SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

- 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

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	ACCIDENT STATEMENT
Date Of Report	09/11/2020 13:06
Date Of Accident	09/11/2020 08:45
Exact Location Of Accident	TPE TO SLE/CTE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMD4707T
Insured/Policyholder	
Name Of Registered Owner	SUN LI JING
NRIC No	S2657428E
Email Address	RYANSUNLJ@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92729503
Alternative Phone No	Office-NOPHONE
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER-2.0 I-L (SJ) (A)
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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	1800100015-02
Cover Note Number	
Driver	
Name of Driver	SUN LI JING
NRIC No	S2657428E
Date Of Birth	24/03/1963
Occupation	INDOOR
Date Of Driving Pass	04/04/1997

23 YEARS AND 7 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-92729503

Fax Number

Contact Number OFFICE-NOPHONE

EMail Address RYANSUNLJ@HOTMAIL.COM

281 BEDOK SOUTH AVE 3 #13-39 Address

Postcode 465459

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?

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

YES NO

1 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

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER ATTACHED

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **SMJ121C** Vehicle Make/Model/Colour **BMW 523I Details Of Properties REAR PORTION**

PRIVATE CAR Vehicle Category

Name of Driver ANG KOK WEE, ANDY

S7535322G NRIC/Passport Number

Contact Number

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

Accident Sketch Plan

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Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature Date & Time: (If driver is not the policyholder) Name: Driver's Signature	Policyholder's Signature	Driver's Senat	ure	Reo	orting Centre Perso	omel's Signature

Common Statement

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 willful 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.
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- 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 insurers) 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.

Policyhoder's Signature

12:03PM

Driver's Signature

(If driver is not the policyho Date & Time: 9/11/20

12:03 PM

Reporting Centre Personnel's Signature

NAME: DANIEL NRICATION NO.: SXXXXXXX



CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Sun Li Jing @Ryan Sun : 21 Aug 2020 To 20 Aug 2021 : FB20YE31859 Period of Insurance

Engine No. Chassis No. : JF1SJ5KC5JG111735

Vehicle No. Policy No.

: SMD4707T : 1800100015-02

Endorsement No.

: 23 Jul 2020 Issued Date

ABOUT THE COVER

: SUBARU Forester 2.0i-L. Make/Model

Engine Capacity/Tonnage : 1,995.00 CC : NA Driver Restriction

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2018

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive":

a) The Policyholder b) Any other person who is driving on the Policyholder's croke or with his/her permission. This find by will indeprify the Policyholder or any authorised driver any of bother transis the specified age condition. You have to pay an additional sum of \$3,000 ex. "Young and/or hexperienced Driver Excess" ("YER") if You are or Your Authorised Driver (number or unhanced) is under the age of 23 and/or has less than 2 years' driving experience.

Mileage Condition : Unlimited Mileage

Age Condition : All Age Condition Limitation as to use* :

Use trily for social, domedic and pleasure purposes and for the Policyboxier's fundament.
This Policy does not cover use for hite or reveal, driving fallow, discing less, record, para-making, releasibly trial or speed-besing, the carriage of goods offer than samples in core business or use for any purpose is connection with Mater Trade.

Lesistans rendered inoperative by Section 8 of the Notor Variotics (Trout-Party Rises and Corres (Amendment) Act 2019, are not to be included under trace maxings.

EXCESS

Section 1 Fire - 90 Own Ownage - 5800 That - 50 Fixed Cover - 5800

Windscreen: \$100

Named Driver and Excess (where applicable)

Sun Li Jing @Ryan Sun - \$600 (Own Damage), \$800 (Rood Cover)

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

1.Motor knage Enterprises Pie Ltd: Add: 19 Lorong & Top Payon Singapore Shiftin 64170199

For risher Approved Pagesting Centerol(A) Authorised Repotents, bisses contact our 24-hour accident amongship holikes all vid. \$338,0200. Alternatively, you may refer to AID website www.alig.5g or AIG 50 Wobits App. Sersity search and downbad "MD 50" Sees Itures or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

More haveby centry that the policy to which this Centificate of Insurance relates is leased in excitations with the provisions of the Muter Verbickes(Third Party Risks and Compensation) Act (Cap. 1899, Partity of the Read Transport Act, 1997 (Missignia), Road Transport (Amendment) Act 3016 and Muter Verbickes (Third Party Risks) Rules, 1999 (Makeysia),

0500619234

TAN CHONG CREDIT SUBARU-GOW

AIG Asia Pacific Insurance Pte. Ltd. ated document does not require a signature.

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

SINGAPORE SURGEZ

Underwritten by AIG Asia Pacific Insurance Pte, Ltd.









































