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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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 witholding of material facts may allow insurance companies to
- 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.
- 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.

aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
The transfer of the same of the same	ACCIDENT STATEMENT
Date Of Report	10/12/2018 15:19
Date Of Accident	07/12/2018 02:30
Exact Location Of Accident	UPP SERANGOON RD TWDS SENGKANG EAST DR
Country/State of Loss	SINGAPORE
<b>对于社会的是一届企业的任务</b> ,这些专业	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGY8038A
Insured/Policyholder	
Name Of Registered Owner	TAN CHOON HENG(CHEN JUNXING)
NRIC No	S7513537H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98356344
Alternative Phone No	OTHERS-98356344
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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

Policy Number

2100045218-11

Cover Note Number

Driver

Name of Driver TAN CHOON HENG(CHEN JUNXING)

NRIC No S7513537H Date Of Birth 30/04/1975 Occupation OUTDOOR Date Of Driving Pass 12/09/1996

Driving Experience 22 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98356344

Fax Number

Contact Number OTHERS-98356344

EMail Address NOEMAIL Address

BLK 175D PUNGGOL FIELD

#07-539

OWNER

Postcode

824175

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

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)

NO

soliciting/offering accident claims assistance. 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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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

SHB8514B

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)

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJH5597B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withhelding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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.
- Consent under the Personal Data Protection Act (PDPA)

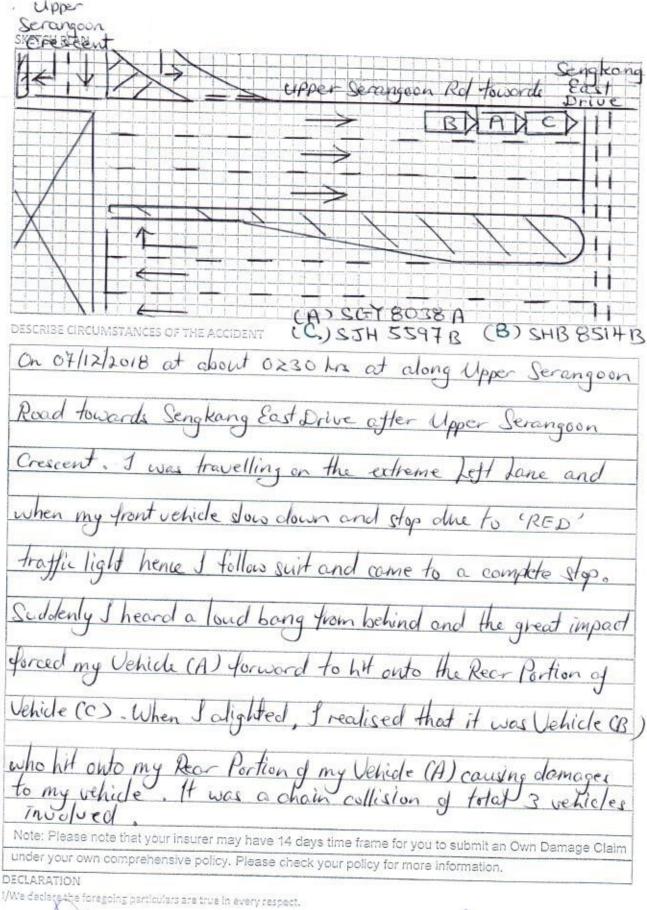
Lunderstand, acknowledge, agree and consent that:

- (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:
  - 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 tollect, 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.

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

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:



Policyholder's Sig Date & Time:

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

Reporting Centre Personnel's Signature

10/12/18

Name: NRIC/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

Accident Date: 07/12/2018 Time: 02:30hg	(hh:mm) 24 hr format
Accident Date: 07/12/2018 Time: 02:30 hm  Location Upper Serangeon Rd towards Sengkang  Vehicle Number SGY 8038A	East Dr atter
7	Unger Dominger C
Vehicle Number SGY 8038A	The secondoon C
Insured Name Tan choon Heng	
NRIC/FIN S 7513537 H Contact Number	0825 1211
Make Toyota Model VIOS E Auto	9033 6344
Are you claiming under your own insurance policy for repair to your ve	1.1.1.0
( ) Yes If No,Pls select: ( / ) Third Party ( ) Reporting	micie?
Insurance Company A16	
Type of Policy ( / ) Comphensive ( ) Third Party Fire & Thef	) TD O-1
Policy Number 2/000 45218-11	t ( ) TP Only
Name of Driver Tan choon Heng	7 \
THE OF DITTEL AND CHOOM HEND	( / )Same as Insured
NDIC / EIN CAS 12 5 2 7 11	
NRIC / FIN \$ 7513537 H Contact Number	9835 6344
Date of Birth 30/04/1975	
Driving Pass Date 12/09/1996	
Occupation ( ) Indoor ( / ) Outdoor	
Gender ( /) Male ( ) Female	
Email Address	( / )NO EMAIL
Address of Driver BIK 1750 Mnggol Field #07-539	s ( P24175)
Control of the Contro	
Was driver an employee of the Insured's Company? ( ) Yes (/) N	lo
If No, Relationship of the Driver with the Insured	
(/) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Childre Does the Driver Own Any Other Val. 1, 2 ( )	en ( ) Sibling
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	
117 4 6 6 117	
Road Surface ( / ) Dry ( ) Raining ( ) Others  ( / ) Dry ( ) Wet ( ) Others	
Was any family which is a little	)No
Was anythody injured in the 11 and	).No
If yes, injured detail	7.10
Was there any video captured by Car Camera? ( ) Yes ( ) No	
Was the Accident reported to the Police? ( ) Yes ( ) No I	f yes attach police report
DETAILS OF 3" party Name / Nrie	Contact
Veh B SHB 8514B	
Veh C SJH 5517 B	
Veh D	
Veh E Veh F	
Y.CH. P.	

SGY 803PA

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7513537H



0

TAN CHOON HENG (CHEN JUNXING)

陈俊为

CHINESE Date of birth 30-04-1975

SINGAPORE

57513537

NRIC No. S7513537H

Date of sease 20=05-2005

APT BLK 1750 PUNGGOL FIELD #07 - 539 SINGAPORE 824175

NRIC No: \$7513537H

Date: 30-05-2005 No: 5224497

omer of diver 567 8018A



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

#### PASS DATE

Class 2B Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms
Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms
Class 5 Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Tan Choon Heng (Chen Junxing) Period of Insurance : 09 Oct 2018 To 08 Oct 2019

Engine No. : 1NZX601944

Chassis No. : MR053HY9305019757 Vehicle No. : SGY8038A Policy No. : 2100045218-11

Endorsement No.

**Issued Date** : 03 Oct 2018

#### ABOUT THE COVER

Make/Model : TOYOTA VIOS

Engine Capacity/Tonnage : 1,497,00 CC Sum Insured : Market Value First Year of Registration : 2007 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*;

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 authorised 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" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2

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 carriage 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 - 1600cc Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be

#### EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Tan Choon Heng (Chen Junxing) - \$600 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)
Any accident repairs to the Vehicle must be carried out by one of our Authorised 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 Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 8338 6200. Alternatively, You may refer to AIG website www.aig.com.sg
or AIG SG Mobile App. Simply search and download "AIG SG" from (Tunes or Google Play.

#### IMPORTANT NOTES

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

I/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 Road Transport Act, 1997 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0621008000

ONG SIEW ALJANE 56 JALAN LAPANG

SINGAPORE 419001 SP-JANEONG

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE