

## 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	27/08/2018 16:05
Date Of Accident	26/08/2018 17:00
Exact Location Of Accident	PIE TWDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLJ992S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GEA BAN PENG
NRIC No	S2501252F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96745780
Alternative Phone No	Office-96745780

<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	CAMRY
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	REPORTING ONLY
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	2100489930
Cover Note Number	

<b>Driver</b>	
Name of Driver	GEA CHONG LIM
NRIC No	S9211774Z
Date Of Birth	03/04/1992
Occupation	INDOOR
Date Of Driving Pass	21/04/2017
Driving Experience	1 YEAR AND 4 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97883565
Fax Number	
Contact Number	
E-Mail Address	GEACHONGLIM@HOTMAIL.COM
Address	BLK 96 BEDOK NORTH AVE 4 #23-1505
Postcode	460096
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	
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

THERE WAS AN ACCIDENT IN FRONT. ALL VEHICLES WAS SLOWING DOWN. SUDDENLY, VEHICLE B WAS IN A STATIONARY POSITION AT THAT POINT OF TIME. I SAW MY REAR VIEW MIRROR A CAR APPROACHING ME VERY CLOSELY AND APPEARED NOT TO SLOW DOWN. SO, I MOVED FORWARD AND HIT VEHICLE B REAR PORTION.

#### 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	SGC2555D
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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)

## Sketch Plan

### SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

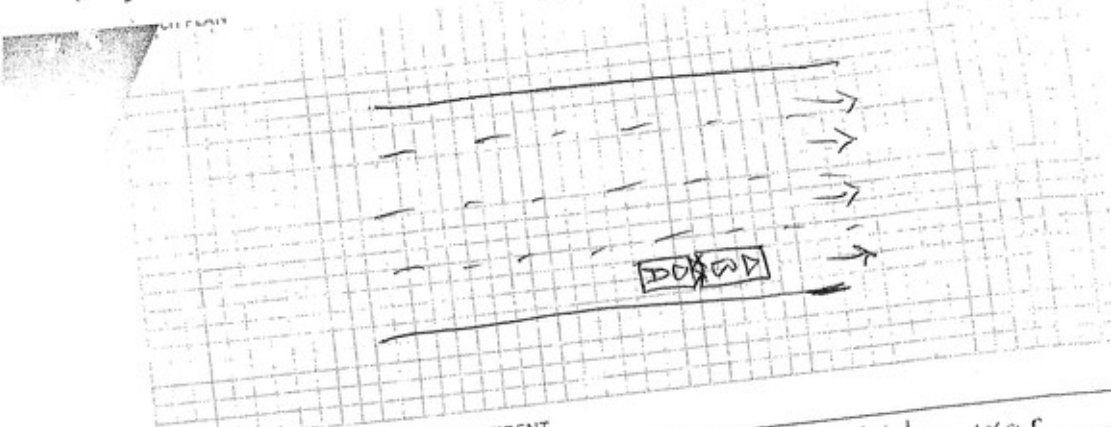
I understand, acknowledge, agree and consent that:

- (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:

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

There was an accident in front, all vehicles was slowing down. Suddenly vehicle B was in a stationary position at that point of time i saw my rear view mirror a car approaching me very closely and appeared not to slow down, so i move forward and hit the car vehicle B rear portion. *clp*

DECLARATION

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

*[Signature]*  
 Policyholder's Signature  
 Date & Time:

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

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

# Driving License



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

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg

EFFECTIVE DATE: 21 Apr 2017

UP 428A



# INSURANCE



HOTLINE TEL: (65) 6415-3000  
FAX: (65) 6415-3722

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

N X 1

TOYOTA AUTO PROTECTOR (2-YEAR)

CERTIFICATE NO. 2100489930-00000

(THE OWN EXCESS IS SUBJECT TO SET)

OWN DAMAGE EXCESS S\$600.00 (1)

WINDSCREEN EXCESS S\$100.00

(WINDSCREEN EXCESS IS SUBJECT TO THE RULES OF THE ROAD TRANSPORT ACT, 1987 (MALAYSIA))

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

- 1) VEHICLE REGISTRATION NO. SLJ992S
- 2) NAME OF INSURED Gea Ban Peng
- 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 29 Nov 2016
- 4) DATE OF EXPIRY OF INSURANCE 28 Nov 2018
- 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

SUBJECT TO AGE CONDITION: All Age Condition

a) The Insured.

b) Any other person who is driving on the insured's order or with his permission.

This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions.

A Young and/or inexperienced Driver Excess ("YIDER") of S\$3,000.00, in addition to the

Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said

Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

### 6) LIMITATION AS TO USE\*

Use only for social, domestic and pleasure purposes and for the insured's business.

The Policy does not cover use for hire or rewards, tuition, driving test, racing, desertaking, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

APPROVED REPORTING CENTRES / TOYOTA AUTHORISED REPAIRERS

1. Borneo Motors (S) Pte Ltd - 2 Pandan Crescent (Tel: 8631 1188)

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

2. ComfortDesign Engrg - 205 Bracken Rd (Tel: 65837119) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65684501)

4. Elhez - 30 Bukit Batok Crest (Tel: 66547777) 5. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only

6. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479580) 7. Lai Hui (Mang Kee) Motor - 21 Sin Ming Ind (Tel: 64538113)

8. Move Automotive - 100B Bukit Merah Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415335)

10. SME Motor - 1 Kaki Bukit Ave 6 Bld D (Tel: 67476106)

LOSS OF USE Loss of Use 15 Days (1500 - 1800cc) - Refer to policy wordings for details

\* NAMED DRIVER NA

HIRE PURCHASE COMPANY United Overseas Bank Limited  
EMPLOYER'S LOAN

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 85 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 29 Nov 2016

AIG Asia Pacific Insurance Pte. Ltd.

030210-256  
INCHCAPE AUTO TOYOTA - BSTUD41  
33 LENG KEE ROAD  
SINGAPORE 159102

AUTHORISED REPRESENTATIVE

ORIGINAL

ISSUOK

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

