

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	18/03/2018 20:24
Date Of Accident	17/03/2018 15:40
Exact Location Of Accident	ALEXANDRA RD INTO TIONG BAHRU ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ1341P
Insured/Policyholder	
Name Of Registered Owner	GOH MIAO JIN (WU MIAOJIN)
NRIC No	S8431370Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91387588
Alternative Phone No	Office-NOPHONE

Vehicle Particulars

Manufacturer	MAZDA
Model	2-1.5 SEDAN L SP.6EAT (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	2100491930-01
Cover Note Number	

Driver

Name of Driver	HUANG SHIMIN, OLIVA
NRIC No	S8537584I
Date Of Birth	08/11/1985
Occupation	INDOOR
Date Of Driving Pass	24/01/2005
Driving Experience	13 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91387588
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	320 JURONG EAST STREET 31
Postcode	#12-76 SINGAPORE 600320
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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

I WAS DRIVING ALONG ALEXANDRA RD TURNING INTO TIONG BAHRU RD WHEN SJS2258S IN FRONT OF MY VEHICLE SUDDENLY STOPPED. COULDN'T STOPPED ON TIME; HIT THE REAR OF THE FRONT 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	SJS2258S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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

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 companies.
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: 19/3/18

345 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Trans Eurokars Pte Ltd

5 Ubi Place

Singapore 408605

Tel: 6460 4803 / 6749 4333

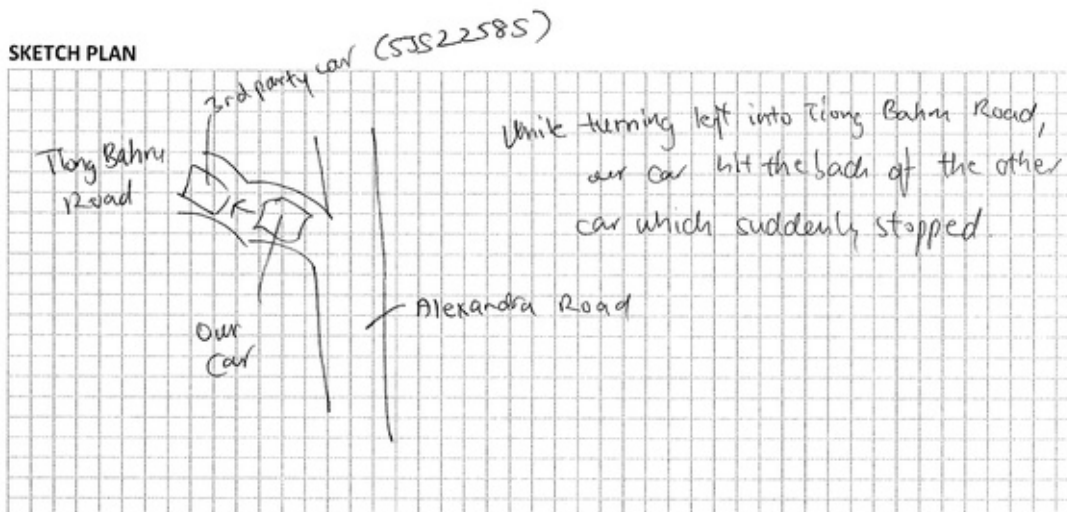
Fax: 6749 0660

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO: SLJ 1341 P

ACCIDENT DATE: 17/3/18
 CONTACT NUMBER: 91387586
 ACCIDENT TIME: 3.40pm
 EMAIL: mj.olivia@outlook.com
 LOCATION: Alexandra Road turning left into Tiong Bahru Road.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.

PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

PLEASE STATE: ☒ CLAIM OWN POLICY ☐ CLAIM THIRD PARTY ☐ REPORTING ONLY

DECLARATION

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

Policyholder's Signature

Date & Time: 19/3/18
 345pm

GIARMG SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)
 Date & Time:

Trans Eurokars Pte Ltd

5 Ubi Close
 Singapore 408605
 Tel: 6474 3333 / 6749 4333
 Fax: 6746 0660

Reporting Centre Personnel's Signature

Name:
 NRIC/FIN No.:



POLICY SCHEDULE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Policy No. : 2100491930-01

Period of Insurance : 29 Nov 2017 to 28 Nov 2018

Issued Date : 17 Oct 2017

ABOUT THE POLICYHOLDER

Name of Policyholder : Goh Miao Jin (Wu Miaojin)
 Address : 320 Jurong East Street 31
 #12-76
 SINGAPORE 600320
 Occupation/Nature of Business : Executives

ABOUT THE VEHICLE

Registration No. : SLJ1341P Engine Capacity/Tonnage : 1,496.00 CC
 Chassis No. : JM6BM42A8G0347044 Engine No. : P520376536
 Seating Capacity : 5 First Year of Registration : 2016 Body Type : Sedan
 Make/Model : MAZDA 3 1.5 SKYACTIV
 Hire Purchase Company/Employer's Loan : HONG LEONG FINANCE LTD

ABOUT THE COVER

Sum Insured : Market Value Off Peak Car : No
 Driver Restriction : NA Insuring with COE/PAFF : Yes

Person or Classes of Persons Entitled to Drive :

- 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
 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, 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.

Other Key Policy Benefits :

Act of God, Strike, Riots and Civil Commotions, PA to Authorised Driver / Unnamed Passengers - \$10000, Dealer + AIG Authorised Workshops, PA Insured - \$100000, Fixture and Accessories (Cosmetic) - \$5000, Solar Film - \$1150, New For Old (36 months), In-Car Camera Excess Waiver, Glass Roof/ Moon Roof/ Sun Roof/ Panoramic Glass Roof, Loss of Use 1500cc - 1500cc Optional

EXCESS

Section 1
Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver
Goh Miao Jin (Wu Miaojin) - \$600 (Own Damage)

PREMIUM

Premium : \$ 1,178.35
 GST (7%) : \$ 82.48

Total : \$ 1,260.83

Your Premium includes the following discount(s):

Safe Driver Discount - 5.00%, Group Discount - 25.00%, No Claim Discount - 30%

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8431370Z



Name
GOH MIAO JIN
(WU MIAOJIN)
吴妙进
Race
CHINESE
Date of birth
03-10-1984
Country/Place of birth
SINGAPORE

Sex
M

S8431370Z

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8431370Z**

Name
GOH MIAO JIN
(WU MIAOJIN)

Birth Date: **03 Oct 1984**
Issue Date: **03 Jan 2006**

001391683B

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8537584I**

Name
HUANG SHIMIN, OLIVIA

Birth Date: **08 Nov 1985**
Issue Date: **24 Jan 2005**

001316256C

Barcode

NRIC No. **S8431370Z**

Date of issue
09-10-2014

Address
APT BLK 320 JURONG EAST STREET 31
#12-76
SINGAPORE 600320

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

	PASS DATE
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	03 Jan 2006

Licence No: **S8431370Z**

NP 428A

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

	PASS DATE
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors / vehicles <= 2500 kg	24 Jan 2005

Licence No: **S8537584I**

NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

