



## 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             | 05/04/2018 15:04                      |
| Date Of Accident           | 04/04/2018 20:25                      |
| Exact Location Of Accident | SERANGOON ROAD ( BESIDE MAH PTE LTD ) |
| Country/State of Loss      | SINGAPORE                             |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKZ6249T             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | TEO I CHEW           |
| NRIC No                     | S1857129C            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-96381053 |
| Alternative Phone No        | OTHERS-96381053      |

### Vehicle Particulars

|  |                                  |
|--|----------------------------------|
| Manufacturer   | MAZDA                            |
| Model  | MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT |
| 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             | 2100450333-02                        |
| Cover Note Number         |                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | TEO I CHEW            |
| NRIC No              | S1857129C             |
| Date Of Birth        | 14/11/1956            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 26/12/1978            |
| Driving Experience   | 39 YEARS AND 3 MONTHS |
| Gender               | FEMALE                |
| Mobile Number        | (LOCAL) +65-96381053  |
| Fax Number           |                       |
| Contact Number       | OTHERS-96381053       |
| Email Address        | NOEMAIL               |

|   |                            |
|---|----------------------------|
| Address   | BLK 22 HAIG ROAD<br>#06-01 |
| Postcode  | 430022                     |
| 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   | CHAIN COLLISION |
| 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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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         | SKE8504D    |
| 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) |             |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | GBG6525C |
|-----------------------------|----------|

Vehicle Make/Model/Colour

Details Of Properties

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

### IMPORTANT NOTICE

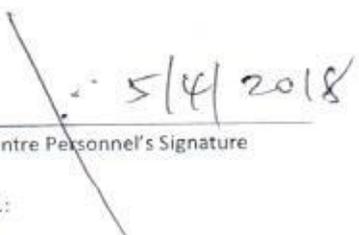
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

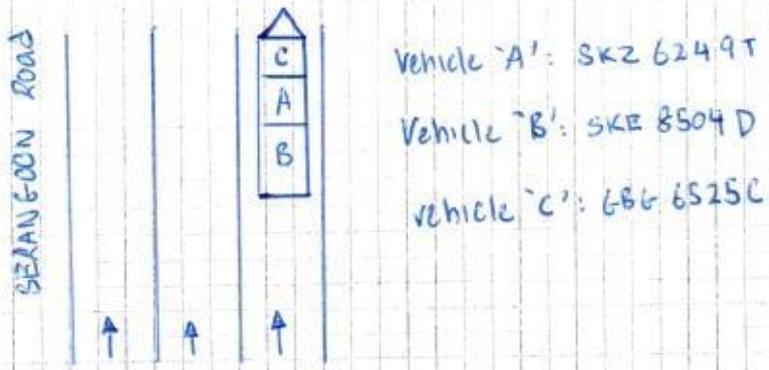
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

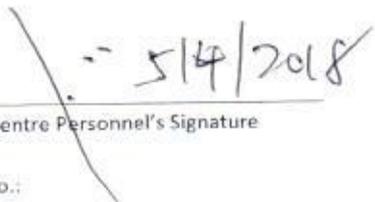
On the stated date and time, I vehicle 'A' was travelling in my designated lane. The car in front of me stopped and I followed suit. Suddenly, vehicle 'B' hit me on my rear causing me to fly forward hence hitting vehicle 'C'. I... alighted to realised that I was involved in a 3 car chan collision. That is all.

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.:

Reported on 5/4/2018 @ 1355hrs

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 4 / 04 / 2018 ) (DD/MM/YYYY), TIME: ( 20 : 27 ) (HH:MM)

LOCATION: SELANGOON Road (Beside Mah PTE LTD)

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKZ 624AT
- b) INSURANCE COMPANY: AIG
- c) POLICY NUMBER: 2100450333-02
- d) POLICY TYPE: ( COMPREHENSIVE ) (THIRD PARTY) (THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: Mazda 3
- f) TYPE: ( SALOON ) (COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: ( PRIVATE ) (COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Personal
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)  
IF NO, PLEASE STATE ( THIRD PARTY CLAIM ) (REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: TEO I CHEW (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S1857129C CONTACT: 96381053
- c) ADDRESS: APT BIK 22 HAIG Road #06-01  
Singapore 153

