

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	24/09/2018 10:42
Date Of Accident	21/09/2018 17:50
Exact Location Of Accident	TPE TWDS ECP CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH6614E
Insured/Policyholder	
Name Of Registered Owner	TAN AH BA
NRIC No	S2551203J
Email Address	LTC992001@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96614221
Alternative Phone No	Office-64445551

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	2100488341
Cover Note Number	

Driver

Name of Driver	TAN YONG FONG
NRIC No	S8426329Z
Date Of Birth	30/08/1984
Occupation	INDOOR
Date Of Driving Pass	16/04/2007
Driving Experience	11 YEARS AND 5 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-81837832
Fax Number	
Contact Number	
EMail Address	JARYLTAN7340@GMAIL.COM
Address	BLK 265C PUNGGOL WAY #07-340
Postcode	823265
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 ON COLLISION
Weather Conditions	CLEAR
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

PLEASE REFER AS ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM8964E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOH POH HENG
NRIC/Passport Number	
Contact Number	98774918

Address
Postcode

BLK 473 SMEBAWANG DR #05-349
750473

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident 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

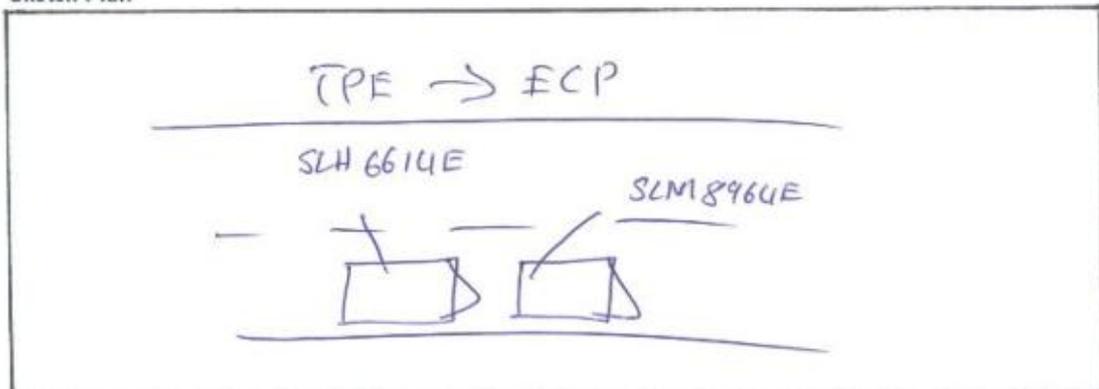
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

 22/08/2018 11:22am
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan





MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : TAN YONG FONG
VEHICLE NUMBER : SLH 6614 E
DATE/TIME OF ACCIDENT : 21/09/2018 / 1750
PLACE OF ACCIDENT : TPE towards ECP City
THIRD PARTY VEHICLE (IF ANY) : SLM 8964 E

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

Resir Ris EHub travelling to Katong (83 East Coast Road)

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?

Collision between Car Boot and front of car.

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

No

TAN YONG FONG.
Name:

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

AIG Asia Pacific Insurance Pte. Ltd.
AIG Building 78 Shenton Way #07-16 Singapore 079120
Tel: 6419 3000



HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

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, 1989 (MALAYSIA)

M.X.1

<p>TOYOTA AUTO PROTECTOR (2-YEAR) CERTIFICATE NO. 2100488341-00000</p>	<p style="font-size: small;">(The below excess is subject to GST):</p> <p>OWN DAMAGE EXCESS S\$600.00 (1) WINDSCREEN EXCESS S\$100.00 <small>(Windscreen excess is waived if the repair is done at Borneo Motor's Workshop.)</small></p> <p style="text-align: right;">SUM INSURED Market Value</p> <p>INSURING WITH COE/PARF Yes</p>
<p>1) VEHICLE REGISTRATION NO.</p> <p>2) NAME OF INSURED</p> <p>3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT</p> <p>4) DATE OF EXPIRY OF INSURANCE</p> <p>5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*</p> <p style="font-size: x-small;">SUBJECT TO AGE CONDITION : All Age Condition</p> <p style="font-size: x-small;">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 ("YIDR") 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.</p>	<p>SLH6614E</p> <p>Tan Ah Ba</p> <p>15 Nov 2016</p> <p>14 Nov 2018</p>
<p style="font-size: x-small;">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.</p>	
<p>6) LIMITATION AS TO USE*</p> <p style="font-size: x-small;">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, pacemaking, 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.</p>	
<p style="font-size: x-small;">APPROVED REPORTING CENTRES / TOYOTA AUTHORISED REPAIRERS 1. Borneo Motors (S) Pte Ltd - 2 Pandan Crescent (Tel: 6631 1188) APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS) 2. ComfortDeigo Engrg - 205 Brasel Rd (Tel: 63637118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65684501) 4. Ethoz - 30 Bukit Batok Cres (Tel: 65547777) 5. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only 6. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 7. Lal Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110) 8. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723992) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336) 10. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)</p>	
<p style="text-align: center;">LOSS OF USE Loss of Use 15 Days (1500 - 1600cc) - Refer to policy wordings for details.</p>	
<p>* NAMED DRIVER NA</p>	
<p>HIRE PURCHASE COMPANY United Overseas Bank Limited EMPLOYER'S LOAN</p> <p style="font-size: x-small;">*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</p>	

