





## 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 withholding of material facts may allow insurance companies to repudiate policy ability.
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 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 Report	14/12/2017 15:44
Date Of Accident	13/12/2017 19:05
Exact Location Of Accident	BALESTIER RD TWDS CTE B4 TESSENSOHN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG3737X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EMLY TENG HWEE LENG
NRIC No	S6909659Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98578834
Alternative Phone No	OTHERS-98578834

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100312828-05
Cover Note Number	

### Driver

Name of Driver	TENG JAN KIM
NRIC No	S1828595I
Date Of Birth	24/03/1967
Occupation	INDOOR
Date Of Driving Pass	18/09/1989
Driving Experience	28 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98578834
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 54 GEYLANG BAHRU #13-3593
Postcode	330054
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	AFTER RAIN
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
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
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FR9196T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHB9928J

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness**

Name

Phone Number

Email Address



## SKETCH PLAN


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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 lodgment 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:

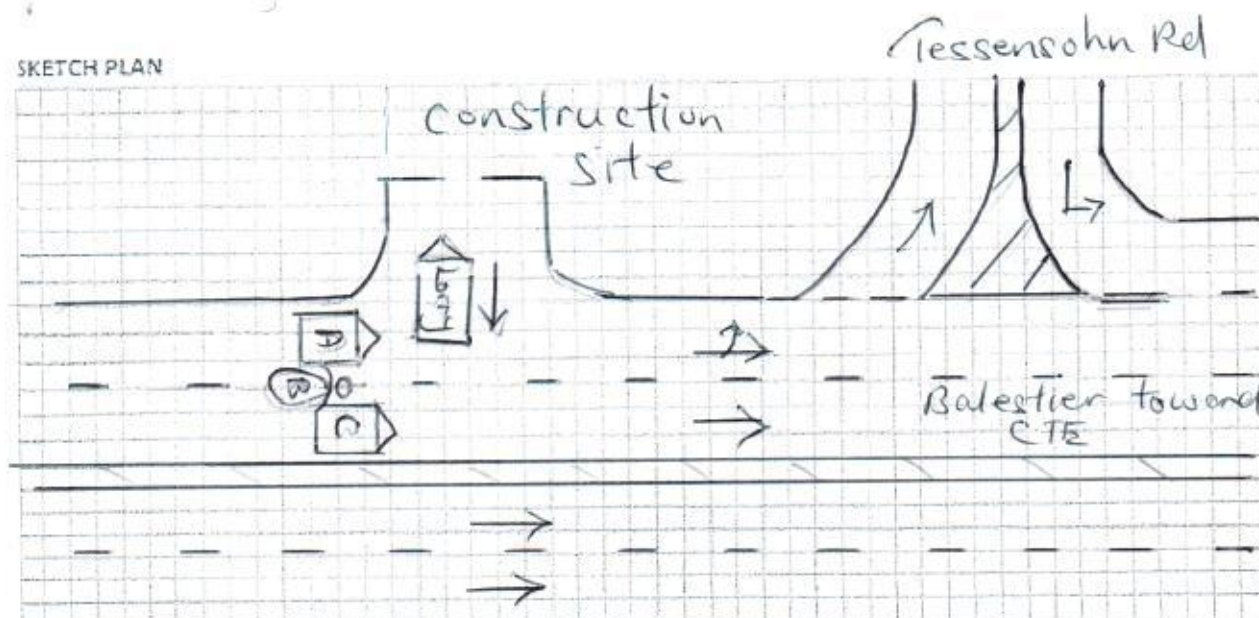
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

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

 14/12/17  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/12/2017 at about 1910 hrs at along Balestier Road towards CTE before Tessensohn Road. I was travelling on the extreme left lane and Vehicle (C) was on my Right. Both our vehicles had come to a stop while giving way to a lorry for reversing out from the construction site. Suddenly a Vehicle (B) lost his control and hit onto the left portion of Vehicle (C) and again on my Right Portion of Vehicle (A) causing damages to my vehicle.

Total 3 vehicles involved in this accident.

