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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 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	16/04/2018 18:38
Date Of Accident	13/04/2018 19:10
Exact Location Of Accident	SLIP ROAD TPE TOWARDS CHANGI ROAD EAST
Country/State of Loss	SINGAPORE
Market Committee	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU807L
Insured/Policyholder	
Name Of Registered Owner	KHOO SUAT BEE
NRIC No	\$16208321
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91005822
Alternative Phone No	OTHERS-98636358
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY-1.6 (A)
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	1700078793
44.50 5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	

Driver

Cover Note Number

 Name of Driver
 CHI MING FAI

 NRIC No
 \$1121667F

 Date Of Birth
 18/06/1955

 Occupation
 INDOOR

 Date Of Driving Pass
 16/03/2018

Driving Experience 0 YEAR AND 0 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91005822

Fax Number

Contact Number OTHERS-98636358

EMail Address NOEMAIL

Address

BLK 738 TAMPINES STREET 72

#09-42

Postcode

520738

SPOUSE

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

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?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: CHI SIEW HUA

GENDER:

: FEMALE

Passenger 2

NAME:

: KHOO SUAT BEE

GENDER:

: FEMALE

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

YES

Was there any video captured by Car Camera?

Are accident photos available for attachment?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJP9717D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

DIANA

NRIC/Passport Number

Contact Number

98575461

Address

Postcode

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHI MING FAI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SLU807L

Were seat belts worn?

YES

Trois dout balls from

Was this injured conveyed to hospital by

NO

ambulance?

Address Postcode

DETAILS OF INJURED PERSON 2

Name

KHOO SUAT BEE

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SLU807L

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name

CHI SIEW HUA

Approximate Age

Injuries Sustain

SLIGHT INJUR

Injured person in which vehicle?

SLU807L

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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On 13/4/18 @ 1910 his I was travelling along the stipload
of TPE founds change ed trist
There was a traffic light ahead and I was in stationary
mode when suddenly I felt an impact in the reas
The vehicle driven by a lady name Diana driving
SJP 9717D read ended my chi-
A STATE OF THE STA

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

NRIC/FIN No.:

No.: Resel Worthor

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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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)

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 :
 - 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:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Rersonnel's Signature

Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

CCIDENT DATE: 13 4 18 TIM	
DEATION Suproad of TPE > Change	g, Rd chet
EHICLE NUMBER SLU 807 L	
ISURED NAME Khoo Suat Be	
RIC/FIN 51620832 I	CONTACT: PLIDD 1822
IAKE NISSAO MODEL S	s her potron
re you claiming under your own insurance policy for rep	pair to your vehicle?
) Yes, If No, Pls Select : () Third Party () Reporting Only
NSURANCE COMPANY ALG	
	THIRD PARTY () TPFT
OLICY NUMBER :	
OLIC I NOMBER :	Source of Digital Dep
IAME DRIVER: Chi Wing Tay	() SAME AS INSURED
IRIC/FIN \$11216676	CONTACT: 98636348
DATE OF BIRTH: 18/6 ST	
DRIVING PASS DATE: (4 3 18	
OCCUPATION: () INDOOR () OUTD	A LANGUAGE CONTRACTOR OF THE C
GENDER: (/) MALE () FEMA	
EMAIL ADDRESS:	() NO EMAIL
ADDRESS OF DRIVER: 1312 138 TAMPING	St 72 #169-42
(85,0-67)	
Number Of Passenger Include Driver:	+ 2 prix = 3 (chi silly
Was driver an employee of the Insured's Company? (YES (V)NO
If No, Relationship Of The Driver With The Insured	J. Company of the Com
Owner () Spouse () Friend () Relative	e () Children () Sibling () Others
Owner () Spouse () Friend () VES	()NO
Does The Driver Own Any Other Vehicle? : () YES If Yes, Vehicle Registration Number Of Driver's Own Vehicle	
If Yes, Venicle Registration Number of Drivers own V	
Insurance Company Of Driver's Own Vehicle	() Drizzling () Others
Weather Conditions: (/) Clear () Raining Road Surface : (/) Dry () Wet	() Others
Road Surface : (V) Dry () Wet Was Any Foreign Vehicle Involved In This Accident?	V. Company of the Com
Was Any Foreign Venicle Involved in This Accident	YES () NO
Trias renginous regions	act Milh?
If YES, Injured details:	0.50 1.311 1.
Convey By Ambulance: () YES (/) NO	
Convey By Ambunance.	YES ()NO
Was There Any Video Capture By Car Camera? ()) YES () NO If Yes Attach Police Repo
Was There Accident Reported To The Police? () ***** () ***************************
Police Report Number (if any) Details Of 3rd Party Name / NRI	C Contact
Details Of Starting	(NTUS) 95571461
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(2) Chi Sier Hi	TAPA.

