

## 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	14/08/2018 17:31
Date Of Accident	14/08/2018 07:55
Exact Location Of Accident	ALONG DUNEARN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKT1272P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN WEI LIANG
NRIC No	S9006307C
Email Address	WLIANGTAN90@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97732515
Alternative Phone No	Others-NOPHONE

<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800050616
Cover Note Number	

<b>Driver</b>	
Name of Driver	TAN WEI LIANG
NRIC No	S9006307C
Date Of Birth	22/02/1990
Occupation	INDOOR
Date Of Driving Pass	04/07/2011
Driving Experience	7 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-97732515
Fax Number	
Contact Number	OTHERS-NOPHONE
EMail Address	WLIANGTAN90@GMAIL.COM
Address	BLK 117 CLEMENTI STREET 13 #14-65
Postcode	120117
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)	2
Passenger 1	Name: : TAN HUI FANG 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

-

#### 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	SKN221A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN JYU SHAN

NRIC/Passport Number

Contact Number97947841

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration NumberSJT2812L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle CategoryPRIVATE CAR

Name of DriverPETER ANG

NRIC/Passport Number

Contact Number90906626

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

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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' 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: 14/8/18 1745hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

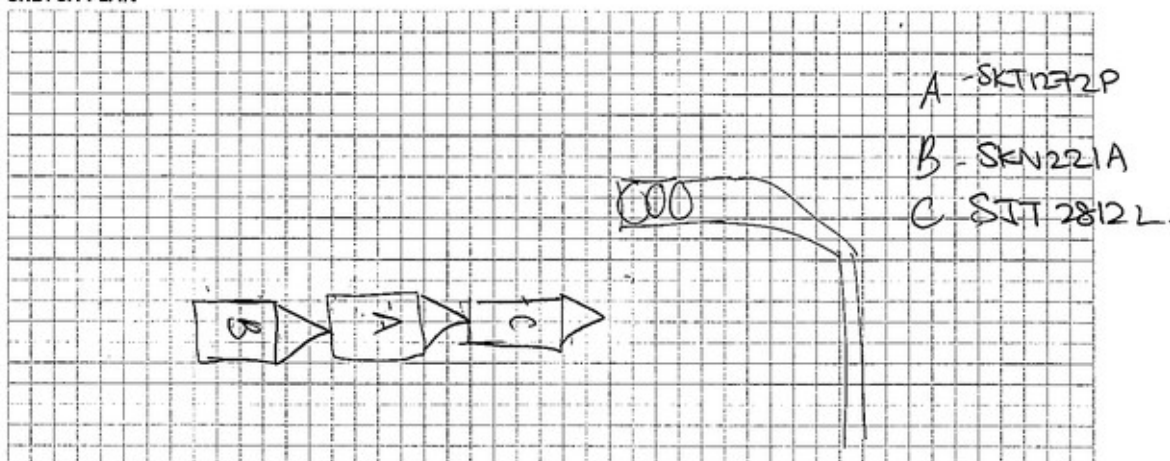


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SKT1272P	ACCIDENT DATE & TIME: 14/8/18 7:56am
CONTACT NUMBER: 97732515	E-MAIL ADDRESS: wliangtan90@gmail.com
LOCATION: Along Dunearn Road.	
Along a/c of the traffic junction of Dunearn Road. Was approaching the junction with another car in front. The front car stopped and I proceeded to stop accordingly.	
Another car approached from behind and knocked my car. Driver from the back car came out to apologize and immediately acknowledged his responsibility for the accident.	
No immediate injury was noted. Everyone in all 3 cars were able to step out of the car to address the incident. No physical injury was noted at the point of incident.	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

## DECLARATION

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

  
 Policyholder's Signature  
 Date & Time: 14/8/18 1745hrs

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

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

# CERTIFICATE OF INSURANCE

STOPLUS PRIVATE VEHICLE

Name of Policyholder : Tan Wei Liang  
Period of Insurance : 17 May 2018 To 16 May 2019  
Engine No. : HRA2138695A  
Chassis No. : SJNFEA11U1366359

Vehicle No. : SKT1272P  
Policy No. : 1800050616  
Endorsement No. :  
Issued Date : 16 May 2018

## ABOUT THE COVER

Make/Model	NISSAN Qashqai 1.2 DIG-Turbo			
Engine Capacity/Tonnage	1 197.00 CC	Sum Insured : Market Value	First Year of Registration	2015
Age Restriction	NA	Off Peak Car : No	Insuring with COE/PAF	Yes

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

- 7.10.1** The policyholder shall not allow driving on the Policyholder's order or with his/her permission:
- a) A vehicle bearing the Policyholder or any authorised driver only if he/she meets the specified age condition.
- 7.10.2** In an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 3 years' driving experience.

Condition	All Age Condition
1. Condition	

...as to use'

It is not to be used for resale and otherwise purposes and for the Policyholder's business.

• 1500cc - 1600cc Optional

<sup>10</sup> As amended, notably by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1967 (Malaysia), are not to be taken under these headings.

## EXCESS

Ex: even Damage - \$000 Theft - \$0 Flood Cover - \$0

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**Learned Driver and Excess** where applicable.

• **Costs of Damages**

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

- \* For Importing Centres/AIG Authorised Repairs (For claims related repairs)  
 1. All repairs to the vehicle must be carried out by one of our Authorised Repairs. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the repairs carried out at the Sole Agent's workshop.  
 2. For Importing Centres/AIG Authorised Repairs, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg)  
 3. AIG Mobile App: Simply search and download "AIG SG" from iTunes or Google Play

### IMPORTANT NOTES

Free Purchase Company/Employer's Loan: NA

--- 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. 189), Part IV of the said Insurance Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

1920

1-285 VONNE

- VINES GRANDE #06-31 AIA TAMPINES

ST. ANDREW 528799 SP-LOWELLA

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**  
AUTHORISED REPRESENTATIVE

SEP-14-19

Shenton Way #07-16 AIG Building S079120 | T +65 6410 3000 | F +65 6415 3723 | [www.aig.com.sg](http://www.aig.com.sg)

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Accident Photo



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