SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- port to the inont to the ort at the

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.	
	ACCIDENT STATEMENT
Date Of Report	23/10/2020 11:41
Date Of Accident	22/10/2020 18:20
Exact Location Of Accident	ENTRANCE OF 919A HOUGANG AVE 4 SUBSTATION
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJZ5156X
Insured/Policyholder	
Name Of Registered Owner	NGIAM THONG YEAP SAMUEL
NRIC No	S1216723G
Email Address	EMEDICO95@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96736934
Alternative Phone No	Office-96736934
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS 1.6 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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	2070100630
Cover Note Number	14/07/2020-13/07/2021
Driver	
Name of Driver	NGIAM THONG YEAP SAMUEL
NRIC No	S1216723G
Date Of Birth	25/06/1956
Occupation	OUTDOOR

20/06/1987

33 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96736934

Fax Number

Contact Number OFFICE-96736934

EMail Address EMEDICO95@GMAIL.COM

Address 28 JALAN ZAMRUD

Postcode 668621

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

neurance Company of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle -

-

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

2

NO

NO

1

NO

NO

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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)

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?

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

Was there any audio recorded?

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMM7948Y

Vehicle Make/Model/Colour MITSUBISHI

Details Of Properties

Vehicle Category PRIVATE HIRE

Name of Driver SIM KOK WAI

NRIC/Passport Number \$7664049A

Contact Number

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

Sketch Plan

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 Signature

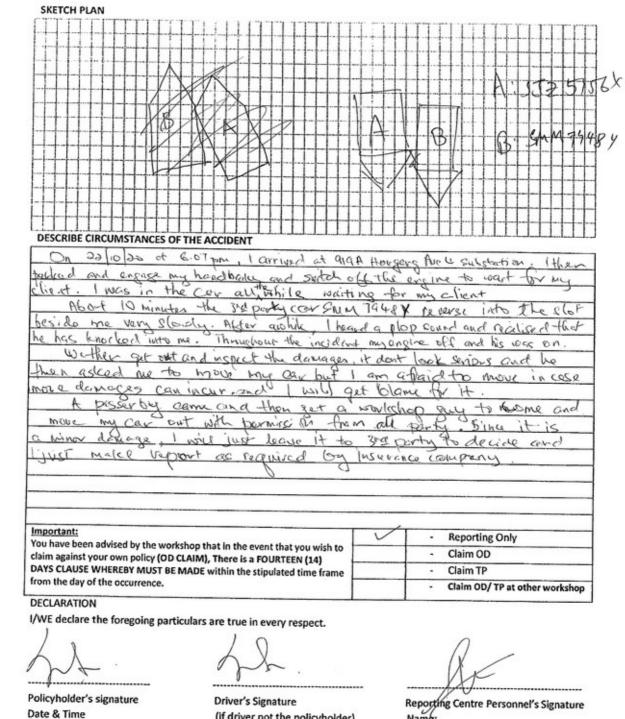
(if driver is not the policyholder)

Date & Time:

Reporting Contre Personnel's Signature

Name:

NRIC/FIN No .:



(if driver not the policyholder)

Date & Time

23/10/20 12 noon

Name:

Nric/Fin No.







NGIAM THONG YEAP SAMUEL

MUEL FOR

严 崇 侠 Race CHINESE

CHINESE Date of birth 25-06-1956 Country/Place of birth SINGAPORE

Sex M S1216723G



6340143

Date of insula

02-12-2019

28 JALAN ZAMRUD SINGAPORE 688621 FOR ACCIDENT CLAIM USE ONLY

Licence No: 51216723G

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES.



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Samuel Ngiam Thong Yeap Period of Insurance : 14 Jul 2020 To 13 Jul 2021

Engine No. : 12RX026026 Chassis No. : MR053REE104102854

Vehicle No. Policy No. Endorsement No. : 5JZ5156X : 2070100630

Issued Date : 06 Jul 2020

ABOUT THE COVER

MakerModel : TOYOTA COROLLA ALTIS 1.6
Engine Capacity/Tonnage : 1.598.00 CC Sum le
Driver Restriction : NA Off Pe Driver Restriction

Person or Classes of Persons Entitled to Drive*

a) The Policytromer

ii) Any other person who is diving on the Policytubler's order or with rischer personale.

This Policy will relatively the Policytuble or any authorises diver only therebe musts for specified age condition.

