

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	21/05/2018 12:27
Date Of Accident	19/05/2018 14:00
Exact Location Of Accident	PIE TO SIM DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH3535T
Insured/Policyholder	
Name Of Registered Owner	SUN YAN
NRIC No	S7873426D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92303503
Alternative Phone No	Office-92303503

Vehicle Particulars

Manufacturer	DAIHATSU
Model	TERIOS-1.5
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	2100325942
Cover Note Number	

Driver

Name of Driver	SUN YAN
NRIC No	S7873426D
Date Of Birth	14/06/1978
Occupation	INDOOR
Date Of Driving Pass	11/09/2008
Driving Experience	9 YEARS AND 8 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-92303503
Fax Number	
Contact Number	OFFICE-92303503
EMail Address	NOEMAIL
Address	BLK 49 JALAN TIGA #05-52
Postcode	390049
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 SLOW DOWN. I CANNOT STOP IN TIME AND HIT ONTO VEHICLE B REAR.

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	SLD7235E
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	WDI
NRIC/Passport Number	S7571182D
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan


SKETCH PLAN

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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.

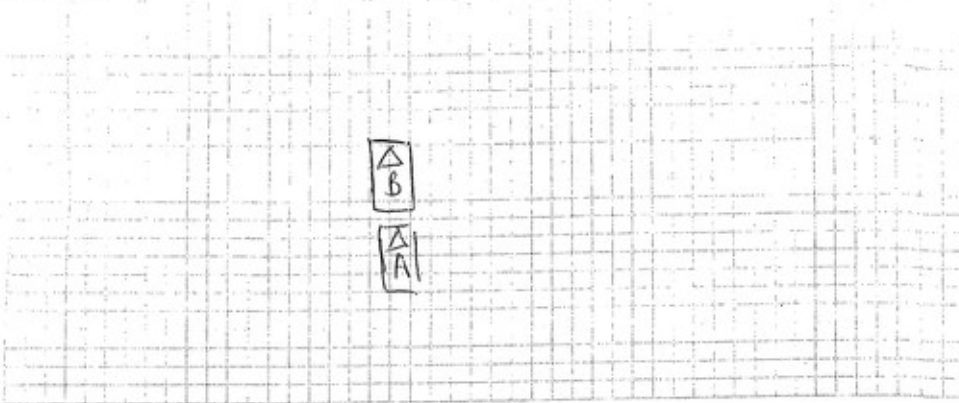


Policyholder's Signature
Date & Time:

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

VEHICLE B SLOW DOWN. I COULDN'T STOP IN TIME
AND HIT ONTO VEHICLE B REAR

DECLARATION

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

af

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.:

U1712 1/16 04 0000000000000000

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : SUN YAN
VEHICLE NUMBER : 5JH 39357
DATE/TIME OF ACCIDENT : 19/03/2018 @ 1400HRS
PLACE OF ACCIDENT : PLC TO SIM DRIVE
THIRD PARTY VEHICLE (IF ANY) : SLD 9235E

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

CLEMENT 1 STAGE TO HOME

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?

NO

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

HCA1) TO REAR

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO

x
Name: af

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

Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of a woman.

License Number: **S7873426D**

Name: **SUN YAN**

Date of Birth: **14 Jun 1978**

Valid Until: **11 Sep 2009**

Barcode: 0010511000

REPUBLIC OF SINGAPORE

Identity Card No. **S7873426D**

Portrait photo of a woman.

Name: **SUN YAN**

Chinese Name: **孙燕**

Race: **CHINESE**

Date of Birth: **14-06-1978**

Sex: **F**

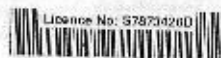
Country of Birth: **CHINA**

Barcode: 0010511000

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

Class 3 Motor Cars - < 2000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2000kg

Valid Until: **11 Sep 2009**



License No: **S7873426D**

VP 429A

Barcode: 0010511000

Identity Card No. **S7873426D**

Fingerprint image.

Date of Birth: **06-07-2012**

Address: **APT BLK 49 JALAN TIGA #05-52 SINGAPORE 300049**

INSURANCE



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Sun Yan
Period of Insurance : 01 Feb 2018 To 31 Jan 2019
Engine No. : DAK0308
Chassis No. : MHKG2CK208K000225

Vehicle No. : SJH3535T
Policy No. : 2100325942-05
Endorsement No. :
Issued Date : 18 Jan 2018

ABOUT THE COVER

Make/Model : DAIHATSU TERIOS 1.5
Engine Capacity/Tonnage : 1,485.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2008
Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive*

a) The Policyholder
b) Any other person who is driving on the Public Road under the valid driving permit.
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 \$2,000 as "Unauthorised Driver Excess" (UDEx) if You are a Driver Authorised Under terms of the contract but not a valid driving permit holder.

Age Condition : 30 years old and above

Limitation as to use*

This is for social, domestic and pleasure purposes and for the Registered Motorists. This Policy does not cover use for hire or reward, driving for hire, driving test, racing, parts making, reliability trial or speed testing, the damage to goods other than samples in connection with any trade or business or use for any purposes in connection with Motor Trade.

Loss of Use (500cc - 1600cc Optional)

* Limitation is rendered inoperative by Section 4 of the Motor Vehicle (Third Party Risk and Compensation) Act (Cap. 182) and Section 65 of the Motor Vehicle (Third Party Risk and Compensation) Act, 1997 (Malaysia) are not to be included under these headings.

EXCESS

Section 1
Fire - \$0, Own Damage - \$200, Theft - \$0, Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Sun Yan - \$600 (Own Damage)

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

Approved Reporting Centres/Authorised Repairers (For claims related repairs)

Any vehicle insured to this Vehicle must be repaired by one of our Approved Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the S&A Auto's workshop.
For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour road and emergency hotline at +65 6138 3203. Alternatively, You may refer to AIG website www.aig.com.sg or AIG 24/7 Mobile App. Simply search for our list of Approved Repairers.

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 Vehicle (Third Party Risk and Compensation) Act (Cap. 182), Part IV of the Road Transport Act, 1997 (Malaysia) and Motor Vehicle (Third Party Risk) Rules, 1998 (Malaysia).

0603229000

SOR WEE MENG IAN

18 JALAN TIGA 005-52

SINGAPORE 360049

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. Nile

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

asst/uc

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo