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 17 Nov 2016

AIG Asia Pacific Insurance Pte. Ltd.

030210-219
INCHCAPE AUTO TOYOTA-UBITCH
33 LENG KEE ROAD
SINGAPORE 159102

AUTHORISED REPRESENTATIVE

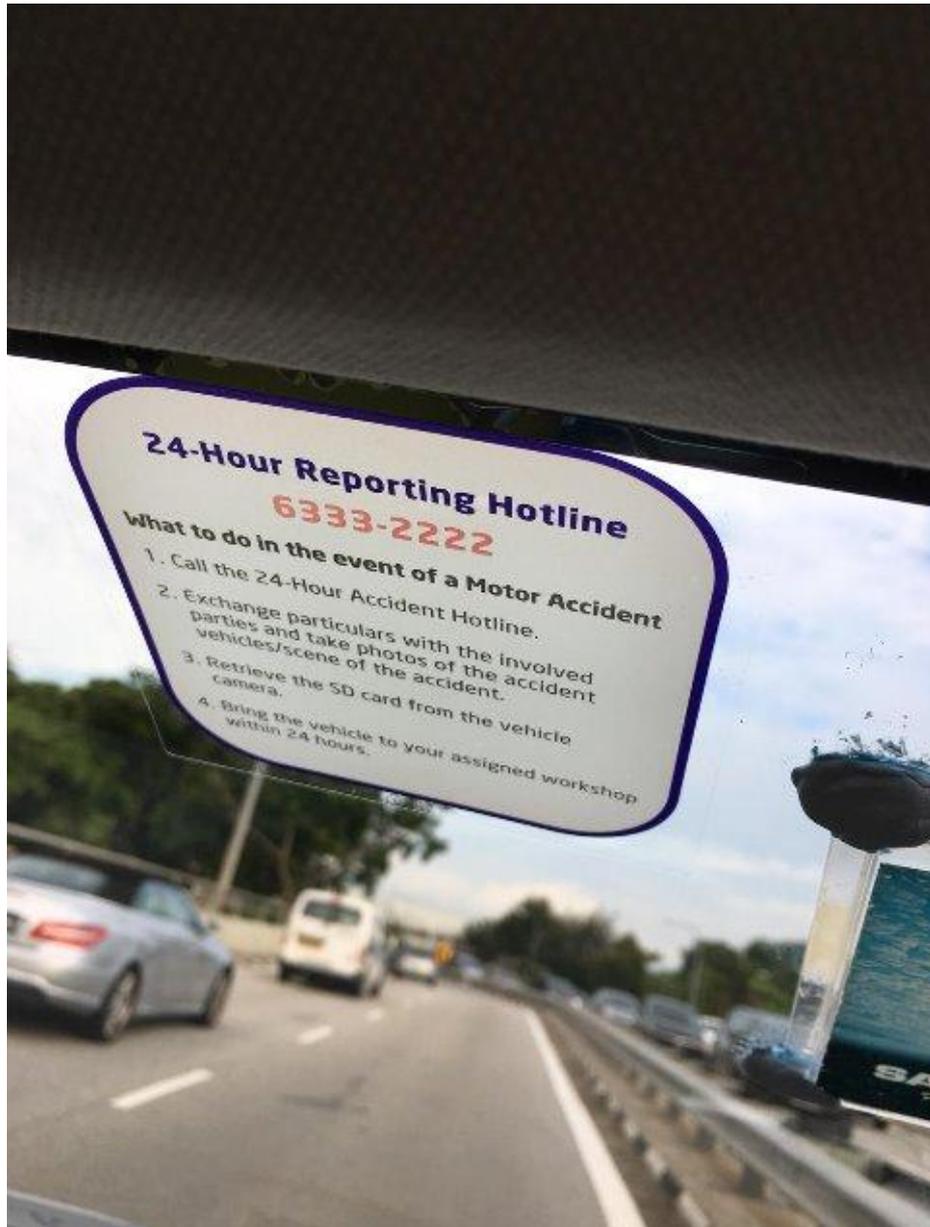
ORIGINAL

IAS-EC

Accident Scene Photo



Accident Scene Photo



Accident Scene Photo



Accident Scene Photo



Accident Scene Photo



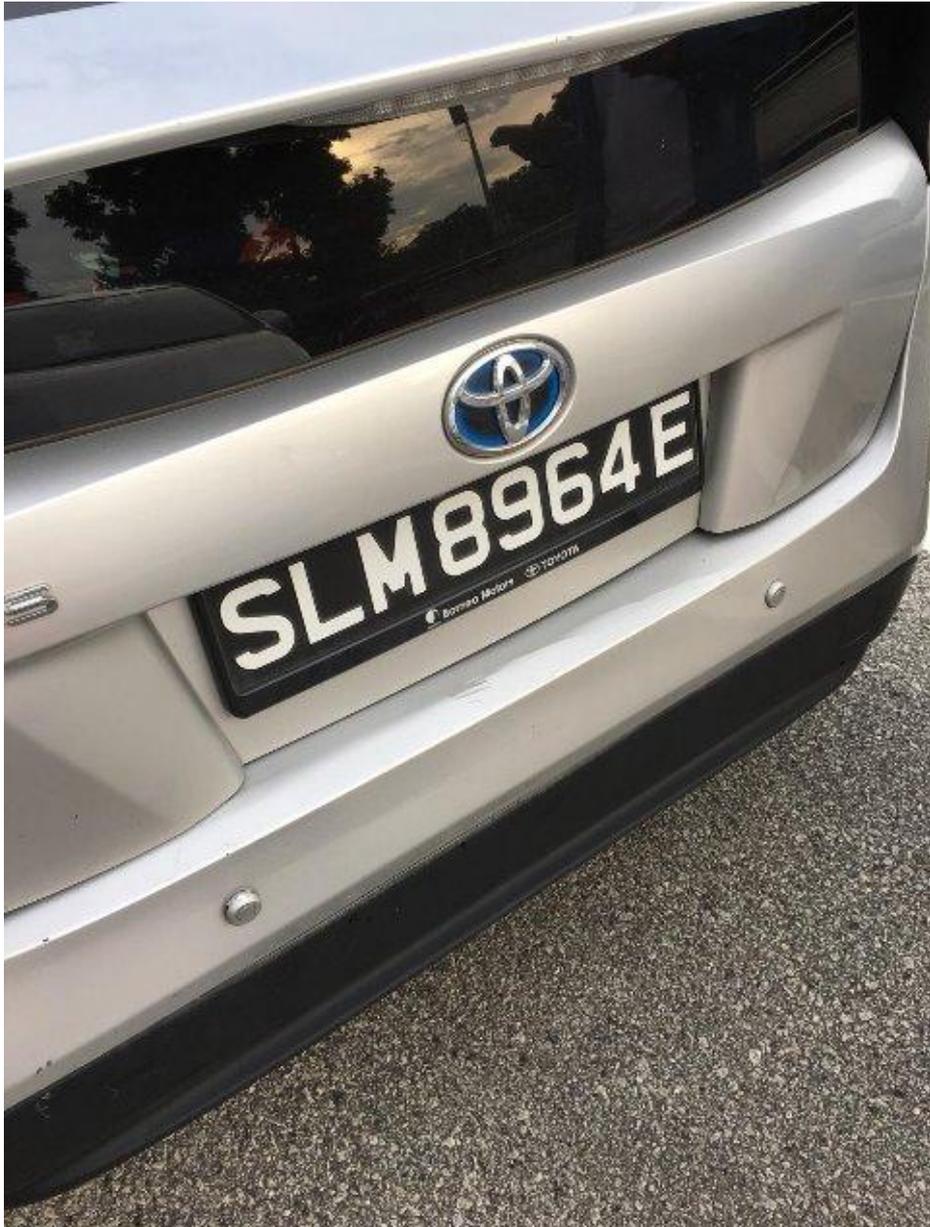
