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### 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.
- Information provided must be as truthful and accurate as possible. Any wiful 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.
- 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
  afcrosaid.

<b>米加州的</b> 医格里利耳斯氏氏征	ACCIDENT STATEMENT				
Date Of Report	12/08/2020 17:46				
Date Of Accident	10/08/2020 12:30				
Exact Location Of Accident	BLK 344 BUKIT BATOK ST 34 OPEN CARPARK				
Country/State of Loss	SINGAPORE				
AND SERVICE OF SERVICE	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SMD2992Z				
Insured/Policyholder					
Name Of Registered Owner	LIM CHEE KEONG				
NRIC No	SXXXX221Z				
Email Address	NOEMAIL				
Mobile Phone No	(LOCAL) +65-94853383				
Alternative Phone No	OTHERS-94853383				
Vehicle Particulars					
Manufacturer	KIA				
Model	CERATO FORTE				
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES				
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 NO				
Policy Number	1800095603				
Cover Note Number					
Driver					
Name of Driver	LIM CHEE KEONG				
NRIC No	SXXXX221Z				
Date Of Birth	10/08/1996				
Occupation	OUTDOOR				
Date Of Driving Pass	02/10/2014				
Driving Experience	5 YEARS AND 10 MONTHS				
Gender	MALE				
Mobile Number	(LOCAL) +65-94853383				
Fax Number					
Contact Number	OTHERS-94853383				
EMail Address	NOEMAIL				

Address

BLK 209B COMPASSVALE LANE

#14-100

Postcode

542209

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

SIDE SWIPE

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.

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)

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SMF1973A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver).

PRIVATE CAR

## SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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
- 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, involces, 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
- (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

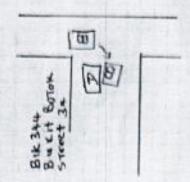
(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Name:

NRIC/FIN No.:



Vehicle A SMD 29922 Vehicle B SMF 1973A

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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## DECLARATION

I/We declare th

articulars are true in every respect.

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.:

# Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 10 /08 /20 (dd/)	mm/yy) Time of Accident:
Vehicle No. : SND 2992 Z V	chicle Make & Model: KIA CERATO
Exact location of Accident: RAK 34	Chee Keong (586802212)
Policyholder's Name / IC No. : Lim	Chec Keong (-00000012)
Driver's Name / IC No :	(As Above)
Driver's Contact No. : 9485338	Company Contact No:
Driver's Address: BIK 209B	COMPASS VALE Lane #14-100 SPOLE 542200
Insurance Company: Ai6	Email address (if any): 10101014
Relationship between Owner & Drive Ogne) / Spouse / Children / Friend / Par	
What do you wish to claim? (Please	FICK one only)
Own Insurance / Other Vehicle	(The one you want to claim against) I Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?	Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose	No. of Passengers (Including Driver):
Passenger Name : Passenger Name :	Gender: Gender:
Weather condition & Road conditions	
	/ After-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your	Car Camera? Yes / No
Anv Injuries: Yes / No (If	YES) Injured Person' Name:
Injuries Sustain:	Injured Person in Which Vehicle:
Police Report filed: Yes / Yes /	No (If YES) Which Police Station:
	The Other Party(s) Details:
Driver's Name / IC No:	Vehicle No: SMF 1973 A
Driver's Contact No:	Insurance Company (If any):
2. Driver's Name / IC No:	Vehicle No:
Driver's Contact No:	Insurance Company (If any):
*Independent Witness (If Any):	Contact No:
Preferred Workshop Name:	Contact No:

<sup>\*</sup>If no proper documents are produced, IDAC should not file the report, information will be discarded after one week.



# CERTIFICATE OF INSURANCE

# KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: LIM CHEE KEONG

Period of Insurance

: 13 Aug 2018 To 12 Aug 2020

Engine No. Chassis No.

: G4FGJH703565

: KNAF3416MK5013335

Vehicle No. Policy No.

: SMD2992Z : 1800095603

Endorsement No.

: 000000000224268

Issued Date

: 28 Aug 2018

### ABOUT THE COVER

Make/Model

: KIA Cerato K3 1.6 EX

Engine Capacity/Tonnage : 1,591.00 CC

: NA

Sum Insured : Market Value

First Year of Registration : 2018

Off Peak Car : No

Insuring with COE/PARF : Yes

Driver Restriction 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 "Young and/or Inexperienced 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

Age Condition

: All Age Condition

Limitation as to use\*

Use only for social, domestic and pleasure purposes and for the Policyholdor's business.

This Policy does not cover use for hire or reward, driving fusion, driving test, racing, piece-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or

Loss of Use 1500cc - 1600cc

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1967 (Malaysia), are not to be included under these headings.

#### EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

LIM CHEE KEONG - \$600 (Own Damage)

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

1. Cycle & Carriage Body & Paint Centre. Add: 209 Pandan Gardens Singapore 509339 65684501

2 Cycle & Carriage Authorised Service Centre Add: 241 Alexandra Road Singapore 159631 64278800 3 Cycle & Carriage Authorised Service Centre (For windscreen claim only). Add: 330 Ubj Rd: 3 Singapore 408850 67451000

For other: Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotiline at +65 6338 6200. Alternatively, you may refer to AIG website www sig core.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: Standard Chartered Bank (Singapore) Limited

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 II/ of the Road Transport Act, 1987 [Malaysia] and Motor Vehicles (Third Party Risks) Rules, 1958 (Malaysia).

0504822222

C&CKICP2 - WINYEO 239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

SSCSAN