

## 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 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	23/01/2018 17:04
Date Of Accident	23/01/2018 10:00
Exact Location Of Accident	CTE (NEAR PIE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK8329A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EMILY TAN MAY DO
NRIC No	S7529529D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96643111
Alternative Phone No	Office-96643111

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE-1.5 G CVT (A)
Exact Purpose for which vehicle was being used at time of accident	
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	2100499279
Cover Note Number	

### Driver

Name of Driver	EMILY TAN MAY DO
NRIC No	S7529529D
Date Of Birth	22/09/1975
Occupation	INDOOR
Date Of Driving Pass	10/04/1997
Driving Experience	20 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96643111
Fax Number	
Contact Number	OFFICE-96643111
EMail Address	NOEMAIL

Address	30 KALIDASA AVENUE
Postcode	789407
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	1

#### 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

VEHICLE B JAM BRAKE. I COULDN'T STOP IN TIME AND HIT ONTO VEHICLE B REAR.

#### 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	GY7462P
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

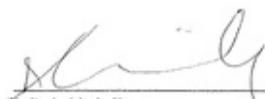
### SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

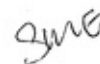
I understand, acknowledge, agree and consent that:

- (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.
- (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: 23.01.18

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

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



VEHICLE B JAM BRAKE, I COULDN'T STOP IN  
TIME AND HIT INTO VEHICLE B REAR.

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

Policyholder's Signature \_\_\_\_\_ Driver's Signature \_\_\_\_\_

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

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AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : TAN MAY DO EMILY  
VEHICLE NUMBER : SLK 8329A  
DATE/TIME OF ACCIDENT : 23/01/2018 @ 10am  
PLACE OF ACCIDENT : CTE (NENT PIE)  
THIRD PARTY VEHICLE (IF ANY) : QY7462P

\*\*\*\*\*

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

UPPER THOMSON TO MARINE PARADE

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NO.

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

HEAD TO REAR

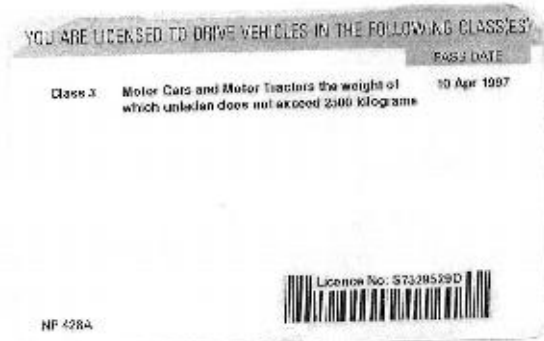
WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO.

Name: 

I Affirmed The Above Information Is Given To My Best Knowledge.

# Driving License



# INSURANCE



TELEPHONE: (65) 6415-3100  
FAX: (65) 6415-3123

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.X.1

AUTOPLUS

CERTIFICATE NO. 2100499279-00000

OWN DAMAGE EXCESS S\$800.00 (1)  
WINDSCREEN EXCESS S\$100.00  
(For 1st Loss with effect from 1st November 2014)

SUM INSURED Market Value  
INSURING WITH COE/PART Yes  
SLK8329A

Emily Tan May Do

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT  
OF INSURANCE FOR THE PURPOSES OF THE ACT

26 Jan 2017

4) DATE OF EXPIRY OF INSURANCE

25 Jan 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 authorized driver only if he/she meets the age conditions.  
A Young and/or inexperienced Driver Excess ("YIDR") of S\$3,000.00, in addition to the Policy Excess, applies to You and any Authorized Driver (named or unnamed) if You are or the said Authorized 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.

SOLE AGENT'S WORKSHOP: For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop.  
APPROVED REPORTING CENTRES / AIG AUTHORIZED REPAIRERS (FOR CLAIMS-RELATED REPAIRS):  
1. Comfort/Delgado Eng'g - 205 Braddell Rd (Tel: 63837118) 2. Glass-Fix - 52 Ubi Ave 1 (Tel: 82700887) - For windscreen only  
3. Ehoz - 30 Bukit Basah Cres (Tel: 65547777) 4. DPS Body & Paint (Subsidiary of C&C) - 203 Pandan Gardens (Tel: 85664511)  
5. Ken Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479660) 6. Lai Hui (Mang Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)  
7. Maya Automotive - 120B Bukit Meran Lane 3 (Tel: 62723892) 8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415368)  
9. SME Motor - 1 Kaki Bukit Ave 6 Bk D (Tel: 67479106)

LOSS OF USE Loss of Use 10 Days (1500 - 1800cc) - Refer to policy wordings for details

\* NAMED DRIVER NA

HIRE PURCHASE COMPANY Standard Chartered Bank (Singapore) Limited  
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).

AIG Asia Pacific Insurance Pte. Ltd.

Issued in Singapore 26 Jan 2017

000064-000  
DIRECT CLIENTS 01 4.95  
AIG BUILDING  
78 SHENTON WAY #07-18  
SINGAPORE 079120

AUTHORIZED REPRESENTATIVE

ORIGINAL

SPPC07

AIG Asia Pacific Insurance Pte. Ltd.

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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