Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 10/01/2019 16:34

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

	ACCIDENT STATEMENT
Date Of Report	10/01/2019 16:01
Date Of Accident	08/01/2019 23:50
Exact Location Of Accident	BESIDE CITY PLAZA TOWARDS GEYLANG
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SJM7017U
nsured/Policyholder	
Name Of Registered Owner	JENNY TAN SUAT CHIN
NRIC No	S1611987C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81008456
Alternative Phone No	Office-81008456
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC-1.8 L (A)
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE CAR
nsurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100418857-03
Cover Note Number	
Driver	
Name of Driver	JOELYN LIM JIA YAN
NRIC No	S9106917B
Date Of Birth	07/02/1991

INDOOR

07/12/2016

2 YEARS AND 1 MONTH

Gender **FEMALE**

Mobile Number (LOCAL) +65-84993221

Fax Number

Contact Number

EMail Address NOEMAIL

Address **BLK 9 HAIG ROAD #05-409**

Postcode 430009

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 **CHAIN COLLISION**

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Passenger 1 Name: : LING HUNG BING

> Gender: : Male

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name SERANGOON NEIGHBOURHOOD POLICE CENTRE

3

NO

NO

NO

ROAD: 50 SERANGOON AVE 2 #01-02, POSTCODE: 556129, COUNTRY: Police Station Address

SINGAPORE

NO

Police Station Contact TEL NO: 1800-4880999 - FAX NO: 64883561

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20190109/2073.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHA9943U

Vehicle Make/Model/Colour Details Of Properties

VEHICLE B

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

SHB5063E

Vehicle Make/Model/Colour

VEHICLE C

Vehicle Category

Details Of Properties

TAXI

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

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 Oriver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 8y 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:

- - 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 Sgnature Date & Time:

Oriver's Sunature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

	₹ -st	1B5063E
	A s	5m7017U
	₩s	HA994311
DESCRIBE CIRCUMSTANCES C		
all stop out I	raffic light,	my web forward s hit
My Veh from	nemmo s just	my ven privacal s ru
		C. S.
	,-	-
1		
DECLARATION I/We declare the foregoing particu	lars are true in every respect.	
Policyholder's Signature Oate & Time:	Oriver's Signature (If driver is not the policyholder) Oate & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:





1 of 3 Report No. T/20190109/2073

Police Station Of Origin: Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE 556129

Tel No: 1800-4880999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/01/2019 13:08		/lade:	Vide Report No.:	Station Diary No.: 36	
Informan	t's Partici	ulars	Later Control and Control		
	Informant: LIM JIA Y		Address: APT BLK 9 HAIG RD #05-409	SINGAPORE 430009	
ID Type / ID No.: NRIC NO / S9106917B		17B	Contact No.: Home/Office:	Mobile: 84993221	
Nationalit	y: DRE CITIZ	ΈN	Email:		
Sex: Female	Age: 27	Date of Birth: 07/02/1991	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name.	
Occupation: Interior Designer			Driving Licence Information: Class: 3A	Date of Expiry:	

General Infor	mation of the Accident		A SHALL HAVE THE PARTY OF THE P		
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/01/2019 23:45	Type of Location: Bend	
	ATONG ROAD	Dood Corford		Road Speed Limit:	
Weather: Clear		Road Surface: Dry		Road Speed Limit.	
Trainer lett.		Traffic Control: Traffic Light - Working		Traffic Volume: Light	
Type of Collis				Anyone conveyed by ambulance:	

Туре	Make	Model	Color	Condition	No of Passenge
Car					0
					0
Car				Seriously	1
		Car	Car	Car	Car





2 of 3

Police Station Of Origin:
Serangoon N.P.C
'50 Serangoon Avenue 2 #01-02 SINGAPORE
556129 CONTINUATION OF REPORT

Report No. T/20190109/2073

Tel No: 1800-4880999

Brief Details.

On 08/01/2018 at about 2345hrs, I was driving my vehicle SJM7017U along Tanjong Katong Road turning left towards Geylang Road. I stopped at the junction as the traffic light was red. All of a sudden, I felt an impact from the rear and the impact caused my vehicle to move forward and collided into the vehicle (SHB5063E) in front. The driver of vehicle SHA9943U came out to check if I was alright. I did not get off my vehicle for a moment as I was in shock. After obtaining my composure, I came out of my vehicle to take photo of the accident. Thereafter, the driver of vehicle SHA9943U asked me to send my vehicle to his workshop and they will do the claims from there as he knows the insurance company and he can claim everything for me. I then told him that I have my own tow truck and insurance. After the whole incident, I went to see a doctor at Parkway East Hospital and was given 3 days of MC from 09/01/2019 to 11/01/2019.





