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 03/11/2021 13:44 (SGT) Date of Accident 03/11/2021 08:10 (SGT) Exact Location of Accident TPE, Singapore Additional Location Information TWDS SLE BEFORE JALAN KAYU EXIT 12 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGH3383A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHUA CHEW MENG** NRIC No. S7511232G Email Address aropdulian@gmail.com Mobile Phone No (Phone) +65-91902301 Alternative Phone No +65-91902301

VEHICLE PARTICULARS

Manufacturer Subaru Model Forester Variant

Exact purpose for which vehicle was being used at time of Employment accident

Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto

CC 2000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive

Fleet Policy

Policy Number 1800148982-02

Cover Note Number

DRIVER

Name of Driver **CHUA CHEW MENG** NRIC No. S7511232G

Date Of Birth 21/04/1975 Occupation Indoor Date Of Driving Pass 04/11/1998 Driving experience 23 YEARS Gender Male Mobile Number (Phone) +65-91902301 Alt. Phone Number +65-91902301 Email Address aropdulian@gmail.com Address BLK 418 HOUGANG AVE 8 #08-954 Address complement Postcode 530418 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 Chain Collision 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? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **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 I WAS DRIVING STRAIGHT ALONG TPE TOWARDS SLE BEFORE JALAN KAYU EXIT 12 AT THE EXTREME RH LANE OF 4 LANES. THE TRAFFIC AT THAT POINT OF TIME WAS HEAVY. ALL VEHICLES IN FRONT OF ME WERE MOVING SLOWLY AND STOPPING INTERMITTENTLY. SUDDENLY, I FELT A HUGE IMPACT FROM BEHIND. VEHICLE B COLLIDED ONTO THE REAR PORTION OF MY VEHICLE AND CAUSED MY VEHICLE TO SURGE FORWARD AND COLLIDED INTO VEHICLE C REAR PORTION AND CAUSED DAMAGES. I ALIGHTED AND REALISED THERE WERE A TOTAL OF 3 VEHICLES INVOLVED. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SJV993A

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category Private car

Name of Driver -

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLS1858T Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident **VEHICLE C** No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	CHUA CHEW MENG Male
Phone No	-
Address	_
Address Complement	_
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SGH3383A
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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful 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.
- 6. The report will be forwarded by the insurers of the GA 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;
- (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 (If driver is not the policyholder) / Date Reporting Centre Rersonnel

Sketch Plan

A: SF(H) 3383 A

B: STV 993 A

C: SLS 1858 T

THE TWANT SIGNATURE (IF driver is not the policyholder) / Date Reporting Centre Rersonnel

A: SF(H) 3383 A

B: STV 993 A

C: SLS 1858 T

ARABA

ARAB

MBW HOER TROE

I was driving straight along TPE towards SLE b4 Jln Kayu exit 12 at the extreme RH Lane of lanes. The traffic at that point of time was heavy, all vehicles in front of me were moving slowly and stopping intermittently. All vehicles in front of me slowed down and stopped, I followed suit. Suddenly, I felt a huge impact from behind. Veh "b" collided into the rear portion of my vehicle and caused my vehicle to surge forward and collided into veh "c" rear portion and caused damage.
All vehicles in front of me slowed down and stopped, I followed suit. Suddenly, I felt a huge impact from behind. Veh "b" collided into the rear portion of my vehicle and caused my vehicle to surge forward and collided into veh "c" rear portion and
All vehicles in front of me slowed down and stopped, I followed suit. Suddenly, I felt a huge impact from behind. Veh "b" collided into the rear portion of my rehicle and caused my vehicle to surge forward and collided into veh "c" rear portion and
Suddenly, I felt a huge impact from behind. Veh "b" collided into the rear portion of my vehicle and caused my vehicle to surge forward and collided into veh "c" rear portion and
rehicle and caused my vehicle to surge forward and collided into veh "c" rear portion and
alighted and realized there were a total of 3 vehicles involved.
DECLARATION

Driver's Signature

(If driver is not the policyholder) Date & Time:

Policyholder s Signature Date & Time:

