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Owner / Driver: (EMT 8998J INC			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
- 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.

- Any false reporting may be referred to the Police for investigation.
 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	17/05/2022 17:49 (SGT)
Date of Accident	14/05/2022 16:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BRADDELL HEIGHTS COMMUNITY HUB CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number		SKW1694P	
INSURED/POLICYHOLDER			
Is company?	ris: (3 (3) 53 (5) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	No	

Mazda

Name Of Registered Owner	SITCH CHAO WEI
NRIC No	SXXXX264J
Email Address	spheregarden@hotmail.com
Mobile Phone No	(Phone) +65-90239093
Alternative Phone No.	+65-00230003

VEHICLE PARTICULARS

Manufacturer

Model	3
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100437072-06
Cover Note Number	_

DRIVER

Name of Driver	SITOH CHAO WEI
NRIC No	SXXXX264J

Date Of Birth 20/08/1984 Occupation Indoor Date Of Driving Pass 18/10/2003 Driving experience 18 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-90239093 Alt. Phone Number +65-90239093 Email Address spheregarden@hotmail.com BLK 310 SERANGOON AVENUE 2 Address Address complement #04-158 Postcode 550310 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION 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 DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE ATTACHED STATEMENT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMT8998J Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver

Address

Contact Number

Address complement

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 misrepresentation 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.
- 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.
- 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)

I understand, acknowledge, agree and consent that:

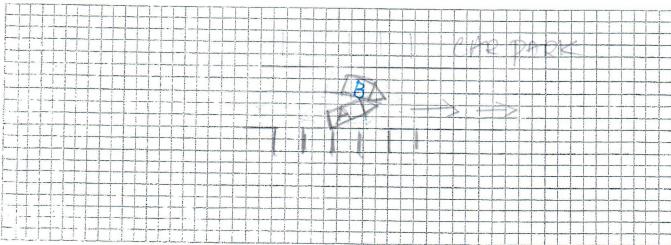
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' lawyers/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

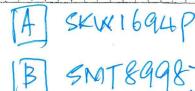
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre

Sketch Plan



Braddell Heights Community Hub Carparte



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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (14/ 15/ 2072) (DD/MM/YYYY), TIME: (16: 15) (HH:MM)
LOCATION: BRADDELL HEIGHTS COMMUNITY HUB CARPARK
1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: SKW 1694P
b)INSURANCE COMPANY: AIG:
c)POLICY NUMBER: 2100437072-06
d)POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE &THEFT)
e MARE & MODEL: 17 (190 A Z 3
F)TYPE: (SALOON) COUPE / MPY / VAN / LORRY / MOTORCYCLE / OTHERS)
b) BUDGOT OF LOOK (FRIVALE) COMMERCIAL / MOTORCYCLE)
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YESTNO)
IF NO, PLEASE STATE PHIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
A) NAME: SITOH CHAD WET (MALE/ FEMALE)
b) NRIC/FIN/PASSPORT: 58424264] CONTACT: 9023909
CIADDRESS: BIK 310 SIERANGOON AUE 2 #04-158
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
The of personal, DRIVER
(Including driver) al NAME: STOP CATO WE]
CONTACT: 9023909
CIADDRESS: BIC 310 SEVANCTOON NE 2. # 04-158
*d) DATE OF BIRTH: (20,08) 1984(DD/MM/YYYY)
6)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 18 10 2003, 19 (EMD)
f) YEARS OF DRIVING EXPRERIENCE: 18 10 2003, 19 12 100
WAS DIGUER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER
5. a)WEATHER CONDITION: (CLEAR) RAINING / OTHERS b)ROAD SURFACE: (DRY) WET / OTHERS
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
He of passenger a) VEHICLE NUMBER: SMT 8998 JMODEL:
Including driver b) DRIVER'S NAME:
() NRIC/FIN/PASSPORT: CONTACT:
9. THIRD PARTY VEHICLE
d) VEHICLE NUMBER: MODEL:
Industrial del a STAME:
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CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: Sitoh Chao Wei

: 20 Oct 2021 To 19 Oct 2022

Vehicle No. Policy No.

: SKW1694P

Period of Insurance

: P520323168

: 2100437072-06

Engine No. Chassis No.

: JM6BM42A8G0321080

Endorsement No. Issued Date

: 17 Sep 2021

ABOUT THE COVER

Make/Model

: MAZDA 3 1.5 SKYACTIV

Engine Capacity/Tonnage: 1,496.00 CC

Sum Insured : Market Value

First Year of Registration : 2015

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

Age Condition

: 30 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 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

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)

Sitoh Chao Wei - \$600 (Own Damage), \$600 (Flood Cover)

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

1. Trans Eurokars Pte Ltd Add: 27A Tanjong Penjuru, Singapore 609042 63310608

For other Approved Reporting Centres/AIG 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: HONG LEONG FINANCE LTD

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).

0503599190

ARF (AP) PTE LTD - MAZDA

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX

SSPTLA