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.

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 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 30/09/2021 18:34 (SGT) Date of Accident 29/09/2021 13:19 (SGT) Exact Location of Accident Thomson Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Kia

1591

Vehicle Registration Number SMG2395G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHERYL ANN KOH SIEW GEOK NRIC No S0124984C Email Address LIMSGEOK@GMAIL.COM Mobile Phone No (Phone) +65-97773231 Alternative Phone No +65-97773231

VEHICLE PARTICULARS

Manufacturer

Model CERATO 1.6(A) LX 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? Yes 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 1800145516 Cover Note Number

DRIVER

CC

Name of Driver CHERYL ANN KOH SIEW GEOK NRIC No S0124984C

Date Of Birth	14/03/1951
Occupation	Indoor
Date Of Driving Pass	01/02/1971
Driving experience	50 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97773231
Alt. Phone Number	+65-97773231
Email Address	LIMSGEOK@GMAIL.COM
Address	158 CANBERRA DRIVE
Address complement	10-38
Postcode	768083
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	
T (A : 1)	- m
Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any farsign vahials involved in the assident?	N
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
soliciting/orienting accident claims assistance:	NO
DETAILS OF POLICE ACTION	
DETAILED OF A DETOE AGAINST	
Was the accident reported to the police?	Na
Was notice of intended Prosecution given?	No
<u> </u>	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
-	
ATTACHMENT(S)	
(2)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	SKN6301M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	_

verlicie Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	_

Contact Number
Address
Address complement

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

SKETCH PLAN

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- 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)

! understand, acknow ledge, 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 Remoting Cer Personnel

Sketch Plan

Describe Circumstances of the Accident	
LICENSE PLATE: SMG2395G ACCIDENT DATE & TIME: 29/9/21 of 1/19	
CONTACT NUMBER: 97773231 E-MAIL ADDRESS: Limsgeok @ gmail. Co	m
LOCATION: Thomson Road	
I was driving of Thomson Road going to M fowards Manymon	int
Road. I was on and lane from Left which go toward Thomson R	
Before the traffic light I already signal right to drive into M.	
mount Road and I have seen that Lane 3 (on my right is clear	
but looking from my right side irror I saw vehicle B & susho	
drove to tane 3 from Lane 4. I That driver didn't realise	d. 7
already infront of his car moving toward Lane 3 so his car	State or the state of the state
hit my back at the right side (door area) the damages were	+
toward the back of my car because I drove slightly form	77
after the hit.	
	70
NOVE, DISASS NOTE THAT YOUR MANAGES AND	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN	
OWN DAMAGE CLAIM UNDER YOUR OWN POLICY, PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.	
Please state: () Claim Own Policy () Claim Third Party () Claim DDTP at other workshop () Reporting Only	
() Claim Own Policy () Claim Third Party (Claim OD/TP at other workshop () Reporting Only	

Declaration

IWe 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

Witnessed by Reporting Centre Personnel



CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

CHERY, ANN KOH SIEW GEOK 1 12 Dec 2020 15 11 Dec 2021 Name of Policyholder Period of Insurance. Engine No.

Chassis No.

G4FGUH713540 1-15KNAF1416MK5024518

Vehicle No. Policy No. Endorsement No.

Eggliye.SMG2395G · √... 1800145516-01

: 21 NeV 2020

Issued Date

ABOUT THE COVER

Driver Restriction

Make/Model : KIA Cerato Engine Capacity/Tonnage: 1,591.00 CC

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* :

: NA

a) The Policyholder
 b) Any other person who is driving on the Policyholder's order or with histher permission.
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified ago 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 : 35 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 tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

* 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

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)

CHERYL ANN KOH SIEW GEOK - \$600 (Own Damage), \$600 (Flood Cover)

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

1,Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardons Singapore 609339 65684501

2.Cyclo & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubl Rd 3 Singapore 408650 67461000 3.Cyclo & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 241 Alexandra Road Singapore 159931 64278800 4.Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69328000

For other Approved Reporting Centres/AIG Authorised Repelters, please contact our 24-hour accident emergency hotine at +65 6338 6200. Alternatively, you may refer to AIG website www.alg.sg or AIG SG Mobile App. Simply search and dewnload "AIG SG" from flunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

(Ave horsely confly that the policy to which this Commission of insurance relation is issued in accordance with the Read Transport American Teachers (Total American Teachers). Read Transport (American Teachers) and Mora

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239 ALEXANDRA ROAD

SINGAPORE 159930.

Underwritten by AIG Asia Pacific Insurance Pte Ltd.

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