Loss	SINGAPORE				
DETAILS OF OWN VEHICLE					
Vehicle Registration Number	SJL1283L				
Insured/Policyholder					
Name Of Registered Owner	CHAN TENG KOK				
NRIC No	S1392582H				
Email Address	NOEMAIL				
Mobile Phone No	(LOCAL) +65-98298118				
Alternative Phone No	Office-NOPHONE				
Vehicle Particulars					
Manufacturer	ТОУОТА				
Model	CAMRY 2.5 AUTO				
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?	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	2100312037-07				
Cover Note Number					
Driver					
Name of Driver	CHAN TENG KOK				
NRIC No	S1392582H				
Date Of Birth	25/05/1959				

INDOOR 13/10/1981

38 YEARS AND 8 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-98298118

Fax Number

Contact Number OFFICE-NOPHONE

EMail Address NOEMAIL

APT BLK 202 CHOA CHU KANG AVENUE 1 Address

#05-71

Postcode 680202 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

ambulance?

NO

NO

2

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 : TAN BUAY KEE 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? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO THE SKETCH PLAN

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 GBH1604K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE Name of Driver NRIC/Passport Number

Contact Number

96256853

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN Choa Chu Kang	Wuy			
A: SIL 1283L B: GBH1604K	Choa C kang G	IT E		
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT			
LICENSE PLATE: SJL 1285		ACCIDENT DATE & TIME:	6/7/2020	20:50
CONTACT NUMBER: 98:29 &	118	E-MAIL ADDRESS: /		
LOCATION: Choa Chy h	any Grove.			
Choa Chu Kazg Grand I cannot sto	ove. The car		did a	jam brake
NOTE: PLEASE NOTE THA	T YOUR INSURER MA	Y HAVE 14 DAYS TIME FRAM	E FOR YOU TO	SUBMIT AN
OWN DAMAGE CLAIM UNDE	R YOUR OWN POLICY	PLEASE CHECK YOUR POL	ICY FOR MORE	INFORMATION
Please state:				2002/2010 2010 2010 2010 2010 2010
Claim Own Policy	() Claim Third Party	() Claim OD/TP at other works	hop () F	Reporting Only
DECLARATION I/We declare the foregoing particula	rs are true in every respo	ect.	\(\frac{1}{2}\)	
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the po Date & Time:	licyholder) Nam		onnel's Signature



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Chan Teng Kok Vehicle No. : SJL1283L Period of Insurance : 24 Aug 2019 To 23 Aug 2020 Policy No. : 2100312037-07

: 2AR0718717 Engine No.

Endorsement No. Chassis No. : MR053AK5004002397 Issued Date : 19 Aug 2019

ABOUT THE COVER

Make/Model : TOYOTA NEW CAMRY 2.5

Engine Capacity/Tonnage : 2,494.00 CC Sum Insured : Market Value First Year of Registration : 2012 Insuring with COE/PARF : Yes Driver Restriction : NA Off Peak Car : No

Person or Classes of Persons Entitled to Drive*:

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 inexpenenced 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 fution, driving test, racing, pace-making, reliability that or speed-festing, 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 Read Transport Act, 1987 (Malaysia) and Read Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1 Fire - S0 Own Damage - \$1000 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Chan Teng Kok - \$1000 (Own Damage)

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

Approved Reporting Centrest AIG Authorised Reparers (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 CentrestAIG Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 6338 6200. Alternatively, You may refer to AIG website www aig com sign 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

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)

0500522000

MULTI-LINES AGENCIES

AIG BUILDING 78 SHENTON WAY #07-16

SINGAPORE 079120 AYSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE Pheck Lui Tan

Marile

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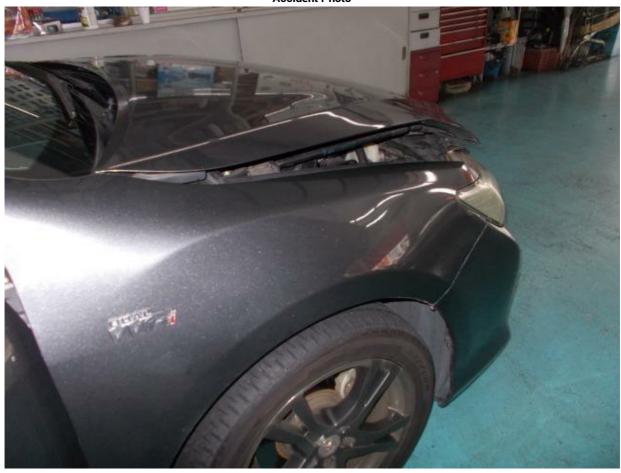
































Accident Photo