Accident Photo



Accident Scene Photo



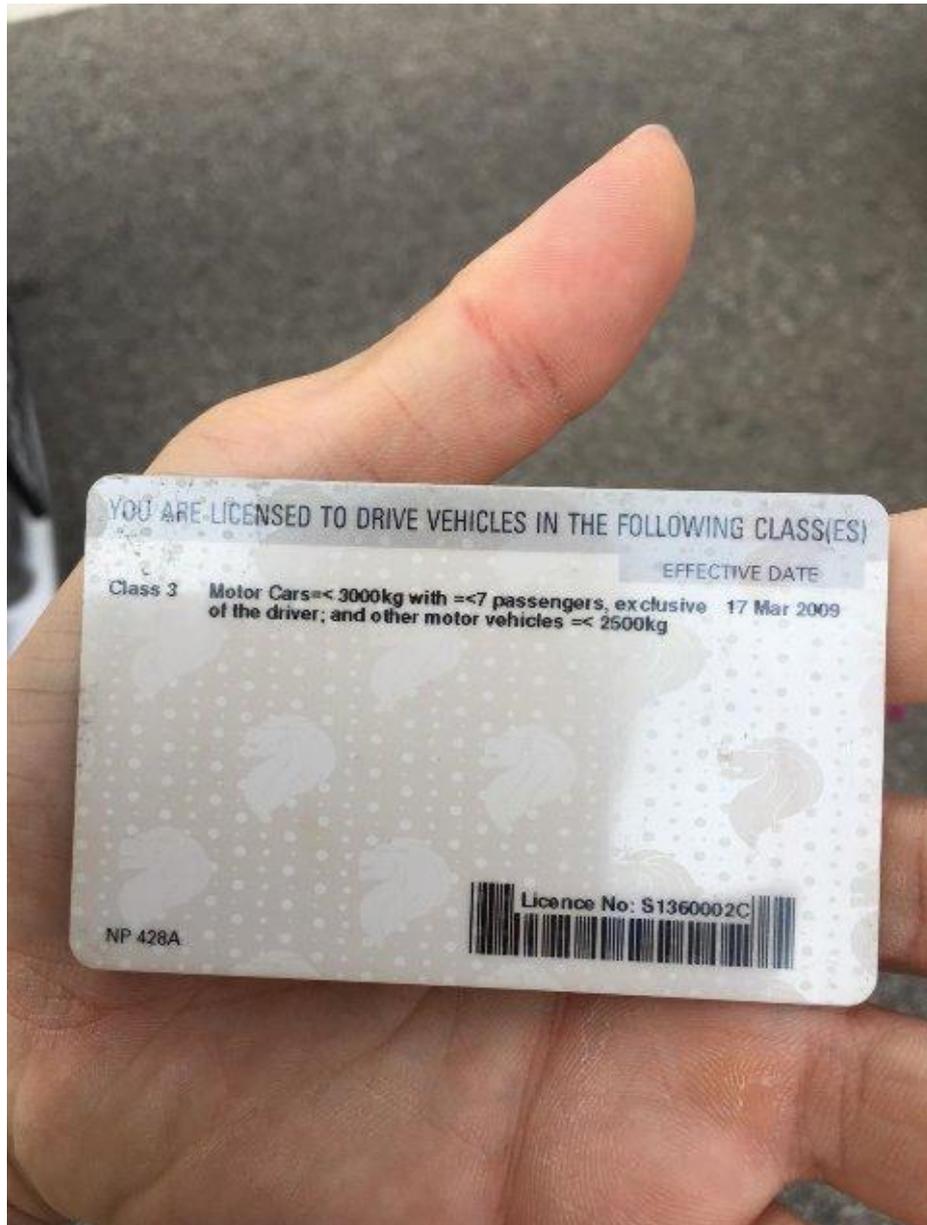
Accident Scene Photo



Accident Scene Photo



TP DL



TP IC



TP IC



Accident Scene Photo



TP DL

