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 24/06/2022 12:15 (SGT) Reported by Date of Accident 23/06/2022 17:34 (SGT) Exact Location of Accident TPE, Singapore Additional Location Information **KPE** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLM2683E

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHUA WEN QUAN RAYNER NRIC No S9038387F Email Address rayner.chua.1990@gmail.com Mobile Phone No (Phone) +65-81579487 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Kia Model Cerato 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 Yes your vehicle? Vehicle Category Private car Transmission Auto CC 1600

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 2070111298-01

DRIVER

Name of Driver CHUA WEN QUAN RAYNER NRIC No S9038387F Date Of Birth 11/10/1990 Occupation Indoor



Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address 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 Insurance Company of Other Vehicle Owned by Driver	12/04/2011 11 YEARS AND 2 MONTHS Male (Phone) +65-81579487 - rayner.chua.1990@gmail.com BLK 762 PASIR RIS STREET 71 #15-228 - 510762 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Raining Wet
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? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Gender	No 2 No - Yes 2 No CHUA CHIN SENG Male
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	
VEHICLE B SUDDENLY BRAKE AND STOP. I BRAKE BUT COUPORTION.	LD NOT STOP IN TIME AND COLLIDED ONTO VEHICLE B REAR
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes Yes
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number 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)	_
· · · · · · · · · · · · · · · · · · ·	

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 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.
- B. 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 & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A A

SUR

Describe Circumstances of the Accident

Veh	d	ßç	nddeli	1, 1	rlei	ad	ceg,	1	postion-	bod	land	101	step
10	Tim	tion	(~11,	olies	1440	vanul	. 15	144	Postion				
						77							
		7/2											
								-		<i></i>			_
		72					<u> </u>						
			-			5127			- 51 le 2 le				
				u.								-	
_									-				
_											S. I		
-													_
							2222						Z LEO
					-								
			X-1							110			
										0505			9. 1
									-				
clar	ation												
le dec	lare the	foregoing	particulars	are true	in every	respect.							
/	W												
icyhol	lder's Sig	nature / D	ate &			e (# driver	s not the pr	olicyholde	r) / Date		ed by Repo	rting Cen	tre
ne				& Time						Personr	nel		

ATG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

BEFORE THE ACCIDENT? From home going to Penigula. DID YOU DRINK AND	CHUA WENRUANI RAYNBR LLM 2683E 23(06/22 © 1734 THE (FPE) SPB (952E AND WHERE WAS THE INTENDED DESTINATION Plaza. S BEFORE YOU DRIVE ON THE DAY OF THE CE CONDUCT ANY BREATHE-ANALYSER TEST
PLACE OF ACCIDENT THIRD PARTY VEHICLE (IF ANY) WHERE DID YOU START YOUR JOURNEY A BEFORE THE ACCIDENT? From home going to Penigular DID YOU DRINK ANY	THE (PP) SEB (95)E AND WHERE WAS THE INTENDED DESTINATION Plaza.
WHERE DID YOU START YOUR JOURNEY A BEFORE THE ACCIDENT? From home going to Penigular	THE (PP) SEB (95)E AND WHERE WAS THE INTENDED DESTINATION Plaza.
WHERE DID YOU START YOUR JOURNEY A BEFORE THE ACCIDENT? from home going to Penigula	SEB (95)E ***********************************
BEFORE THE ACCIDENT? From home going to Penigula. DID YOU DRINK AND	AND WHERE WAS THE INTENDED DESTINATION Plaza.
BEFORE THE ACCIDENT? From home going to Penigula. DID YOU DRINK AND	AND WHERE WAS THE INTENDED DESTINATION Plaza.
DID YOU DRINK ANY ALCOHOLIC DRINKS ACCIDENT? IF YES, DID THE TRAFFIC POLICON YOU? IF YES, WHAT IS THE RESULT?	S BEFORE YOU DRIVE ON THE DAY OF TH CE CONDUCT ANY BREATHE-ANALYSER TES
WHAT IS THE TYPE OF COLLISION AND THE	EXTENSIVENESS OF THE DAMAGES TO ALL
Head to fer.	323 10 ALL
RE YOU OR YOUR PASSENGER'S INJURED? I KEN TO THE TRAFFIC POLICE FOR INVESTIG	F INJURED, WHICH HOSPITAL 2 Y
CEN TO THE TRAFFIC POLICE FOR INVESTIG	ATION?
Na	
- OY	
ed The Above Information Is Given To My Best k	















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

			ADDENI	DUM	
		PERSON MAKING			
Or	iginal Report No:	9514226	000005	Vehicle Registration No:_	Scm 26 43
Na	ame (as shown in	NRICH: OHUA	MAN COURN	Vehicle Registration No: _ ハインベルル NRIC/FIN/Passport No: _	I 903834
		ehicle Owner) (*)			
Ad	ldress:				Singapore (
Co	ntact (Tel):			Mobile No.:	157 9687
Em	nail Address:				
Da	ite of Accident:	23/06/2	22	Time of Accident:	1934
Pla	ace of Accident:		TPE ((195)	
Ins	surance Company	23(06(=	MI	Ŕ	
	,				
35		- M	DO WOZ	0	
82					
55-					
-					
		(2)			
	412				
_					
			3 · · · · · · · · · · · · · · · · · · ·	0.00	
-					

Name of Policyholder : Chua Wen Quan Rayner Period of Insurance

: 27 Sep 2021 To 26 Sep 2022

Vehicle No. Policy No.

: SLM2683E : 2070111298-01

Engine No.

: G4FGGH655535

Endorsement No.

Chassis No.

: KNAFX411MH5705713

Issued Date

: 25 Aug 2021

ABOUT THE COVER

: KIA Cerato K3 1.6 EX

Make/Model

Engine Capacity/Tonnage : 1,591.00 CC Driver Restriction : NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2017 Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder

as The Poteryhouser. 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, demestic and pleasure purposes and for the Policyhelder's business.
This Policy does not cover use for hire or reward, driving tution, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with Motor Trade.

Dischess 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:

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Chua Wen Quan Rayner - \$600 (Own Damage), \$600 (Floed Cover)

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

Approved Reparting Centrest AIG Authorised Repairers (For claims related repairs) Any accident repairs to the Vetricle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first majoritation of the Vetricle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop For other Approved Repairing Centres/AIG Authorised Repairers, Pease contact out 24-hour accident emergency hottine at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.ag or AIG SG Mobile App. Sangly search and download "AIG SG" from Hunos or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

INVe 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 (Mollaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

DIRECT CLIENTS 01.4.95

AIG Asia Pacific Insurance Pte, Ltd.

This computer generated document does not require a signature.

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

sarocc.