Age Condition : 30 years old and above Limitation as to use" :

* Lindplaces incoloned cooperative by Section 8 of the Motor Verticine (Third-Party Risks and Compensation) Act (Dig., 189), Section 85 of the Road Transport Act, 1967 Malayska) and Road Transport (Act and Sold Transport Act, 1967 Malayska) and Road Transport (Act and Sold Transport Act, 1967 Malayska) and Road Transport (Act and Sold Transport Act, 1967 Malayska) and Road Transport (Act and Sold Transport Act, 1967 Malayska) and Road Transport (Act and Sold Transport Act, 1967 Malayska) and Road Transport (Act and Sold Transport Act, 1967 Malayska) and Road Transport (Act and Sold Transport Act, 1967 Malayska) and Road Transport (Act and Sold Transport Act, 1967 Malayska) and Road Transport (Act and Sold Transport Act, 1967 Malayska) and Road Transport (Act and Sold Transport Act, 1967 Malayska) and Road Transport (Act and Sold Transport Act, 1967 Malayska) and Road Transport (Act and Sold Transport Act, 1967 Malayska) and Road Transport (Act and Sold Transport Act, 1967 Malayska) and Road Transport (Act and Sold Transport Act, 1967 Malayska) and Road Transport (Act and Sold Transport Act, 1967 Malayska) and Road Transport (Act and Sold Transport Act, 1967 Malayska) and Road Transport (Act and Sold Transport Act, 1967 Malayska) and Road Transport (Act and Sold Transport Act, 1967 Malayska) and Road Transport (Act and Sold Trans

EXCESS

Section 1 Fire - 50 Own Damage - \$600 Years - \$0 Flood Cover - \$600

Named Driver and Excess serve application

Samuel Nation Thomas Years

APPROVED REPORTING CENTRESIAUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

the first registration of the Volution in Simpapore, You have the spillor of reaving the excellent reports can be the Early expended out at the Early expended out at the Early expended recording to the expended Reports and the Early expended out at the Early expended Reports and the Early expended out at the Early expended out a

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

We havely cardly that the policy is which the Confliction of Industrial Industrial Industrial in accordance with the processor of the Maley Variodes/Their Party Risks and Co. the Road Transport Avt. 1987 (Maleysia), Road Transport Avt. 1987 (Maleysia), Road Transport Avt. 1987 (Maleysia), Road Transport Avt. 1987 (Maleysia)

TENS CHEE KKONG

AIG Asia Pacific Insurance Pte. Ltd.

BLK 147 BISHAN STREET 11 MIN-25

SINGAPORE S70147

Underwritten by AIG Asia Pacific Insurance Pis. Ltd.

24-HOUR AIG AUTO HOTLINE: +65 6338 6200 IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.

- What can the 24-hour AIG Auto Emergency Hotline provide for you? What should I do in the event of an accident?

 - Keep cales and move your can to a self-place.
 Do not alread or discuss fault or listens with the other participies).
 Report the accolored to self-your accidence vehicle pelvative damaged or not via our approved reporting centres or authorised migratery within 14 hours or the seat vehicles day of the accident.
 Submit West Summons Commission.
 Submit West Summons Commission.

If no one is injured in the accident:

- Visi are not regard to make any police report.

 Record which surribe, name and address, incurrence company and policy number of the other diversity) and vehicle(s).

 Calcula classify increas, asthmass and contact currently of witnesses arother by to take protocopagins of the scores of the second.

 Report the accordent to us with year accordent vehicle (whether damaged or not), we see approved reporting centers or authorized reporters within 24 hours or the next

If the accident involves injuries or damage to government property & vehicles, foreign registered vehicles or non-injury hit & run case:

- Report the accident to the police, providing full delate of the concentrations of the accident.

 Record verticals number, comes and address, insurance outpages and policy number of the other driver(s) and vehiclar(s), if applicables.

 Colorid delate (series, address and content numbers) of delineases and/or by to late philosophism of the accident of the accident.

 Report the accident to us with your accidently vehicle palletter demagned or roll) via sur approved reporting content or authorised regaliers within 24 hours or the next will yet the accident.

LOSS OF USE CAR REPLACEMENT BENEFIT

Applicable only if this benefit is included in your motor insurance. Please refer to your Policy Schedule for details. Policy terms and conditions apply. Please call our customer service hotline number (65) 6419-3000 for assistance.

The Certificate of Insurance (CI) should be produced without demand when collecting the Rental Car and the Rental Car Company reserves the right to verify the identity of the holder. The CI is the property of AIG and its use is subject to the terms and conditions contained in the Loss of Use Endorsement under the policy issued to the policyholder.

Steps to activate Loss of Use Car Replacement Benefit and Important Information

1. To activate your loss of use car replacement, please contact the Rental Car Company (listed below) after fling/reporting your



