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 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.

- 4. The issue and acceptance of this is form by instrained 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.

ACCIDENT STATEMENT

Date of Submission 17/05/2021 17:32 (SGT) Date of Accident 15/05/2021 13:15 (SGT) Exact Location of Accident Upper Bukit Timah Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

1991

Vehicle Registration Number SKM4001Y

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Goh Boon Cher NRIC No. S1690140G Email Address gohbc65@gmail.com Mobile Phone No (Phone) +65-96824616 Alternative Phone No +65-96824616

VEHICLE PARTICULARS

Manufacturer **BMW** Model 320i Variant 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 - Reporting only Vehicle Category Private car Transmission Auto

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 2070011388-01 Cover Note Number

DRIVER

CC

Name of Driver Goh Boon Cher NRIC No. S1690140G

Date Of Birth 12/11/1965 Occupation Indoor Date Of Driving Pass 13/11/1985 Driving experience 35 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-96824616 Alt. Phone Number +65-96824616 Email Address gohbc65@gmail.com Address 6 Tai Hwan Drive Address complement Postcode 555516 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Major/Minor Rd Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο 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? Nο

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLS4260Y Vehicle Manufacturer **BMW** Vehicle Model Vehicle Variant Vehicle Colour Black Vehicle Category Private car Name of Driver Tng Kian Hao NRIC No S8703086E Contact Number (Phone) +65-81806370

Address complement	-
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

SKETCH PLAN

Cold good with the parent bear before

and it gargless to be a set got because

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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. 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 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)

Lunderstand, 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;

WA GEN

- N

- (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 & Driver's Signature () driver is not the policyholder) / Date Time S.30pm & Time

Angie Soh

On Saturday 15 May	2021 at about 1.15 cm	n I was water	s a left tum.	from Chu
Tin Road out to	12021 at about 1.15pm upper Bukit Timah	Road . My vit	ew was block	edh
a				
BMW (black) ca	t driven by My Tro t side, and my co ner door, leaving lark damage to the damage to pul	Kian Hao (SE	8703086	drove
past my riah	t side, and my co	ar right bum	per grazed	his
left passen	ner door leaving	a deut in	the left from	+ door
and paint w	lark damage to the	o leftpasser	Heravel back	dar
There was no	damage to but	olic mobert	y or benu in	iun
to persons	. 0 '	1. 1.) -) - 1
		-		

			100	
	7.00000			
Ex."	Later production	Commence of V	war of e.	40.0
27.71		-		
Angle So			Programme.	-

Declaration

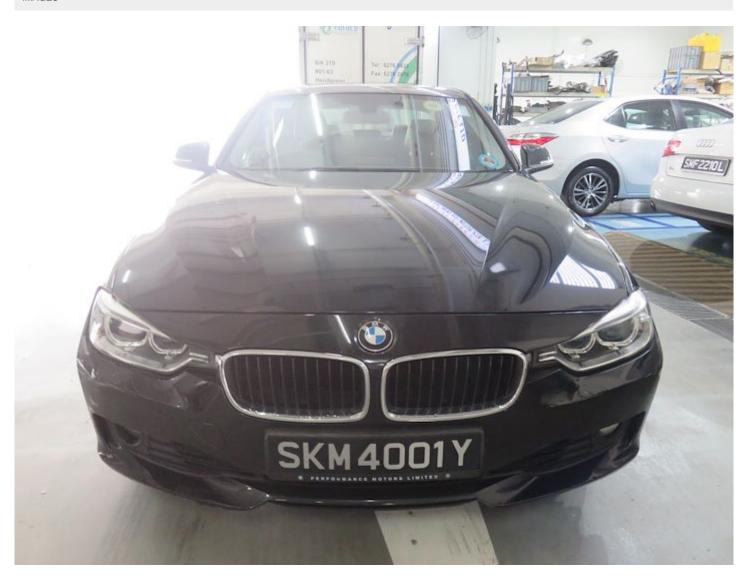
We declare the foregoing particulars are true in every respect.

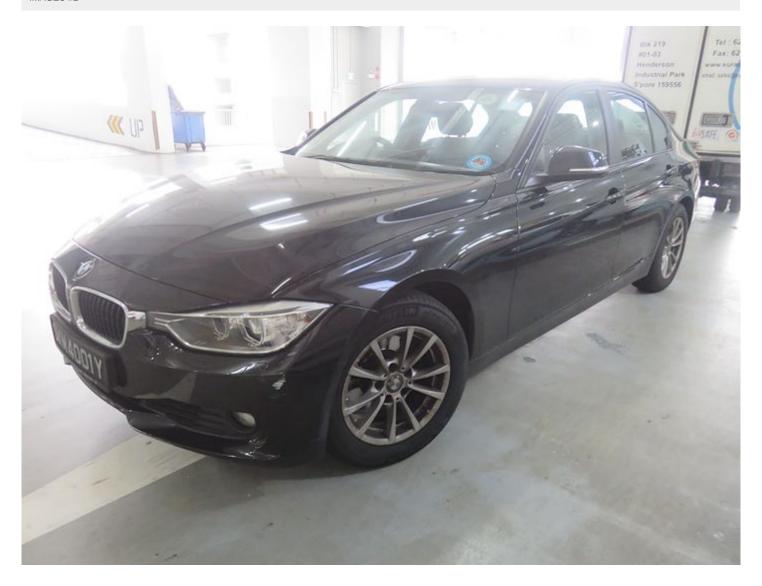
3/30pm

Driver's Signature (If driver is not the policyholder) / Date & Time 2.30pm.

Personnel

Witnessed by Reporting Centre Angie Soh















Chassis No.

CERTIFICATE OF INSURANCE

Issued Date

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : GOH BOON CHER Vehicle No. : SKM4001Y Period of Insurance : 27 Feb 2021 To 26 Feb 2022 Policy No. : 2070011388-01

: A6820662N2OB20B Endorsement No. Engine No. : WBA3B16080NS51580 : 19 Jan 2021

ABOUT THE COVER

: BMW 320I 2.0 [Sedan] Make/Model

Engine Capacity/Tonnage : 1,991.00 CC Sum Insured : Market Value First Year of Registration : 2014 Driver Restriction Off Peak Car : No Insuring with COE/PARF : Yes : NA

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. "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience

Age Condition : 40 years old and above Mileage Condition : Unlimited Mileage

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 fution, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with those or business or use for any purpose in connection with floor Trade.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered inoperative 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

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$800

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

GOH BOON CHER - \$800 (Own Damage), \$800 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hottine 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: UOB 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 IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0501706000

LIM CHEK HAI HARRY

27 FARLEIGH AVENUE

SINGAPORE 557807 SP - NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

CHEK HAI HARRY LIM

78 Shenton May #09-16 AIG Building S079120 | T:+65 6419 3000 | www.aig.sg

surance Pte. Ltd.

