

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 liability.
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	20/11/2018 15:09
Date Of Accident	19/11/2018 15:30
Exact Location Of Accident	FARRER ROAD TOWARDS HOLLAND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL7375D
Insured/Policyholder	
Name Of Registered Owner	LIM IN IN
NRIC No	S7474241F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98240519
Alternative Phone No	OTHERS-98240519

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA-2.4 AERAS (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100361935-05
Cover Note Number	

Driver

Name of Driver	ABDUL RAHIM BIN JAFFAR
NRIC No	S1606512I
Date Of Birth	08/09/1963
Occupation	INDOOR
Date Of Driving Pass	22/03/1984
Driving Experience	34 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98240519
Fax Number	
Contact Number	OTHERS-98240519
Email Address	NOEMAIL

Address	BLK 23 CHOA CHU KANG CENTRAL #02-241
Postcode	680223
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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	2
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)	5
Passenger 1	NAME: : EMPLOYER SON GENDER: : MALE
Passenger 2	NAME: : EMPLOYER DAUGHTER GENDER: : FEMALE
Passenger 3	NAME: : EMPLOYER DAUGHTER GENDER: : FEMALE
Passenger 4	NAME: : MAID 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

PLEASE REFER TO SKETCH PLAN

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	SHA4257A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN


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 liability**.
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) 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

Away From Road Towards Holland Road

(A) SKL 7375D
(B) SHH 4257A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19.11.2018 at about 15:30hrs, I was travelling along Farrer Rd Towards Holland. The traffic was on slow moving. As I was heading slow, all of a sudden, I felt an hard impact from the rear. Then I realised a taxi SKL 7375D had collided into my rear. That's all

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Roshan*
NRIC/FIN No.: *2016/2018*

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 19.11.2019	TIME: 15:30hrs	(hh:mm) 24 hrs Format
LOCATION: Farber Rd Tnd Holland		
VEHICLE NUMBER: SKL 7375D		
INSURED NAME: Lim In In		
NRIC / FIN: S7474241F	CONTACT:	
MAKE: Toyota	MODEL: Estima 2.4A	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select: (<input checked="" type="checkbox"/>) Third Party () Reporting Only		
INSURANCE COMPANY: AIG		
TYPE OF POLICY () COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER: 2100361935-05		
NAME DRIVER: Abdul Rahim Bin Jaffar		() SAME AS INSURED
NRIC / FIN: S16065121	CONTACT: 9824 0519	
DATE OF BIRTH: 08-09-1963		
DRIVING PASS DATE: 22.03.1984		
OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR		
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE		
EMAIL ADDRESS: () NO EMAIL		
ADDRESS OF DRIVER: 223 Choa Chu Kang Central #02-241 S(680223)		
Number Of Passenger Include Driver: 5 pax include driver		
Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) YES () NO		
If No, Relationship Of The Driver With The Insured		
() Owner () Spouse () Friend () Relative () Children () Sibling () Others		
Does The Driver Own Any Other Vehicle?: () YES () NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others		
Road Surface: (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES () NO		
Was Anybody Injured In The Accident? () YES () NO		
If YES, Injured details: ① One boy & two girls		
② 1 male - female		
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO		
Was There Any Video Capture By Car Camera? () YES () NO		
Was There Accident Reported To The Police? () YES () NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party	Name / NRIC	No. of Paxs (incl'driver)
Veh B: SHA 4257A		() / Not Sure ()
Veh C		() / Not Sure ()
Veh D		() / Not Sure ()
Veh E		() / Not Sure ()
Veh F		() / Not Sure ()
Veh G		() / Not Sure ()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S16065121



ABDUL RAHIM BIN JAFFAR

Race
MALAY
Date of Birth
08-09-1963 Sex
M
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S16065121

Name

ABDUL RAHIM BIN JAFFAR

Birth Date: 08 Sep 1963

Issue Date: 10 Feb 2004



NRIC No. S16065121



Blood Group: Date of issue:
O+ 17-10-1994

APT BLK 223 CHOA CHU KANG CENTRAL #02-241
SINGAPORE 660223
NRIC No: S16065121

Date: 23-06-1999 No: 9063017

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

	PASS DATE
Class 2B: Motorcycles not exceeding 200 cc	26 Feb 1985
Class 3: Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	22 Mar 1984
Class 4: Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	21 Jan 1986



NP 439A

8260225



NRIC No. S7474241F

Nationality
INDONESIAN

Blood Group Date of issue
A+ 16-10-1997

**21 STEVENS DRIVE #01-01
SINGAPORE 257913**

NRIC No: **S7474241F** Date: **02/09/2018**

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7474241F



Name
LIM IN IN



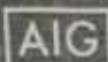
林 櫻 韻

Race
CHINESE

Date of Birth Sex
02-12-1974 F

Country of Birth
INDONESIA





CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Lim In In
 Period of Insurance : 19 Dec 2018 To 18 Dec 2019
 Engine No. : 2AZH997245
 Chassis No. : ACR500163489

Vehicle No. : SKL7375D
 Policy No. : 2100361935-05
 Endorsement No. :
 Issued Date : 29 Oct 2018

ABOUT THE COVER

Make/Model : TOYOTA ESTIMA 2.4 A
 Engine Capacity/Tonnage : 2,362.00 CC
 Driver Restriction : NA
 Person or Classes of Persons Entitled to Drive* :
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2013
 Insuring with COE/PAF : Yes

a) The Policyholder
 b) Any other person who is driving on the Policyholder's order or with his/her permission.
 This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.
 You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDE") if You are or Your Authorized Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

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 hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed testing, the damage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1800cc Optional

* Limitations rendered irrespective by Section 9 of the Motor Vehicles (Third-Party Rules and Compensation) Act (Cap. 180) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0 Own Damage - \$500 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Lim In In - \$800 (Own Damage)

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

Approved Reporting Centres/ AIG Authorized Repairers (For claims related repairs)
 Any accident repairs to the Vehicle must be carried out by one of our Authorized 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 Sole Agent's workshop.
 For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6336 6200. Alternatively, You may refer to AIG website www.aig.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: 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 Vehicles (Third Party Rules and Compensation) Act (Cap. 180), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Rules) Rules, 1958 (Malaysia).

0501295000

INSURE LINK PTE LTD

2 KALLANG AVE #08-16 CT HUB

SINGAPORE 339407

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Insure Link Pte Ltd
 2 Kallang Avenue #08-16
 CT Hub S(339407)
 Off : 6444 4044
 Fax : 6444 0044

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

Yeo Yeng Loh

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	4241F
Vehicle Details	
Vehicle No.:	SKL7375D
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Nov 2018
Vehicle Make:	TOYOTA
Vehicle Model:	ESTIMA AERAS 2.4 A
Primary Colour:	Black
Manufacturing Year:	2013
Engine No.:	2AZH997245
Chassis No.:	ACR500163489
Maximum Power Output:	125.0 kW (167 bhp)
Open Market Value:	\$31,987.00
Original Registration Date:	19 Dec 2013
First Registration Date:	19 Dec 2013
Transfer Count:	0
Actual ARF Paid:	\$36,782.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Dec 2023
PARF Rebate Amount:	\$27,586.00
Intended COE Rebate Details	
COE Expiry Date:	18 Dec 2023
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$89,001.00
COE Rebate Amount:	\$42,698.00
Total Rebate Amount:	\$70,284.00

The information contained herein is correct as at 20 Nov 2018

OK