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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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
 Information provided must be as truthful and accurate as possible. Any willful 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.

- 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.

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

08/03/2021 15:04 (SGT) Date of Submission 06/03/2021 19:16 (SGT) Date of Accident River Valley Rd, Singapore **Exact Location of Accident** Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SJZ3315S Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? LEE BEE BEE VICKIE Name Of Registered Owner SXXXX409C NRIC No. VICKIE@CIY.SG **Email Address** (Phone) +65-94553312 Mobile Phone No +65-94553312 Alternative Phone No

VEHICLE PARTICULARS

Mitsubishi Manufacturer Outlander Model Variant 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? Vehicle Category

Private use

No - Claiming third party Private car

INSURANCE COMPANY

AIG Name of Insurance Company Comprehensive Type of Coverage No Fleet Policy 1900109636 Policy Number Cover Note Number

DRIVER

KWA SHEN LIN PAMELA Name of Driver SXXXX987E NRIC No 31/12/1993 Date Of Birth Indoor Occupation

17/07/2012 Date Of Driving Pass 8 YEARS AND 8 MONTHS Driving experience Female Gender (Phone) +65-94553312 Mobile Number Alt. Phone Number VICKIE@CIY.SG Email Address BLK 609 CLEMENTI WEST ST 1 #12-98 Address Address complement 120609 Postcode No Is the driver the policyholder? Child If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Change/cross lane Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No 2 Number of vehicles involved in the accident No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Yes Was any other material or property damaged? Number of Passengers (Including Driver) 4 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? PASSENGER 1 LEE BEE BEE VICKIE Name Female Gender PASSENGER 2 DANIEL KWA SHEN JUN Male Gender PASSENGER 3 YEO SIEW HUA Female Gender DETAILS OF POLICE ACTION No Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes No Was there any video captured by Car Camera? Was there any audio recorded?

Vehicle Registration Number	SBS8184B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	() ()
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	
Contact Number	-
Address	50
Address complement	73
Postcode	5
Insurance Company Name	ā
Nature Of Damage	5
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

ACCIDENT REPORTING

Accident Date: (6 / 03 / 2021)(DD/MM/YYYY)	Time: (<u>19</u> : <u>16</u>)(HH:MM
Location: RIVER VOILEY ROAD TOWARD DEHA ROA	0
Location.	
1. Accident Details	
a) Type Of Accident: Side Sweep	
b) Weather Condition: (Clear / Raining / Others: _)
c) Road Surface: (Dry / Wet / Others:	-10
d) Are You Claiming Under Your Own Insurance? ((es / No)
If No. Please State: (Third Party Claim / Reporting	ng Only)
e) Was Any Foreign Vehicle Involved In An Accider	nt? (Yes / No)
If Yes Please State Vehicle No:	
f) Were You Been Approached By Unknown Person	n(s) Soliciting/Offering
Accident Claims Assistance? (Yes / No)	0
g) Was The Accident Reported To The Police? (Yes	s / No)
If Yes, Police Station Name:	
h) Was Notice Of Prosecution Given?	
If Yes, Against Whom?:	
11 (63) / 184113	
2. Details Of Own Vehicle	
a) Vehicle Registration No: SJZ 33155	
LV LL L C-L DVVIIV	
c) Vehicle Manufacturer: Mitsobishi Vehicle M	lodel: CO+/WW/CF 2-0
d) Transmission: Manual / Auto CC:	98
e) No.Of Passengers (Including Driver)	
Passenger Name: LEE BEE BEE VICKIE	(Female / Male)
Passenger Name: DAHIEL KNA SHEH JUH	(Female / Male)
Passenger Name: YEO SIEN HUA	(Pemale / Male)
Passenger Name:	
Passenger Name.	
3. Own Vehicle Policy	
a) Handling Insurer: AiG	
b) Coverage Type: (ACT / Comphrensive / Third P	arty / Third Party, Fire & Theft)
-) Flack Bolious / Vos / (Do)	
LEE DEE BEE VICKLE	(Female / Male)
- LID THE STARRHOS C (HEN / NRIC /	Passport Or Fin / Work Permit)
f) Email: VICK-18 @ CTY-SO	_ Mobile: 9455 3312
f) Alt No. Type: (Home / Office / Not In List) :	
4. Driver's Information	
a) Is The Driver The Policyholder? (YES / No)	
LI DI LA CHEH IN PAMELA	(Female / Male)
OLD TUDO: (C9349987E (UEN / NRIC /	Passport Or Fin / Work Permit)
d) Date Of Rirth: 21-12-1993	CITATION OF THE PROPERTY OF TH
- Date Date Date: 1 + 50+	
FI Formally VICKIP OF TON SO	Mobile: 94553312.
g) Address: BIK 609 CLEMENTI WEST STREET 1	12-08
h) Postal Code: 120609	
11 Otion: (Indoor / Outdoor)	
j) Driver Owner Relationship: Doc	es Driver Own Other Vehicles: (Yes / (
If Yes Please Provide Vehicle Registration No:	Handling Insurer:
IT THE PIERSE FILIVING VEHICLE RESIDENCE INC.	

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 companies.
- 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 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. 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

A- STZ 3315S

B-5BS \$184B

Sketch Plan

RIVERVALKY DOOD

TOWARDS DEHO ROND.

