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SN0822C50003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 05/12/2022 15:04 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (05/12/2022 15:04 (SGT))



SINGAPORE ACCIDENT STATEMENT

 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 Actual Driver</u>
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
 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.
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

ACCIDENT STATEMENT

Date of Submission Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

05/12/2022 15:04 (SGT) Driver 03/12/2022 23:00 (SGT) Simei Rd, Singapore TOWARDS SIMEI STREET 1 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SDZ3313T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

No CHRIS QUEK HAN SENG SXXXX746D hlchong20@gmail.com (Phone) +65-97972223

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

Private use

Hyundai

Elantra

No - Claiming third party Private car Auto 1591

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number AIG Asia Pacific Insurance Pte. Ltd. 1800136545-03

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

CHONG HUI LEE SXXXX708Z 20/02/1974 Indoor

	10/03/1994
Date Of Driving Pass	28 YEARS AND 9 MONTHS
Driving experience	
Condor	Female
Mobile Number	(Phone) +65-91912223
All Dhana Number	- ·
Email Address	hlchong20@gmail.com
A 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	BLK 244 SIMEI STREET 5 #10-36
Address complement	-
	520244
the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
If No, Relationship of the Driver With the Manual Property of the Driver Own Other Vehicles?	No
Does Driver Own Other Vehicles?	
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	<u> </u>
Insurance Company of Other Vernole Company	
GENERAL INFORMATION OF THE ACCIDENT	
	O: Ja Swing
Type of Accident	Side Swipe
111 - 11 Conditions	Clear
Road Surface	Dry
1/odd Garlage	
TO THAT ION	
OTHER INFORMATION	
	No
Was any foreign vehicle involved in the accident?	2
	V _
the Accident	No
	- -
	Yes
	1
" " to the second ont claims assistance:	No
- III	
Translator's phone number	
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Original language used in the statement	
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107/01/	
DETAILS OF POLICE ACTION	
	No
Was the accident reported to the police?	No No
Was notice of intended Prosecution given?	NO
If yes, against whom?	A -1
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CIRCUMSTANCES OF ACCIDENT	
CIRCUMSTANCES OF FIGURE	
TO CVETCH BLAN	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
who transcendent of the second	
Are accident photos available for attachment?	Yes
Are accident priotos available for disastinionis	Yes
Was there any video captured by Car Camera?	
	HER VEHICLE PROPERTY 1
DETAILS OF OI	
Vehicle Registration Number	SKR5956J
vehicle registration ranner	

Private car

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Vehicle Category Name of Driver Contact Number

Address	-
Address complement	-
Postcode	-
Insurance Company Name	Income Insurance Limited
Nature Of Damage	-
Details of property damaged in accident	#1
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 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 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
- 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' 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			Witnessed by Reporting Centre Personnel		
Time Sketch Plan	& Time SIMEC BE	to Tovares	SIMFEI	ST L A-SD2 3313T		
B	A			B= SKR 59567		

Describe Circumstances of the Accident	
On 03.12.2022 about 23:00pm, I was	travelling along
SIMEL ROAD TOWARDS SIMEL STREET 1. I Was abine	Staucht, Suddenly
dash out and vehicle B , cut into my lane to hit my vehicle 's fo	and partion
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	And the state of t

Declaration

IWe declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

Date of Accident	<u>03 (2-2022</u> Accident Time : <u>23 : 00 β</u> (24-HR-Format)
Who reported the accident?	Owner / Driver / Both
Accident Flace ,	SIMEL RD Towards SIMELST 1
Vehicle No (Car Plate No)	SDZ 33137 Make/Model: HYUNDAI ELANTRA AD 1.6 AUT
Insurance Company	Policy No: [800136545-03
Fleet Policy	YES (NO
Type of Coverage	Comprehensive / Third Party / Third Party Fire & Theft
Name of Owner / IC No	: CHRIS QUEK HAN SENG (568067460)
Owner Contact No	9797 2223 Owner's Hp Company Tel
Driver Name / IC No	: CHONG HUI LEE (S7405708Z)
Driver's Date of Birth	: 20.02.1974Driver's License Pass Date: 10 MAR 1994
Relationship of Driver	: Spouse / Parents / Children / Sibling / Employee / Other:
Driver's Address	: BLK 244 SIME! STREET 5 # 10-36 S (520244)
Driver's Contact No	:1) 9(9(2223 2)
Driver's Occupation	INDOOR / OUTDOOR (e.g. working inside or outside office)
Email Address	: HLCHONG20@GMAIL.COM
Weather & Road Surface	: CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
Reporting Type	Reporting Only / Claim Third Party / Claim Own Insurance
Number of Passenger(include Driver)	: Iperson (driver)
Was ther any video footage? Exact purpose used at time of accident Any injury (If Yes, Pls State)	: YES / NO : Private Use: / Private Hire / Work Purpose : NO
VEH B: SKR 5956 3 (NTU VEH C: VEH D:	Name & Contact No: Name & Contact No:
VEH E :	Name & Contact No:

*NEW - Passenger's Name & Gender:

Hich 5 DEL 2022



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: QUEK HAN SENG CHRIS

Period of Insurance

: 09 Dec 2021 To 08 Dec 2022

Engine No.

: G4FGHU830762

Chassis No.

: KMHD841CMJU592252

Vehicle No.

: SDZ3313T

Policy No.

: 1800136545-03

Endorsement No.

Issued Date

: 05 Nov 2021

ABOUT THE COVER

Make/Model

: HYUNDAI ELANTRA S

Sum Insured : Market Value

First Year of Registration : 2017

Driver Restriction

Engine Capacity/Tonnage: 1,591.00 CC : NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder

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 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)

QUEK HAN SENG CHRIS - \$600 (Own Damage), \$600 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For daims 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 Sole Agent's workshop.
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: MayBank

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).

0500659000

INSMART (INSURANCE) AGENCY PTE

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SINGAPORE 415934

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

NO 1 KAKI BUKIT ROAD 1 #02-27 ENTERPRISE ONE

Meei Ting Um

78 Shenton Way #09-16 AIG Building S079120 | T;+65 6419 3000 | www.aig.sg

AIG Asia Pacific Insurance Ple, Ltd.