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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 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.
- 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	19/08/2021 17:15 (SGT)
Date of Accident Exact Location of Accident	18/08/2021 17:30 (SGT) Adam Rd, Singapore
Additional Location Information	TOWARDS LORNIE HIGHWAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Nissan

Vehicle Registration Number	***************************************	SDL8272T	

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	EVANS ANDREW STEPHEN
Passport No/FIN	GXXXX472W
Email Address	reporting@mycar.sg
Mobile Phone No	(Phone) +65-96691130
Alternative Phone No	+65-96691130

VEHICLE PARTICULARS

Manufacturer

Model	X-trail
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	1111010 000
your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1997

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900230560-01
Cover Note Number	•

DRIVER

Name of Driver	manufactura de la constante de	EVANS LOUISE ANN
Passport No/FIN		GXXXX445T

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number	19/07/1974 Indoor 14/09/2013 7 YEARS AND 11 MONTHS Female (Phone) +65-96691130
Email Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	reporting@mycar.sg 7 ADAM DRIVE - 289967 No Spouse No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 Yes No Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number	SBU7388B Private car
Address complement	-

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	EVANS LOUISE ANN
Gender	Female
Phone No	(Phone) +65-96691130
Address	:=1
Address Complement	•
Post Code	-
Approximate Age Years Old	-:
Injuries Sustained	BODY PAIN
Injured person in which vehicle?	SDL8272T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrapresentation 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.
- 5. Any false reporting may be referred to the Police for Investigation.
- 8. 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)

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;
- (fii) 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 invoive 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 & Tirre

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

Witnessed by Reporting Centre Personnel

Sketch Plan

ADAM ROAD
TOWARDS LORNIEL
HIGH WAY

A (3)

(B) SBU7388B

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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Tirre

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

& Time

Witnessed by Reporting Centre Personnal

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: <u>18 / 08 / 2021</u> (dd/mm/yy) Time of Accident: <u>17 : 30 (</u> 24-HR-FORMAT)
Vehicle No.: SDL8272T Vehicle Make & Model: NISSAN X-TRAIL
*Transmission : o Manual Auto *C.c : 1997
Exact location of Accident: ADAM ROAD TWDS LORNIE HWY
Policyholder's Name: EVANS ANDREW STEPHEN NRIC/FIN/REG No.: G5351472W
*Policyholder's email address : REPORTING@MYCAR.SG
Driver's Name: EVANS LOUISE ANN NRIC/FIN/REG No.: G5352445T
*Driver's email address : REPORTING@MYCAR.SG
Driver's Contact No.: 96691130 Company Contact No (If any):
Date of birth: 19/07/1974 Driving Pass Date: 14/09/2013
Driver's Address: 7 ADAM DRIVE, SINGAPORE (289967)
Insurance Company: AIG
Policy No.: 1900230560-01 Type of Coverage: Comprehesive/ Third Party / Third Party, Fire & Theft
Relationship between Owner & Driver: (Please CIRCLE one only)
Owner / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please <u>TICK</u> one only)
o Own Insurance Lo Other Vehicle (<i>The one you want to claim against</i>)/ o Reporting (<i>For Record Purpose</i>)
Tyce of Accident
o Chain Collision Head To Rear o Side Swipe o Other
Occupation (nature job) atridoor / o Outdoor *No. of Passengers / Including Driver):1
*Passenger Name: Gender: Male / Female
*Passenger Name: Gender: Male / Female
Weather condition & Road conditions? (On the day of accident)
Clear & Dry / o Raining & Wet / o After-Rain & Wet / o Drizzling & Wet / Others:
Was there any video captured by your car Car camera? O Yes Lo No
Any Injuries: Ves / o No (If YES) Injured Person' Name: EVANS LOUISE ANN
Injuries Sustain : BODY Injured Person in Which Vehicle: SDL8272T
Police Report field: o Yes Lo No (If YES) Which Police Station:
The Other Party (S) Details:
1. Driver's Name / IC No: Vehicle No: SBU7388B
Driver's Contact No: Insurance Company :
2. Driver's Name / IC No (If Any): Vehicle No:
Driver's Contact No: Insurance Company :
*Independent Witness (If Any): Contact No:
Preferred Workshop Name: MY CAR CONSULTANT PTE LTD Contact No: 83447681

CERTIFICATE OF INSURANCE

LUS PRIVATE VEHICLE

of Policyholder : EVANS ANDREW STEPHEN

dod of Insurance : 18 Oct 2020 To 15 Sep 2021

Engine No.

: MR20206991C

Chassis No. : JN1JANT32Z0010732 Vehicle No.

: SDL8272T

Policy No.

: 1900230560-01

Endorsement No.

Issued Date

: 03 Sep 2020

ABOUT THE COVER

Make/Model : NISSAN X-TRAIL

Engine Capacity/Tonnage: 1,997.00 CC

Sum Insured ; Market Value

First Year of Registration : 2018

Driver Restriction : NA

Off Peak Car : No

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 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 "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

Mileage Condition

· Unlimited Mileage

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholdor's business.

This Policy does not cover use for hire or reward, driving fullion, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with Motor Trade or business or use for any purpose in connection with Motor 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 96 of the Road Transport Act. 1987 (Multiysta) 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)

EVANS ANDREW STEPHEN - \$600 (Own Damage), \$600 (Flood Cover)

APPROVED REPORTING CENTRESIAUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centrest 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 curried out at the Sole Agent's workshop For other Approved Reporting Centrest/AIG Authorised Repairers, ideate contact our 24-hour accident emergency hottine at +65 6338 6290. 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: SING INVESTMENTS & FINANCE LTD

TWE hereby certify that the policy is which this Certificate of insurance intates is issued in accordance with the provisions of the Motor Vehicles (Turd Party Risks and Compensation) Act (Cap. 189), Part IV of Strengton Act, 1967 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503982000

KHC HOLDINGS PTE LTD.

389A BALESTIER ROAD SINGAPORE 329798

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

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