

[illegible]

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 Actual 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. 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	27/02/2023 11:22 (SGT)
Reported by	Driver
Date of Accident	24/02/2023 17:33 (SGT)
Exact Location of Accident	Upper Thomson Rd, Singapore
Additional Location Information	TURNING INTO MARYMOUNT LANE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ6567B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KUA CINDY MRS ONG-KUA CINDY
NRIC No	SXXXX343B
Email Address	stanmvp1234@gmail.com
Mobile Phone No	(Phone) +65-91817928
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Citroen
Model	C4
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	1560

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	7210063887-01

DRIVER

Name of Driver	ONG WEIBIN
NRIC No	SXXXX366H
Date Of Birth	28/11/1985
Occupation	Outdoor

Date Of Driving Pass	30/10/2010
Driving experience	12 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94884985
Alt. Phone Number	-
Email Address	stanmvp1234@gmail.com
Address	13 ANCHORVALE CRESCENT #04-05
Address complement	-
Postcode	544650
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC4572G
Vehicle Manufacturer	Subaru
Vehicle Model	Forester
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHUA XIN LING, CARINA
Contact Number	(Phone) +65-81116250

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

SKETCH PLAN

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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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

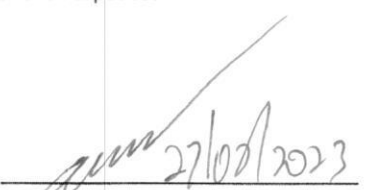


Policyholder's Signature / Date &
Time 27/02/23 0905Hrs

Sketch Plan

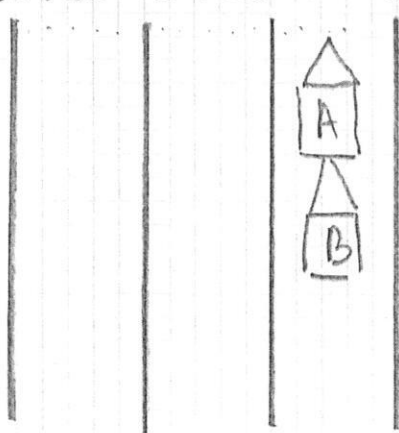


Driver's Signature (If driver is not the policyholder) / Date
& Time 27/02/23 0905Hrs



Witnessed by Reporting Centre
Personnel

UPPER THOMSON ROAD




A - SMZ 6567B
B - SLC 4572G

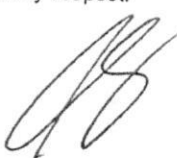
Describe Circumstances of the Accident

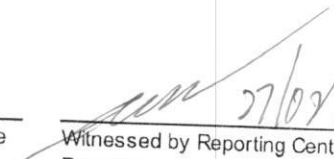
ON 27/02/2023 @ ABOUT 1733 HRS I WAS DRIVING
ALONG UPPER THOMSON ROAD, MY VEHICLE WAS
STATIONARY WHILE WAITING FOR TRAFFIC LIGHT TO TURN
GREEN, SUDDENLY SLE45724 HIT THE REAR OF MY
VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time 27/02/23 0905HRS


Driver's Signature (If driver is not the policyholder) / Date
& Time 27/02/23 0905HRS


Witnessed by Reporting Centre
Personnel 27/02/2023

Date of Accident : 24/02/2023 Accident Time: 1733HRS (24-HR-Format)
Accident Place : UPPER THOMSON ROAD TURNING INTO MARYMOUNT LANE
Vehicle No. (Car Plate No.) : SMZ 6567B Make/Model: CITROEN C4 1.6
Insurance Company : AIG Policy No: 7210063887-01
Owner or Company Name /IC No. : KUA CINDY (S8111343B)
Owner or Company Contact No. : _____ Owner's Hp 91817928 Company Tel
DRIVER'S Name / IC No. : ONG WEIBIN (S8537366H)
DRIVER'S Date Of Birth : 28/11/1985 DRIVER'S License Pass Date 30/10/2010
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 13 ANCHORVALE CRESCENT #04-05 S'PORE 544650
DRIVER'S Contact No./ Alt No. : 1) 94884985 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : stanmvp1234@gmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 01 MALE
Was there any video Captured by car camera: YES NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): -NIL

Other Party Driver's Particular (if any)

Vehicle No:	SLC4572G	Vehicle No:	_____
Vehicle Make/Model:	SUBARU FORESTER	Vehicle Make/Model:	_____
Name Driver:	CHUA XIN LINH, CARINA	Name Driver:	_____
IC No. Driver/Contact:	81116250	IC No. Driver/Contact:	_____

* NEW - Passenger's name & gender:



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : KUA CINDY MRS ONG-KUA CINDY
Period of Insurance : 16 Jul 2022 To 15 Jul 2023
Engine No. : 10JBEX3047334
Chassis No. : VF73A9HC8EJ841834

Vehicle No. : SMZ6567B
Policy No. : 7210063887-01
Endorsement No. :
Issued Date : 27 Jun 2022 10:23

ABOUT THE COVER

Make/Model : CITROEN C4 Picasso 1.6 BlueHDI
Engine Capacity/Tonnage : 1,560.00 CC

Driver Restriction : NA

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2015
Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

Any person other than the Policyholder who is driving on the Policyholder's order or with his/her permission.
This Policy will indemnify any authorised driver other than the Policyholder only if he/she meets the specified age condition.

You have to pay an additional sum of S\$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDER") 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

Limitation as to use* :

Mileage Condition : Unlimited Mileage

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)

ONG WEIBIN - \$600 (Own Damage), \$600 (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 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 Singapore Limited

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).

0504615000

COSMO INSURANCE AGENCY PTE LTD

37 JALAN PEMIMPIN #04-04 MAPEX

SINGAPORE 577177

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.