

## 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             | 04/05/2018 16:07      |
| Date Of Accident           | 03/05/2018 17:30      |
| Exact Location Of Accident | DICKSON ROAD JUNCTION |
| Country/State of Loss      | SINGAPORE             |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKS1348K             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | TEO HWEE HIN         |
| NRIC No                     | S7241978B            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-84847548 |
| Alternative Phone No        | Office-84847548      |

### Vehicle Particulars

|  |                           |
|--|---------------------------|
| Manufacturer   | MAZDA                     |
| Model  | 3-1.5 DELUXE SKYACTIV (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             | 2100407219-03                        |
| Cover Note Number         |                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | TEO HWEE HIN          |
| NRIC No              | S7241978B             |
| Date Of Birth        | 13/11/1972            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 24/08/1995            |
| Driving Experience   | 22 YEARS AND 8 MONTHS |

|   |                               |
|---|-------------------------------|
| Gender  | MALE                          |
| Mobile Number                                       | (LOCAL) +65-84847548          |
| Fax Number  |                               |
| Contact Number                                      | OFFICE-84847548               |
| E-Mail Address                                      | NOEMAIL                       |
| Address   | BLK 580 HOUGANG AVE 4 #07-618 |
| Postcode  | 530580                        |
| 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 | RAINING                  |
| Road Surface       | WET                      |

#### 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 IN FRONT OF ME SUDDENLY STOP. I CANNOT STOP IN TIME AND HIT VEHICLE B.

#### 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 | SHF200M   |
| Vehicle Make/Model/Colour   |           |
| Details Of Properties       | VEHICLE B |
| Vehicle Category            | TAXI      |
| 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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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:

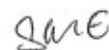
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the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

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

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





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Veh B in front of me suddenly stop, I cannot stop in time & hit Veh B.

高 1/4 7

DECLARATION

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

高 1/4 7

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.:

04/01/2014 08:00:00 AM

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : TEO HWEE HIN  
VEHICLE NUMBER : 3ES 1348K  
DATE/TIME OF ACCIDENT : 03/05/2018 @ 1730HRS  
PLACE OF ACCIDENT : DICKSON RD JUNCTION  
THIRD PARTY VEHICLE (IF ANY) : SHF 200M

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

from Tekka Mall (Construction Site) to  
Marine Bay Financial Center

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?

NIL

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?

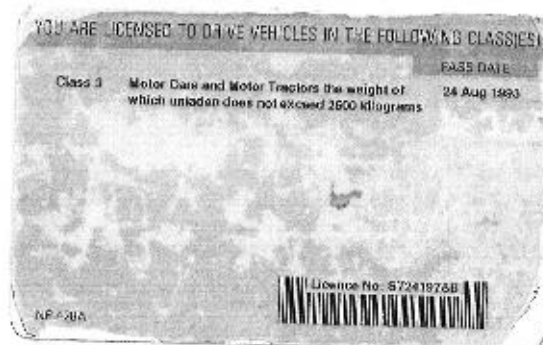
NIL

Name: \_\_\_\_\_

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

曹 芳

## Driving License



# INSURANCE



## CERTIFICATE OF INSURANCE

### AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Teo Hwee Hin  
Period of Insurance : 26 Mar 2018 To 26 Mar 2019  
Engine No. : P520262828  
Chassis No. : JLM6BM42A8G0301472

Vehicle No. : SKS1348K  
Policy No. : 2100407219-03  
Endorsement No. :  
Issued Date : 23 Feb 2018

#### ABOUT THE COVER

Make/Model : MAZDA 3 1.5 SKYACTIV  
Engine Capacity/Tonnage : 1498.00 CC  
Driver Residuation : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2016  
Insuring with COE/PARF : Yes

#### Person or Classes of Persons Entitled to Drive:

a) The Policyholder  
b) Any other person with a driving licence in the Policyholder's order and with his/her permission.  
This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.

You need to pay an additional sum of \$2,000 as "Young and Inexperienced Driver Charge" ("YIDC") if You are a "Young and Inexperienced Driver" (defined as minimum age of 18 and less than 2 years driving experience).

Age Condition : All Age Condition

#### Limitation as to use:

Use only in local waters and on the highways and for the Policyholder's business. This Policy does not cover use for the following: driving in non-urban areas, racing, participating in motor sports, driving on closed circuits, the carriage of goods and passengers in connection with any trade or business or used for any purpose not intended to be a Motor Vehicle.

Class of Use (Codes) : 160000 Optional

\* Limitation required in compliance with Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189) and Section 25 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 Third Cover : \$0

Section 2  
Theft : \$0

Windscreens : \$100

Named Driver and Excess (where applicable)

Teo Hwee Hin : \$600 (Own Damage)

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

Approved Reporting Centres/AIG Authorized Repairers (for claims related repairs)

As a vehicle owner, the vehicle must be repaired only by one of our authorized repairers. Within the first 3 years of the first registration of the vehicle in Singapore, you have the option of having the vehicle repaired only at the AIG Asia Pacific Authorized Repairers. For more information, please contact our 24-hour emergency hotline at +65 6279 0200. Alternatively, you may refer to our website [www.aig.com.sg](http://www.aig.com.sg) or AIG 24-hour emergency hotline and download "AIG 24" from the app store or Google Play.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1990 (Malaysia).

0500716030

JG MOTOR AGENCY  
201 JOD CHAT ROAD #01-02  
SINGAPORE 427472 ANSP - NONLIFE  
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