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: TEO I CHEW (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S1857129C CONTACT: 96381053
- c) ADDRESS: APT BIK 22 HAIG Road #06-01  
Singapore 153

\*d) DATE OF BIRTH: ( 14 / 11 / 1956 ) (DD/MM/YYYY)

- e) OCCUPATION: ( INDOOR / OUTDOOR )
- f) YEARS OF DRIVING EXPERIENCE: 40 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: ( CLEAR / RAINING / OTHERS )  
b) ROAD SURFACE: ( DRY / WET / OTHERS )

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)  
IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- \* No of passenger (including driver) ( 1 )
- a) VEHICLE NUMBER: SKE 8504D MODEL: LEXUS - (B)
- b) DRIVER'S NAME: \_\_\_\_\_
- c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- \* No of passenger (including driver) ( )
- d) VEHICLE NUMBER: GBG 6525C MODEL: \_\_\_\_\_ (C)
- e) DRIVER'S NAME: \_\_\_\_\_
- f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

LKK  
paya (bi industrial park)  
801-25, 51 Ubi Ave 1  
S ( 408 933 )

email = REPORTING@TOPQUE5.com  
fax = 6452 4584

Waiting for certificate? ✓

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **S1857129C**

Name  
**TEO I CHEW**

Birth Date **14 Nov 1956**  
Issue Date **07 Oct 2003**

000896578H



**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S1857129C**

Name  
**TEO I CHEW**

**張愛珠**

Race  
**CHINESE**

Date of Birth **14-11-1956** Sex **F**

Country of Birth  
**JOHORE**




**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  
**26 Dec 1978**

Licence No: **S1857129C**

NP 428A

0826411

**S1857129C**

NRIC No. **S1857129C**

Blood Group **O+** Date of Issue **02-05-1993**

Address  
**APT BLK 22 HAIG ROAD  
#06-01  
SINGAPORE 1543**




## MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Teo J Chew  
 Period of Insurance : 25 Jan 2018 to 27 Jan 2019  
 Engine No. : P520343791  
 Chassis No. : JMSAM42ABG0331306

Vehicle No. : SKZ6249T  
 Policy No. : 2100450333-02  
 Endorsement No. :  
 Issued Date : 18 Jan 2018

### ABOUT THE COVER

Make/Model : MAZDA 3 1.5 SKYACTIV  
 Engine Capacity/Tonnage : 1,498.00 CC  
 Driver Restriction : NA  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2016  
 Insuring with GOE/PARF : Yes

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

a) The Policyholder.  
 b) Any other person who is driving in the Policyholder's name or with holder's consent.  
 This Policy will indemnify the Policyholder or any authorized driver only if the driver meets the specified age condition.  
 The driver shall be an additional sum of \$3,000 for "Impaired Driver License" (CDNY) if the driver has a valid Authorized Drive License or unexpired Pass with less than 2 years' driving experience.

Age Condition : 40 years old and above

#### Limitation as to use\*

Can only be used for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving school, driving test, racing, pace making, reliability trial or speed-testing. The damage of goods other than contents in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

\* Limitations rendered operative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 139) and Section 95 of the Road Transport Act, 1987 (Malaysia), and not to be included under these headings.

### EXCESS

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

Section 2  
 Property Damage - \$0

Windscreen : \$700

#### Named Driver and Excess (where applicable)

Yes | Chew - \$600 (Own Damage)

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

1. Tien's Cars Pte Ltd, Add: 1 Ubi Close, Singapore 40805 63558339

For other Approved Reporting Centres/AIG Approved Repairers, please contact our 24-hour accident emergency hotline at +65 6336 6700. 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: United Overseas Bank Limited

\* We 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. 139), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

65036991 50

AGP (AP) PTE LTD - MAZDA  
 1 MAXWELL ROAD #01-101 M/HEX B MND COMPLEX  
 SINGAPORE 069111  
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

8192K4