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 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.
- port to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	15/01/2018 15:16
Date Of Accident	13/01/2018 08:40
Exact Location Of Accident	PIE
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKK1215C
Insured/Policyholder	
Name Of Registered Owner	TAN TOH HEAH
NRIC No	S1295968J
Email Address	TOHHEAH@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93801103
Alternative Phone No	HOME-64682640
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 2.0 TFSI QU
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?	YES
If No, Please state action to be taken	
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	2100342574-04000
Cover Note Number	

Driver

Name of Driver TAN JIAN'EN JULIAN @ GOH JULIAN

NRIC No S9231362Z 28/08/1992 Date Of Birth Occupation INDOOR Date Of Driving Pass 20/06/2012

Driving Experience 5 YEARS AND 6 MONTHS

MALE Gender

(LOCAL) +65-90224333 Mobile Number

Fax Number

Contact Number

SQUEEZEPROOF@GMAIL.COM **EMail Address**

Address 322 LAUREL WOOD AVENUE

Postcode 275344

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions RAINING Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

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

APPROXIMATELY 8.40 AM, DRIVING ON PIE TOWARDS CHANGI, PAST ORNAET ROAD, RAINING, SLIPPERY ROAD, A VAN DRIVER HAD HIT THE MIDDLE CURB ON THEE EXPRESSWAY CAUSING 3 VEHICLE PRIOR TO ME TO SWERVE AND GET INTO A CHAIN COLLISION, I WAS THE 4TH VEHICLE.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKA1396R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR TAN POON THYE Name of Driver

NRIC/Passport Number

S1511954C

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN		A: SKK 1215C B: Vnknown C: Vnknown D: SKA 1396R
	BCDA	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
Approximately 8.40 am, driving on PIE toward change, past ormaet road baining, slipping toods a van driver had hit the middle curb on the expression causing 3 vehicle prior to me to swerve and get into a chain collision. I
Baining, slipping toods a van driver had hit the middle curb on the expression
causing 3 vehicle prior to me to sworve and get into a chain collision . I
was the 4th vehicle.

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

Policyholder's Signature

Date & Time:

15/1/18

Driver's Signature

(If driver is not the policyholder) Date & Time: $|5|/\sqrt{|5|}$

Reporting Centre Bersonnel's Signature Name: IdM LQ) NO. NRIC/FIN No.: IdSSCS GIM

Sketch Plan

SKETCH PLAN

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 interested parties.
- 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)

l 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 insurers) 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 :
 - 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:
 - 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:

1511/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

15/12018

Reporting Centre Personnel's Signature

Name: LIM to Story NRIC/FIN NO.: 6455256914





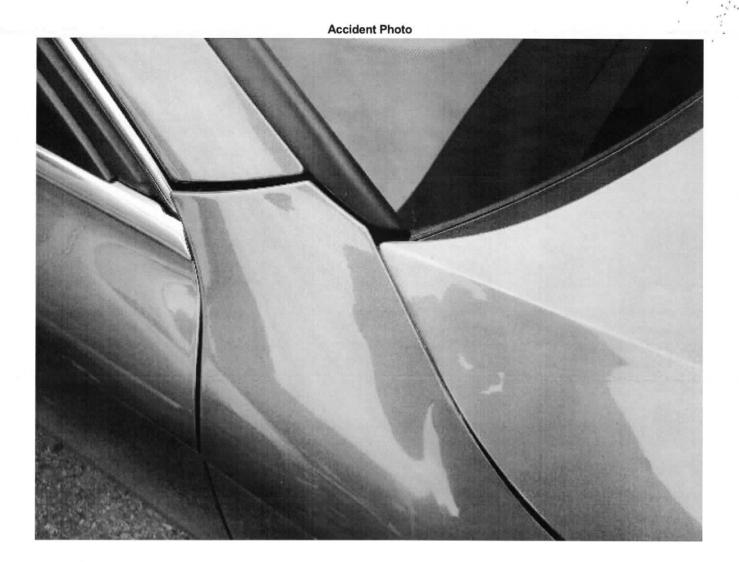














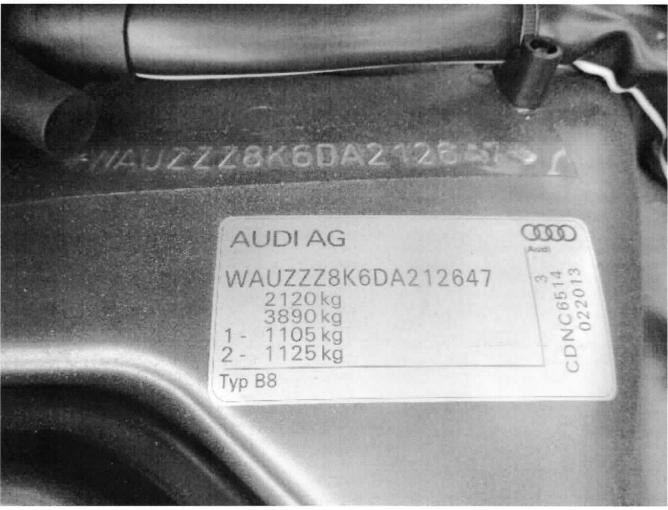














CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT(CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.X.1

AUDI AUTO PROTECTOR

OWN DAMAGE EXCESS WINDSCREEN EXCESS

S\$800.00(I) S\$100.00

CERTIFICATE NO. 2100342574-04000

(for policies with effect from 1st November 2002)

SUM INSURED INSURING WITH COE/PARF

Market Value

SKK1215C

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

TAN TOH HEAH

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 11 Jun 2017

4) DATE OF EXPIRY OF INSURANCE

10 Jun 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE * SUBJECT TO AGE CONDITION :All Age Condition

a) The Insured.

b) Any other person who is driving on the Insured's order or with his permission.

This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions.

A Young and/or Inexperienced Driver Excess ("YIDR") of \$\$3,000.00, in additional to the

Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE * Use only for social, domestic and pleasure purposes and for the Insured's business. The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

APPROVED REPORTING CENTRES / AUDI AUTHORISED REPAIRERS

APPROVED REPORTING CENTRES / AUDI AUTHORISED REPAIRERS

1. Audi Customer Service Center - 55 Ubi Road 1 (Tel: 63662323)

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

2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65684501)

4. Ethoz - 30 Bukit Batok Cres(Tel:66547777) 5. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only

6. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 7. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)

8. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd I (Tel: 67415336)

10. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)

LOSS OF USE Loss Of Use 15 days Replacement Car only for repairs at Audi Customer Service Centre

NAMED DRIVER

HIRE PURCHASE COMPANY / EMPLOYER'S LOAN

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 19 May 2017

504125-200 PREMIUM LEASING - AP 281 ALEXANDRA ROAD AUDI CUSTOMER SERVICE CENTRE SINGAPORE 159938

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

Co. Reg. No. 201009404M

GEN041-02/13

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1295968J







TAN TOH HEAH

陈在霞

CHINESE Date of Birth 29-01-1958

Country of Birth
SINGAPORE



NRIC No. S1295968J

24-06-1994

322 LAUREL WOOD AVENUE SINGAPORE 275944 NRIC No: S1295968J

Date: 04-03-2003 No: 4639038



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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 20 Jun 2012 of the driver; and other motor vehicles =< 2500kg

NP 428A

Licence No: S9231362Z

