

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

- 9. Information provided mast by as distinct and second as positive 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 insurance Association of Singapore (GIA) for archiving the research of 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	11/12/2021 12:31 (SGT)
Date of Accident	10/12/2021 22:50 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	Towards Changi
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number		SMN5700C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAM SZE JIA (LAN SIJIA)
NRIC No	SXXXX946H
Email Address	LSZEJIA@GMAIL.COM
Mobile Phone No	(Phone) +65-84281427
Alternative Phone No	(Home) +65-84281427

VEHICLE PARTICULARS

Manufacturer Model	Mitsubishi Outlander
Variant	-
Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to	Private use
your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900150108-01
Cover Note Number	-

DRIVER

Name of Driver	LAM SZE JIA (LAN SIJIA)
NRIC No	SXXXX946H

Date Of Birth 06/02/1987 Occupation Indoor Date Of Driving Pass 11/05/2006 Driving experience 15 YEARS AND 7 MONTHS Gender Female Mobile Number (Phone) +65-84281427 Alt. Phone Number (Home) +65-84281427 Email Address LSZEJIA@GMAIL.COM Address 8 Bedok Rise #07-26 Singapore Address complement Postcode 469600 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 - Head to Rear Weather Conditions Raining 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 vehicle 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 REFER TO THE ATTACHMENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMH9095X Vehicle Manufacturer Audi Vehicle Model A3 Vehicle Variant Vehicle Colour White Vehicle Category Private car Name of Driver **KELLYN KEAY** NRIC No -1 Contact Number (Phone) +65-96162723

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

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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)

I 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.

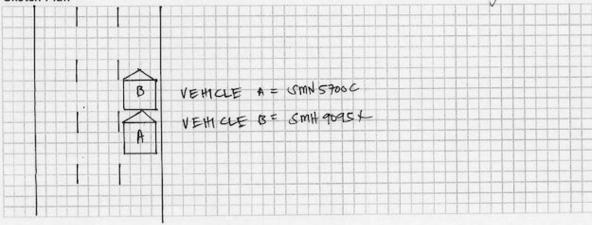
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

SERVICE

Sketch Plan



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

	ADDI	ENDUM
A)	PARTICULARS OF PERSON MAKING THE AMEND	MENTS:
	Original Report No: SCON21CB0001	Vehicle Registration No: SMN5700C
	Name (as shown in NRIC): LAM SZE JIA (LAN SIJIA	NRIC/FIN/Passport No: SXXXX946H
	(*Vehicle Driver/Vehicle Owner) (*) Please delete	as appropriate
	Address: 8 Bedok Rise #07-26	Singapore (469600
	Contact (Tel):	Mobile No.: 84281427
	Email Address: LSZEJIA@GMAIL.COM	
	Date of Accident: 10/12/2021	Time of Accident: 10:50
	Place of Accident: ECP TOWARDS CHANGI	
	Insurance Company: AIG ASIA PACIFIC INSURANCE	PTELTD
3)	ADDITIONAL INFORMATION /AMENDMENTS:	
	I have made a report on the above-mentioned accomake the following amendments:	ident and would like to include additional information or
	Time of Accident: 10:50 - 22:50	
		SERVICE SERVICE
	Policyholder / Driver's Signature Date:	Reporting Centre Personnel Signature Name: RENEMER BAGANG NRIC/FIN No.:GXXXX/15M

GIARMC Addendum Form



CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Lam Sze Jia (Lan Sijia) Period of Insurance

: 19 Aug 2021 To 18 Aug 2022

Engine No. : 4J11BH4181

Chassis No. : GF7W0601876 Vehicle No. Policy No.

: SMN5700C : 1900150108-01

Endorsement No.

Issued Date : 23 Jul 2021

ABOUT THE COVER

Make/Model

: MITSUBISHI Outlander 2.0 Elegance/Sports

Engine Capacity/Tonnage : 1,998.00 CC Driver Restriction : NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2019 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 Policyholder's business.
This Policy does not cover use for hire or reward, driving tuttion, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with those trade or business or use for any purpose in connection with floor Trade.

* 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

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

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Lam Sze Jia (Lan Sijia) - \$800 (Own Damage), \$800 (Flood Cover)

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

1.Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501

2. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only). Add: 330 Ubl Rd 3 Singapore 408650 67461000
3. Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only). Add: 30 Leng Kee Rd Singapore 159094 64708688
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 Repairers, please contact our 24-hour accident emergency holline 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 Trunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

I/We heretry 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). Pert IV of the Road Transport Act. 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504623050

FULCOMICP2 - CORPORATE

22 UBI ROAD 4 FULCO BUILDING

SINGAPORE 408617

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.