3 of 3 Report No. T/20190109/2073

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE CONTINUATION OF REPORT 556129

Tel No: 1800-4880999

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: F / Sgt 2 NGIO HAN BOON, DARREN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/01/2019 13:08
Officer In Charge Of Case:	Classification Of Case:
TP / GIT / Staff Sgt MOHAMED YUSUFF KHAN BIN YAKUB KHAN Contact No.: 97437849	3N 151
Authentication Stamp NP168 Signature: Singapore Police Force	









EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen 07 Dec 2016 weight = 3000kg with = 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight = 2500kg

NP 428A







Accident Sketch Plan



CERTIFICATE OF INSURANCE

Name of Policyholder : Jenny Tan Suat Chin Period of Insurance : 14 Jul 2018 To 13 Jul 2019

Engine No. : R18A14011445

Chassis No. : JHMFD16309S201975 Vehicle No. : SJM7017U Policy No. : 2100418857-03

Endorsement No.

: 04 Jul 2018 Issued Date

ABOUT THE COVER

Make/Model : HONDA CIVIC 1.8 VTI S.A

Engine Capacity/Tonnage: 1,799.00 CC First Year of Registration : 2009 Sum Insured : Market Value 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 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 fullion, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples 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 included under those headings.

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)

Jenny Tan Suat Chin - \$600 (Own Damage), Lim Boon Sen Joel - \$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 cerried out at the Sole Agent's workshop.
For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency holline at +65 6338 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: 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 I/V of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504601000

LOO SHAN SHAN MELISSA

371 ALEXANDRA ROAD #06-28 AIA ALEXANDRA

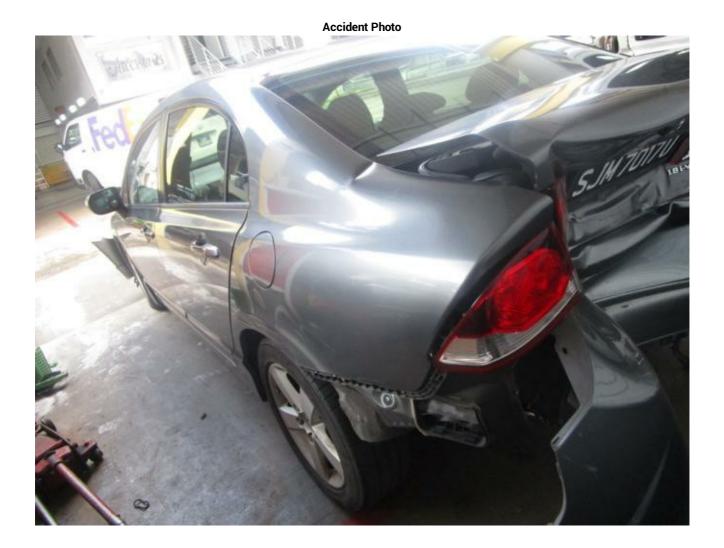
SINGAPORE 159963 SP-JOEL-WARREN

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE



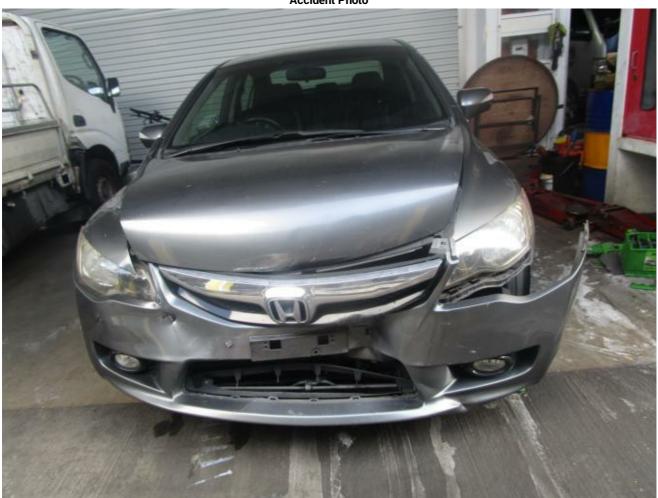




Accident Photo



Accident Photo







Accident Photo