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

EFFECTIVE DATE

NP 428A

Motor care with unladen weight =< 3000kg with =< 7 16 Mar 2018 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg



In the p. Directions 09-11-1993 A+



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1121667F



CHI MING FAI

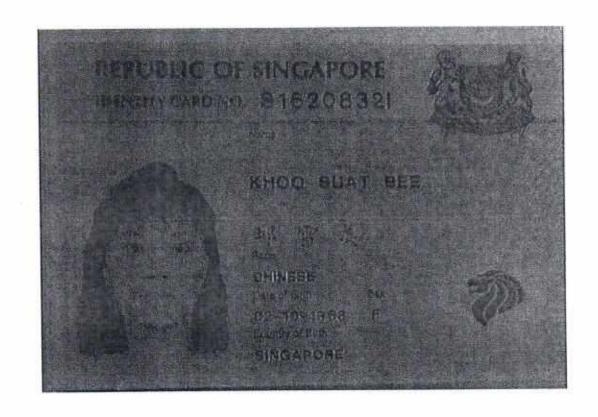


徐明森 CHINESE

18-06-1955 Courte, el Bain SINGAPORE









S6828653J



Blood Group. Date of issue

0+

10-11-1993

APT BLK 359 TAMPINES STREET 34 #02-447 SINGAPORE 520359

TRIC No: \$6828653J

18/01/2015 Date:





CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR: PRIVATE VEHICLE

Passes of Pozoyholder > N700 Juni Ben Pagnas of Insurance | 227 Nov 2017 To 21 Nov 2019 Legion No. | 1 HILLIS 18439C

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1 3.0(TOBAB1725030303

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1700078793

20 Nov 2017

ABOUT THE COVER

MARGARONI NISSAN SYLPHY 1.6 PREMIUM

Tervar Rusenction NA

Engine Capacity Turninge 1,556 00 CC Sum Insured Market Value Off Peax Car

First Year of Registration Insuring with COE/PARF :: Yes

Posses of Classes of Persons Entitled to Drive"

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APPROVED REPORTING CENTRES AUTHORISED REPAIRERS FOR CLAIMS RELATED REPAIRS.

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IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

2500610431

TABLESCOND CHEEKT PIETZIBITER

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STOMPONE SHIPLE MISS MOTOR

Undersorthan by ArG Auto Pacific Intersector Physical

AJG Asia Pacific Insurance Pte. Ltd. MATHORISED REPRESENTATIVE

Enquire PARF/COE Rebate for Registered Vehicle

Vahic	le Owne	r Darti	cul	arc
v cilic	ie Owile	raiti	Cu	al 2

Owner ID Type:

Singapore NRIC

Owner ID:

08321

Vehicle Details

Vehicle No.:

SLU807L

Vehicle to be Exported:

No

Intended De-registration Date:

30 Apr 2018

Vehicle Make:

NISSAN

Vehicle Model:

SYLPHY 1.6 CVT

Primary Colour:

Grey

Manufacturing Year:

2017

Engine No.:

HR16913439C

Chassis No.:

MNTBBAB17Z0030305

Maximum Power Output:

85.0 kW (113 bhp)

Open Market Value:

\$16,987.00

Original Registration Date:

22 Nov 2017

First Registration Date:

22 Nov 2017

Transfer Count:

Actual ARF Paid:

\$16,987.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

21 Nov 2027

PARF Rebate Amount:

\$12,740.00

Intended COE Rebate Details

COE Expiry Date:

21 Nov 2027

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$47,112.00

COE Rebate Amount:

\$45,031.00

Total Rebate Amount:

\$57,771.00

The information contained herein is correct as at 16 Apr 2018

OK