SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

- 1. Please report <u>correctly</u> 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.

. By the lodgement of this report to the insurers, you hereby conse foresaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	27/08/2018 09:35
Date Of Accident	25/08/2018 10:15
Exact Location Of Accident	CTE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKH9349M
Insured/Policyholder	
Name Of Registered Owner	KOBAYASHI MASAHIRO
NRIC No	S6964838Z
Email Address	MKOBAYASHI@ME.COM
Mobile Phone No	(LOCAL) +65-98302053
Alternative Phone No	Office-NOPHONE
Vehicle Particulars	
Manufacturer	MAZDA
Model	3-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
f 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	2100331286 - 05
Cover Note Number	
Driver	
Name of Driver	TAN PING PING
NRIC No	S7484874E
Date Of Birth	10/11/1974
Occupation	INDOOR
Date Of Driving Pass	16/05/2009

9 YEARS AND 3 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-86710283 Fax Number (LOCAL) +65-63712692

Contact Number

EMail Address SYLVIA.TPP@GMAIL.COM

40 KEPPEL BAY DRIVE #04-89 Address

Postcode 098655 Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured **SPOUSE**

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? YES

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

Name: : KOBAYASHI MASAHIRO

Gender: : Male

Details of Police Action

Was the accident reported to the police?

YES

2

If Yes.Please state which Police Station

Police Station Name KRETA AYER NPP

Police Station Address ROAD: 32 NORTH CANAL ROAD, POSTCODE: 059282, COUNTRY: SINGAPORE

TEL NO: 1800-5359999 - FAX NO: **Police Station Contact**

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE RPT

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

Vehicle Make/Model/Colour

Details Of Properties

SLV9078J

Vehicle Category PRIVATE CAR Name of Driver ANG WEE TECK NRIC/Passport Number S1449143J 93379478 **Contact Number**

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1 Name: : UNKNOWN

Gender:

DETAILS OF INJURED PERSON 1

Name KOBAYASHI MASAHIRO

49 Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SKH9349M

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

YES

YES

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
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- 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. 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)
 - (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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, (d) 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: 27/8/18

Registing Centre Personnel's Signature Name; NRIS/FIN No.:

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DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	-s (=)		
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Please refe	to the police	report		
ECI ARATION				
ECLARATION Ve declare the foregoing part	Culars are true in great course.			
	culars are true in every respect.			
	culars are true in every respect.			
Ve declare the foregoing part	- Cof		la to	
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Police Station Of Origin: Kreta Ayer NPP 32 North Canal Road SINGAPORE 059282 Tel No: 1800-5359999

1 of 3 Report No. T/20180825/2043

REPORT O	F A TRAFFI	C ACCIDENT		
Date/Tim 25/08/20	e Report I 18 11:38	Made:	Vide Report No.: A/20180825/0087	Station Diary No.: 15
Informar	t's Partic	ulars	TAX PART OF THE PROPERTY.	era in a second way of the contract of the
Name of TAN PIN	Informant: G PING		Address: 40 KEPPEL BAY DRIVE #04	-89 SINGAPORE 098655
ID Type / NRIC NO	ID No.: / S74848	74E	Contact No.: Home/Office:	Mobile: 86710283
Nationalit MALAYS			Email:	
Sex: Female	Age: 43	Date of Birth: 10/11/1974	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: ACCOUNTS MANAGER		GER	Driving Licence Information:	Date of Evning

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/08/2018 10:15	Type of Location Straight Road
Location: Along Road 1 CENTRAL EX towards merc				
Weather:		Road Surface: Dry		Road Speed Limit:
- 40 -1		Traffic Control:	1	Traffic Volume:
Traffic Flow: One Way		Not Controlled		Moderate

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SKH9349M	Car	MAZDA	3	Blue	Slightly Damaged	1
SLV9078J	Car	BYD		Silver	Slightly Damaged	1 .

