

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	28/03/2018 10:58
Date Of Accident	28/03/2018 09:25
Exact Location Of Accident	BUKIT TIMAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLE4831Z
Insured/Policyholder	
Name Of Registered Owner	SIM PEI FEN
NRIC No	S8021944Z
Email Address	SIMPLACE2707@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94752708
Alternative Phone No	Home-67909129
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USAGE
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	2100475785-00000
Cover Note Number	
Driver	
Name of Driver	SIM PEI FEN
NRIC No	S8021944Z
Date Of Birth	27/07/1980
Occupation	INDOOR
Date Of Driving Pass	20/01/2000
Driving Experience	18 YEARS AND 2 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-94752708
Fax Number	
Contact Number	HOME-67909129
EMail Address	SIMPLACE2707@HOTMAIL.COM
Address	232 WESTWOOD AVENUE #08-29
Postcode	648360
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

REFER ATTACHMENTS

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHF155K
Vehicle Make/Model/Colour	SMRT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	98264468

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

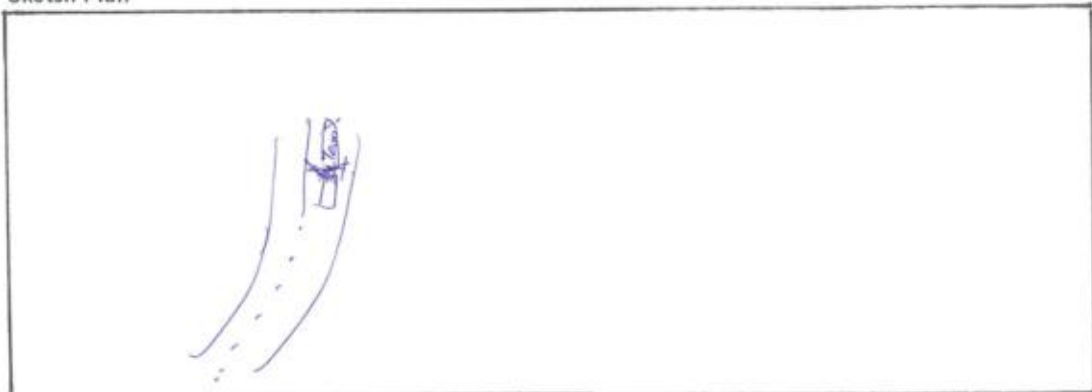
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

10:30
28/3
Policyholder's Signature / Date & Time

10:30
28/3
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel




Sketch Plan



Individual Statement

fit on the back of the taxi SMART.

We declare the foregoing particulars are true in every respect.

 28/3	 - 28/3 -	
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Accident Sketch Plan



OUTLINE TEL: (65) 4868 1000
FAX: (65) 4861 3123

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, 1969 (MALAYSIA)

M X 1

TOYOTA AUTO PROTECTOR (2-YEAR)

CERTIFICATE NO. 2100475765-00000

(For total excess to be added to GST)
OWN DAMAGE EXCESS S\$800.00 (1)
WINDSCREEN EXCESS S\$100.00
(Official rate excess to be added to the total at some of Sumitomo's insurance)

SUM INSURED Market Value
INSURING WITH COE/PAF Yes

- 1) VEHICLE REGISTRATION NO. SLE4831Z
- 2) NAME OF INSURED Sim Pei Fen (Shen Peifen)
- 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 25 Jul 2016
- 4) DATE OF EXPIRY OF INSURANCE 24 Jul 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.
- The 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 S\$3,000.00, in addition 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, livery, driving test, racing, piloting, 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 / TOYOTA AUTHORISED REPAIRERS
1. Borneo Motors (S) Pte Ltd - 2 Pandan Crescent (Tel: 6631 1158)
APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)
2. ComfortDesign Engrg - 205 Braddell Rd (Tel: 63837118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 69684501)
4. Etor - 30 Bukit Batok Cres (Tel: 66547777) 5. Glass Fix - 52 Ubi Ave 3 (Tel: 62780867) - For windscreen only
6. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479600) 7. Lai Hui (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64838110)
8. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723882) 9. Progressive Automotive - 3322A Ubi Rd 1 (Tel: 67415306)
10. SMC Motor - 1 Kaki Bukit Ave 6 Bld D (Tel: 67476106)

LOSS OF USE Loss of Use 15 Days (1600 - 1600cc) - Refer to policy wordings for details

* NAMED DRIVER NA

HIRE PURCHASE COMPANY DBS BANK LTD

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 in Singapore 27 Jul 2016

AIG Asia Pacific Insurance Pte. Ltd.

030210-116
INCHCAPE AUTO TOYOTA-LK1THL
33 LENG KEE ROAD
SINGAPORE 159102

[Signature]

AUTHORISED REPRESENTATIVE

ORIGINAL

UNB-SP

AG Building, 78 Shenton Way #07-18 Singapore 079120

AIG Asia Pacific Insurance Pte. Ltd.

4888801



SPIC No. S8021944Z



Date of Issue
10-11-2010

Address
232 WESTWOOD AVENUE
#08-29
SINGAPORE 646360

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
20 Jan 2000

NP 425A

License No: S8021944Z



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8021944Z




Name
SIM PEI FEN
(SHEN PEIFEN)
沈佩芬

Race
CHINESE

Date of birth
27-07-1980

Country of birth
SINGAPORE

Sex
F

S8021944Z

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S8021944Z

Region

SIM PEI FEN (SHEN PEIFEN)

Birth Date 27 Jul 1980

Issue Date 17 Dec 2002




999931320J

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