On the Stated time and date. I was travelling on my remide A bearing \$523315S, I (Weeked my left side to change lame and my signal was a When the left lame was cleaved, I changed, when suddenly relu- beauting \$85 \$184B Changed lame from the most left and collected a my reluce. Touch A I wished to State that the bus did not signal at all	n. rac B on to my left
When the 18th lane was charged lake from the most left and collidad of	n. rac B on to my left
When the 18th Lane was charged lake from the most left and collidade	n. rac B on to my left
When the 18H lane was charped, I changed, when suddenly vely beauting SBS SISHB Changed lake from the most left and collided a	on to my left
When the 18th Lane was charped, I changed, when suddenly vely beauthor SBS SISHB Changed lake from the most left and collided a	on to my left
DEALTHA SBS SISHB CHANGED lake from the most left and collided a	on to my left
DEALTHA SBS SISHB CHANGED lake from the most left and collidad o	on to my left
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Declaration

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

Lamela

Witnessed by Reporting Centre Personnel



CERTIFICATIE OF INSURANCE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: LEE BEE BEE VICKIE

Vehicle No.

: SJZ3315S

Period of Insurance

: 19 Jun 2019 To 18 Jun 2021

Policy No.

: 1900109636

Engine No.

: 4J11AH1711

Chassis No. : GF7W0600970 Endorsement No. Issued Date

: 25 Jun 2019

ABOUT THE COVER

Make/Model

: MITSUBISHI Outlander 2 0 Elegance/Sports

Engine Capacity/Tonnage 1,998 00 CC

Sum Insured | Market Value

First Year of Registration

2019

Driver Restriction

Off Peak Car No

Insuring with COE/PARF

Yes

· NA

Person or Classes of Persons Entitled to Drive*:

a) the Policyted for bit Any offers person who as anyway on the Policyted bins under extending the Interpretation this Policy with induced by the Policyted and course and other single city if he the invested a specified agreemation.

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Age Condition

: All Age Condition

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EXCESS

Section 1 Fire CSU Own Dimage - \$600 Timb - \$8 Fipod Cover - \$0

Section 2 coerry Damage - \$0

Windscreen | \$100

Named Driver and Excess (Arme applicable)

LE C HEE SEE VICK L - \$670 (Own Darwyn)

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

- 1.1 in \$1 image Authorities Service Centre (For accident reporting & windscreen chim pery). Add. 600 Sin Meg Ave Singapore 575723 69326000.
 2.1 in it is a margin Authorities Service Centre (For accident reporting & windscreen chim only). Add. 20 Long Kee Rid Singapore 150004 64705665.
 3.5 in its Signapore 15 environ 15 environ Centre (For accident reporting & windscreen claim only). Add. 330 Ubi Rid 3 Singapore 408650 67451000.
 4.5 in its Consumities (a. 8 Paint Centre Add. 209 Paristin Gardens Singapore 609339 6568450).

For other Association product Reparting Centres AIG Authorised Reparters, pages a contact our 24-hour accident emergency between at +65.6338.6200. Alternatively, you may refer to AIG we can expense and contact our 24-hour accident emergency between at +65.6338.6200. Alternatively, you may refer to AIG we can expense at +65.6338.6200. Alternatively, you may refer to AIG we can expense at +65.6338.6200. Alternatively, you may refer to AIG we can expense at +65.6338.6200. Alternatively, you may refer to AIG we can expense at +65.6338.6200. Alternatively, you may refer to AIG we can expense at +65.6338.6200. Alternatively, you may refer to AIG we can expense at +65.6338.6200. Alternatively, you may refer to AIG we can expense at +65.6338.6200. Alternatively, you may refer to AIG we can expense at +65.6338.6200. Alternatively, you may refer to AIG we can expense at +65.6338.6200. Alternatively, you may refer to AIG we can expense at +65.6338.6200. Alternatively, you may refer to AIG we can expense at +65.6338.6200. Alternatively, you may refer to AIG we can expense at +65.6338.6200. Alternatively, you may refer to AIG we can expense at +65.6338.6200. Alternatively, you may refer to AIG we can expense at +65.6338.6200. Alternatively, you may refer to AIG we can expense at +65.6338.6200. Alternatively, you may refer to AIG we can expense at +65.6338.6200. Alternatively, you may refer to AIG we can expense at +65.6338.6200. Alternatively, you may refer to AIG we can expense at +65.6338.6200. Alternatively, you may refer to AIG we can expense at +65.6338.6200. Alternatively, you may refer to AIG we can expense at +65.6338.6200. Alternatively, you may refer to AIG we can expense at +65.6338.6200. Alternatively, you may refer to AIG we can expense at +65.6338.6200. Alternatively, you may refer to AIG we can expense at +65.6338.6200. Alternatively, you may refer to AIG we can expense at +65.6338.6200. Alternatively, you may refer to AIG we can expense at +65.6338.6200. Alternatively, you may refer to AIG we can expense at

IMPORTANT NOTES

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

We hereby cently that the policy to which this Corolicate of Insurance relates is issued in accordance with the provisions of the Motor Venicles (Third Party Risks and Compensation) Act (Cap. 189), Purt tV of the Road Transport Act. 1987 (Malaysia), Hoad Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504620222

C&CMICP2 - KELVIN 239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

TO CONTRACT OF THE PROPERTY OF

ADAMER DELIGION OF

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