(A) SKG 3737X

(B) FR 9196 T

(C) SHB 9928 J

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

*[Signature]* 14/12/17



## SINGAPORE ACCIDENT STATEMENT

Accident Date: 13/12/17	Time: 1908 HRS	(hh:mm) 24 hr format
Location Balestier Road towards CTE before Gessenschn Rd		
Vehicle Number SKG 3737 X		
Insured Name EMLY TENG HWEE LENN		
NRIC / FIN C6909659Z	Contact Number	
Make TOYOTA	Model CAMRY 2.0 AUTO	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting		
Insurance Company AIG		
Type of Policy ( / ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only		
Policy Number 2100312929-05		
Name of Driver TENG JAN KIM	( ) Same as Insured	
NRIC / FIN S18285951		
Contact Number 9857 8334		
Date of Birth 24/03/1967		
Driving Pass Date 18/09/1989		
Occupation ( / ) Indoor ( ) Outdoor		
Gender ( / ) Male ( ) Female		
Email Address TJK0011@YAHOO.COM.SG		( ) NO EMAIL
Address of Driver B/54 GEYLANG BAHRU #. 13-3593		
Was driver an employee of the Insured's Company? ( ) Yes ( / ) No		
If No, Relationship of the Driver with the Insured		
( ) Owner ( ) Spouse ( ) Friend ( / ) Relative ( ) Children ( ) Sibling		
Does the Driver Own Any Other Vehicle? ( ) Yes ( / ) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions ( ) Clear ( ) Raining ( ) Others		
Road Surface ( ) Dry ( / ) Wet ( ) Others		
Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No		
Was anybody injured in the accident? ( ) Yes ( ) No		
If yes, injured detail		
Was there any video captured by Car Camera? ( / ) Yes ( ) No		
Was the Accident reported to the Police? ( X ) Yes ( / ) No If yes attach police report		
DETAILS OF 3 <sup>rd</sup> party	Name / Nric	Contact
Veh B FR 9196 T		
Veh C SHB 9928 J		
Veh D		
Veh E		
Veh F		

2 PERSON INCLUDING DRIVER.

mga-aga

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S18285951

Name  
TENG JAN KIM

邓人锦

Race  
CHINESE

Date of Birth  
24-03-1967

Sex  
M

Country of Birth  
SINGAPORE



Driver SKG 3737x

0579496

Barcode

NRIC No: S18285951

Fingerprint

Blood Group  
O+

Date of Issue  
23-10-1992

APT BLK 54 GEYLANG BAHRU, #13-3593  
SINGAPORE 330054

NRIC No: S18285951

Date: 10-04-2000

No: 3637665



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S18285951**

Name: **TENG JAN KIM**

Birth Date: **24 Mar 1967**

Issue Date: **13 Sep 2003**

000828736D

Driver SKG 3737X

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)


	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Sep 1989

NP 429A


Licence No: S18285951

owner skh 3737x

4 6 4



NRIC No. **S6909659Z**



Date of issue  
**27-10-2010**

Address  
**APT BLK 103 POTONG PASIR AVENUE 1  
#04-354  
SINGAPORE 350103**

**REPUBLIC OF SINGAPORE**  
ENTITY CARD NO. **S6909659Z**



Name  
**EMLY TENG HWEE LENG**



**邓慧玲**  
Race  
**CHINESE**

Date of birth  
**21-03-1969**

Sex  
**F**

Country of birth  
**SINGAPORE**







## CERTIFICATE OF INSURANCE

### AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Emily Teng Hwee Ling  
Period of Insurance : 25 Aug 2017 To 27 Aug 2018  
Engine No. : 1A2E251028  
Chassis No. : MR053BK5104004112

Vehicle No. : SKG373TX  
Policy No. : 2100312828-05  
Endorsement No. :  
Issued Date : 10 Aug 2017

#### ABOUT THE COVER

Makes/Model	TOYOTA NEW CAMRY 2.0	Sum Insured	Market Value	First Year of Registration	2012
Engine Capacity/Tonnage	1,998.00 CC	Off Peak Car	No	Insuring with COE/PARE	Yes
Driver Restriction	NA				

#### Person or Classes of Persons Entitled to Drive\*

at the discretion of the Insurer, subject to the Policyholder's order or with further permission. This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.

\*You have to pay an additional sum of \$5,000 as "Young and Inexperienced Driver Excess" (YIDEX) if you are or your Authorized 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\*

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, participating, reliability trial or speed testing, the carriage of goods other than vehicles in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use (30 days) 1500cc - 1500cc Optional

\* Limitation imposed in accordance to Section 9 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 186) and Section 55 of the Road Transport Act, 1987 (Malaysia). We will be insured under these conditions.

#### EXCESS

##### Section 1

Fire - \$0 (Own Damage) - \$800 Theft - \$0 Flood Cover - \$0

##### Section 2

Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

Emily Teng Hwee Ling - \$800 (Own Damage)

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

Approved Reporting Centres/ AIG Authorized Repairers (For claims related repairs)

Any accident report to the vehicle must be carried out by one of our Authorized Repairers. Within the first 2 years of the first registration of the Vehicle in Singapore, you have the option of having the accident repairs carried out at the Sales Agent's workshop.

For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 8228 8228. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.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: CITIBANK SINGAPORE

This 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. 186), Part 54 of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia).

8030210000

AIG ASIA PACIFIC INSURANCE P.L.

75 SHENTON WAY #07-15 AIG BUILDING

SINGAPORE 079125

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORIZED REPRESENTATIVE