Reporting Centre Personnel's Signature

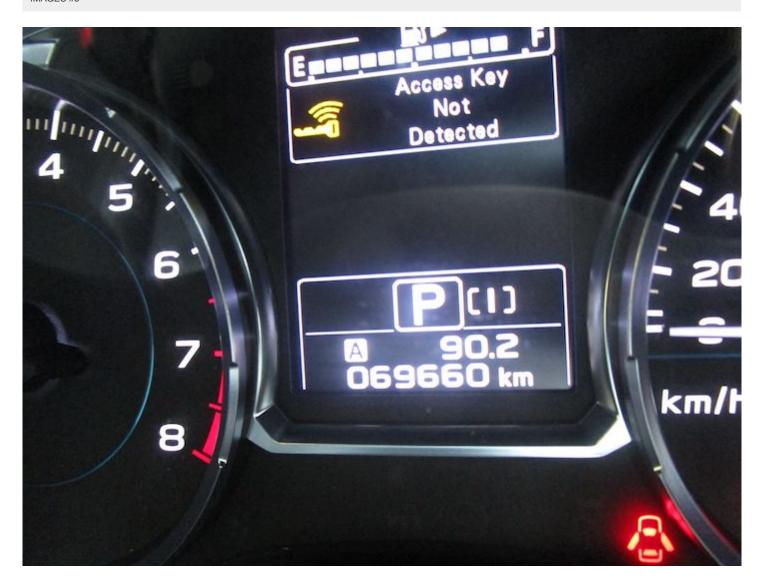
Name: NRIC/FIN No.:

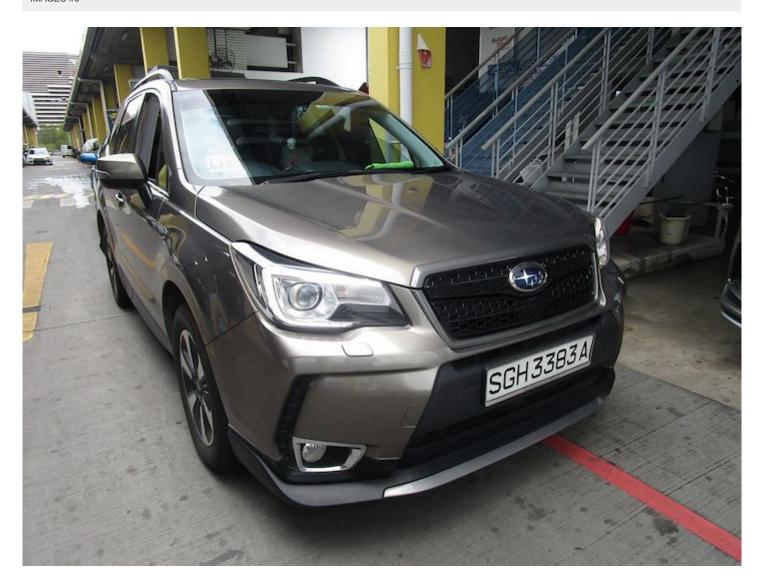


















IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADDENDU	М	
)	PARTICULARS OF PERSON MAKING THE AMENDMENTS	:	
	Original Report No: 3514218300-05	Vehicle Registration No:	SGH 3382A
1	Original Report No: SSIYS (B300-05) Name (as shown in NRIC):	_NRIC/FIN/Passport No: _	275(10308
- 4	*Vehicle Driver/Vehicle Owner) (*) Please delete as app	ropriate	
	Address: BIE 418 HOWEIANCE AME &	# 08-954	Singapore (530
(Address:BIR 408 HOWEANLY AND &	Mobile No.:	190 2301
ı	Email Address:		
ı	Place of Accident: 1PE TOOS SLE BET	Time of Accident:	08-10
,	Place of Accident: TPE TOVOS SLE BET	ORE MICHAL BAY	U RXIT (D
	insurance Company: ACC	-	
-	- AMENO BMALL ADDRESS	,	
			11
-			
ं			
-			
_			
	olicyholder / Driver's Signature	Reporting Centre Pers	onnel's Signature
D	ate:	Name: NRIC/FIN No.: Date:	

GIARMC Addendum Form



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Chua Chew Meng Vehicle No. : SGH3383A Period of Insurance : 14 Dec 2020 To 13 Dec 2021 Policy No. : 1800148982-02

Engine No. : FB20YE51341 Endorsement No.

Chassis No. : JF1SJ5KC5JG112584 Issued Date : 26 Nov 2020

ABOUT THE COVER

Make/Model ; SUBARU Forester 2.0i-L.

Engine Capacity/Tonnage : 1,995.00 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 helshe 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 : 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 tution, driving test, racing, paor

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 any trade or business or use for any purpose in connection with Motor Frade.

* 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 - \$800 Theft - \$0 Flood Cover - \$800

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Chua Chew Meng - \$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 56th Agent's workshop.

For other Approved Reporting Centres/NG Authorised Repairers, please contact our 24-hour accident emergency hotline 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: DBS BANK LTD

If 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 (Americant) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503045000

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIG BUILDING, 78 SHENTON WAY #01-K1 GEM ROOM

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte, Ltd.

YONG SIN