Details of Person Involved	是是我们的是是是不是是一个人的。
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Kreta Ayer NPP

32 North Canal Road SINGAPORE 059282

Tel No: 1800-5359999

2 of 3

Report No. T/20180825/2043

CONTINUATION OF REPORT

Driver			William State		100000	Shirter than the second
Name	TAN PING PING			ID No		S7484874E
Related Vehicle	NIL			Conta	ct No.	86710283
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	fInjury	NIL	

Brief Details.

On 25/08/2018 at about 1015hrs, while I was driving my vehicle SKH9349M travelling along CTE towards merchant Road, I knocked in to the rear of another vehicle SLV9078J. Traffic Police attended to the accident. My husband who was a passenger in my vehicle was conveyed by ambulance to SGH.





Police Station Of Origin: Kreta Ayer NPP 32 North Canal Road SINGAPORE 059282 Tel No: 1800-5359999 3 of 3 Report No. T/20180825/2043

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: A / SI FOO SHAN YI SUNNY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/08/2018 11:38
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No.: 65476904	3
Authentication Stamp NP168	Signature port Police Force



CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Kobayashi Masahiro

Vehicle No.

: SKH9349M

Period of Insurance Engine No.

: 30 Jan 2018 To 29 Jan 2019 : Z6A62998

Policy No. Endorsement No. : 2100331286-05

Chassis No.

: JM6BL10Z2C0342622

Issued Date

: 03 Jan 2018

ABOUT THE COVER

Make/Model

Driver Restriction

: MAZDA 3 1.6 Engine Capacity/Tonnage: 1,598.00 CC

Sum Insured : Market Value

First Year of Registration : 2013

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

: NA

a) The Policyholder b) Any other person who is driving on the Policyholder's order or with his/fair permission. This Policy will indepenly the Policyholder or any subscrised driver only if be/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or femperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnimed) is under the age of 23 and/or has less than 2 years' driving apprisence.

Off Peak Car : No

Age Condition

: All Age Condition

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for him or reward, driving fallion, driving test, racing, pace-making, reliability hint or speed-testing, the carriage of goods other than samples in connection with more Trade.

Loss of Use 1500cc - 1600cc Optional

* Utmitations randered insperative by Section 6 of the Motor Vehicles (Third-Party Risks and Cosponation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under those headings.

EXCESS

Section 1
Fire - SD Own Damage - S600 Theft - SD Flood Cover - SD

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Kobayashi Masahiro - \$600 (Own Damago), Tan Ping Ping - \$600 (Own Damago)

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

1. Trans Eurokars Pio Ltd: Add: 5 Ubi Close, Singapore 408605 63958899

For other Approved Reporting CentrasIAIG Authorised Repairers, please contact our 24-bour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.nlg.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

We hereby costify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehickes (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503509190

ARF (AP) PTE LTD - MAZDA

7 MAXWELL ROAD #01-100 ANNEX B MIND COMPLEX

SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

1000696153

7a Shinian Way F07-16 AIG Building 8079120 | T+65 6419 3000 | F;465 6415 3723 | www.aig.com.ag









Reporting of accident on 25/8/18 involving Mazda 3KH9349M and SLV9078J To whom it may concern, Due to injury suffered from the accident am unable to personally file an accident report. I, Masahiro Kobayashi, hereby authorise my spouse, Tan Ping Ping, to file the report on my behalf. Thank you, Regards Masahiro Kobayashi S6964838Z		Date 26
Mazda 3KH4349M and SLV9078J To whom it may concern, Due to injury suffered from the accident am unable to personally file an accident apport. I, Masahiro Kobayashi, hereby authorse my spouse, Tan Ping Ping, to file the report on my behalf. Thank you, Regards Masahiro Kobayashi Masahiro Kobayashi	Reporting of accident	on 25/8/18 involving
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Thank you, Regards Masahiro Kobayashi	my spouse, Tan P	ing Ping to file the
Regards Masahiro Kobayashi	report on my behal	18.
Regards Mfaf- Masahiro Kobayashi	71	
Masahiro Kobayashi	Thank you,	
Masahiro Kobayashi	Regards	
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Masahiro Kobayashi	MUSE	,



Accident Photo



Accident Photo



Accident Photo









