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Confirmed by ; (Dates,	Time	,) .	
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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.
- 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 aforesaid.

aforesaid,	ACCIDENT STATEMENT
Date Of Report	22/09/2020 12:42
Date Of Accident	21/09/2020 13:50
Exact Location Of Accident	ALONG SERANGOON AVENUE 1 TOWARDS BARTLEY ROAD
Country/State of Loss	SINGAPORE
MATERIAL PROPERTY OF THE PROPE	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX1867R
Insured/Policyholder	
Name Of Registered Owner	ANG SOON ANN
NRIC No	SXXXX361E
Email Address	JENNIFER24LISA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83320698
Alternative Phone No	OTHERS-83320698
Vehicle Particulars	
Manufacturer	KIA
Model	SORENTO-2.2 D DIESEL SUNROOF (A)
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	1800027614-01
Cover Note Number	
Driver	
Name of Driver	LEE LI SA JENNIFER
NRIC No	SXXXX132D
Date Of Birth	24/02/1971
Occupation	INDOOR
Date Of Driving Pass	04/04/1997
Driving Experience	23 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83320698
Fax Number	
Contact Number	OTHERS-83320698
EMail Address	JENNIFER24LISA@GMAIL.COM

Address

54 WEST COAST ROAD

#01-61

Postcode

126837

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 - MAJOR/MINOR RD

Weather Conditions

DRIZZLING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

NO

NO

Was any body injured in the Accident?

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)

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKS9292J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

WONG SIU TENG

NRIC/Passport Number

SXXXX974A

Contact Number

83801888

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
 - 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:
 - 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 Sighature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Islan Rindu SKETCH PLAN Vehal A: SLX 1867R Vehal B: SKS 9292J Serangoon Ave DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Road	was travelling along scrangeon Ave I towards Bartley suddenly wehicle B came out from a small lane road Rindu) and hit on the right rear portion of my vehicle of down from my vehicle (A) and notice that vehicle (B) ullided onto right rear portion of my vehicle (A).
CJalan	Rindu) and hit on the right rear portion of my vehicle of
1 came	down from my vehicle (A) and notice that vehicle (B)
have c	ullided onto right rear portion of my vehicle CHI.

DECLARATION

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)

Date & Time:

Reporting Centre Personnel's Signature MADO

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 21 SEP 80>0 TIME	: 1350 HRS	(hh:mm) 24 hrs Format
LOCATION: ALONG SERANGOON AVE I TOWA	EDS RAPTIEV RUAD.	
	1,2,2,1000.	
VEHICLE NUMBER: SLX 1867R		
INSURED NAME: ANG SOON ANN		
	TACT: 8332 6698	
MAKE: KIA MOI	DEL: SORENTO	
Are you claiming under your own insurance policy for repa	ir to your vehicle?	
	orting Only	
INSURANCE COMPANY: A)E	or ding Only	
TYPE OF POLICY () COMPREHENSIVE ()THIRD	PARTY ()TPFT	
POLICY NUMBER: 18000 -> 7614 - 01	inter ()iiii	
TOLICI NOMBER: 18000 4 7614 - 01		
NAME DRIVED AND AND AND AND AND AND AND AND AND AN		
NAME DRIVER: LEE LI SA JENNIFER		() SAME AS INSURED
NDIC / PIN. / SIGNIZED D	miom (112 - 100	
	TACT: 8333 0698	
DATE OF BIRTH: 34 · FEB · 1971 DRIVING PASS DATE: 04 APR 1997		
OCCUPATION: (/) INDOOR () OUTDOOR		
GENDER: () MALE (✓) FEMALE		
EMAIL ADDRESS: JENNI FER 24 LISA @ GMAIL	com	() NO EMAIL
101 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 01 /1 /1 12/027	
ADDRESS OF DRIVER: 54 WEST COAST ROAD 4	01-61 36 126857	-)
N. J. OCD I. J. D		
Number Of Passenger Include Driver: DRIVER ON	<u></u>	
Was driver an employee of the Insured's Company? ()	ÆS (✓)NO	
If No, Relationship Of The Driver With The Insured	its (2)NO	
() Owner () Spouse ()Friend ()Rela	tive ()Children ()	Sibling ()Others
Does The Driver Own Any Other Vehicle? : () Yes	/) No	Storing ()Others
If Yes, Vehicle Registration Number Of Driver's Own Vehicl		
Insurance Company Of Driver's Own Vehicle	<u> </u>	
	Drizzling () Other	
Road Surface : () Dry () Wet (Other	
Was Any Foreign Vehicle Involved In This Accident? () YES () NO	
Was Anybody Injured In The Accident? () YES (V) NO	
If YES, Injured details:	-) NO	
ii 113, injureu uctans.		
Convey By Ambulance: () YES () NO		
	YES () NO	
		ch Police Report
Police Report Number (if any)		
Details Of 3rd Party Name/NRIC	No.of Paxs (incl'driver)	Contact
Veh B SKS 9292J WONG SIV TENG	() / Not Sure (✓)	(57602974A) 8380 18
Veh C	() / Not Sure ()	
Veh D	() / Not Sure ()	
Veh E	() / Not Sure ()	
Veh F	() / Not Sure ()	



CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: ANG SOON ANN

Period of Insurance

: 20 Mar 2020 To 19 Mar 2021

Engine No.

: D4HBHH347586

Chassis No. : KNAPH81BSJ5417515 Vehicle No. Policy No.

: SLX1867R : 1800027614-01

Endorsement No.

Issued Date

: 06 Feb 2020

ABOUT THE COVER

Make/Model

: KIA SORENTO 2.2 A DIESEL

Engine Capacity/Tonnage : 2,199.00 CC

Sum Insured : Market Value

First Year of Registration : 2018

Insuring with COE/PARF

Driver Restriction : NA Off Peak Car : No

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 ho/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 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 tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with Motor Trade,

Loss of Use 1500cc - 1600cc

* Limitations rendered inoparative 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 - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

ANG SOON ANN - \$600 (Own Damage), \$600 (Flood Cover)

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

Cycle & Carriage Body & Paint Centre. Add: 209 Pandan Gardens Singapore 609339 65684501
 Cycle & Carriage Authorised Service Centre. (For accident reporting & windscreen claim only). Add: 330 Ubi Rd 3 Singapore 408650 67461000
 Cycle & Carriage Authorised Service Centre. (For accident reporting & windscreen claim only). Add: 241 Alexandra Road Singapore 159931 64278800
 Cycle & Carriage Authorised Service Centre. (For accident reporting & windscreen claim only). Add: 600 Sin Ming Ave Singapore 575733 69328000

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65.6338.6200. Alternatively, you may refer to AIG website www.aig.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: HL Bank

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 IV of the Road Transport Act, 1967 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504622205

C&CKICP2 - DERRIC

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

239 ALEXANDRA ROAD

SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIGSGMOBILEAPP