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1) Apply for Transport Allowance ( )/	Courtesy Car ( )			<del></del>	
2) QC Check / Post Repair Inspection	( ·)				
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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Fax Number

Contact Number EMail Address

- 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</u> and <u>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.
- 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	08/02/2019 12:25
Date Of Accident	07/02/2019 17:55
Exact Location Of Accident	ALONG CLEMENTI AVENUE 6 TOWARDS PIE
Country/State of Loss	SINGAPORE
DEC N. CO. L. S. C. S. C	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKR2686H
Insured/Policyholder	
Name Of Registered Owner	JOHN PUSPA NATHAN KERWIN
NRIC No	S0482948D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82817612
Alternative Phone No	OFFICE-82817612
Vehicle Particulars	
Manufacturer	MAZDA
Model	3-1.5 (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	2100400821-04
Cover Note Number	
Driver	
Name of Driver	KAREN ANNE JOHN
NRIC No	S7601525B
Date Of Birth	14/01/1976
Occupation	INDOOR
Date Of Driving Pass	20/10/1998
Driving Experience	20 YEARS AND 3 MONTHS
Gender	FEMALE

OTHERS-82817612

NOEMAIL

Address

BLK 297 PUNGGOL CENTRAL

#14-483

Postcode

820297

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

3

Number of vehicles (including own vehicle) involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver) Passenger 1

NAME:

: MOTHER

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

SLQ4005D

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

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

YP4281Z

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF INJURED PERSON 1**

Name

KAREN ANNE JOHN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SKR2686H

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

## **DETAILS OF INJURED PERSON 2**

Name

MOTHER

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SKR2686H

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

## 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.
- 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.
- 5. 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.
- 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:
  - 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:

nolder's Signature Driver's Signature

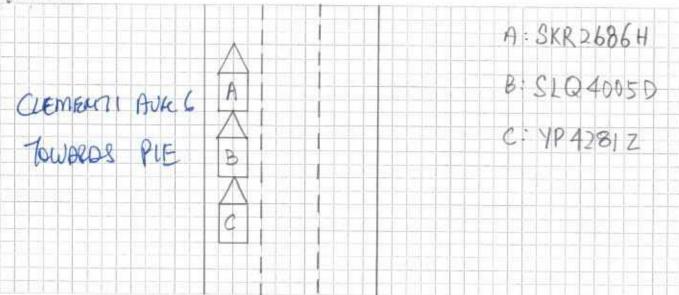
(If driver is not the policyholder)

Date & Time:

Beporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUITS FANCES OF THE ACCIDENT
On 01.02.2019 at about 17:55 hrs, I was truelling
along Clarenti Are 6 towards PIE. the traffic was on moderate
more. Whead of me, there's a relical slaw dum, I dollow must.
While morning slav, all of a sudden & felt an hard impact Rom
the recur. Then I realised a vehicle SLQ 400510 had collided
oute my recor- Total 3 relicles involved in the vehicles. That's
all.

## DECLARATION

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

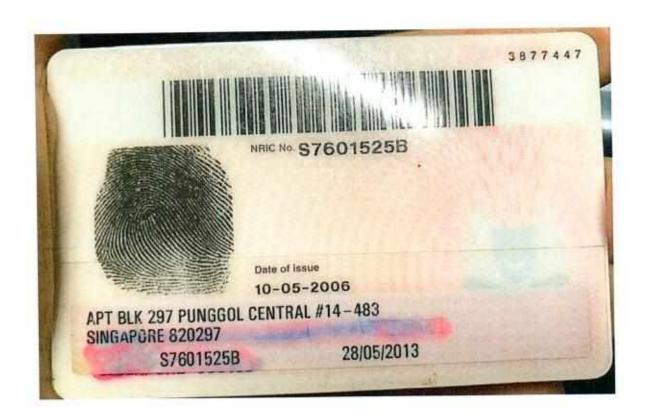
Policyholder's Signature Date & Time:

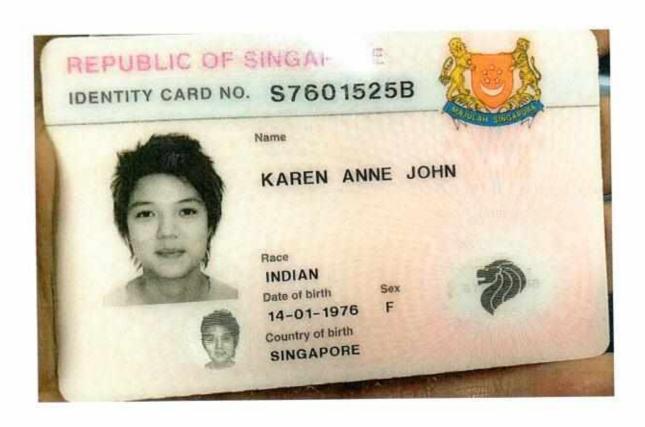
Driver's Signature (If driver is not the policyholder) Date & Time:

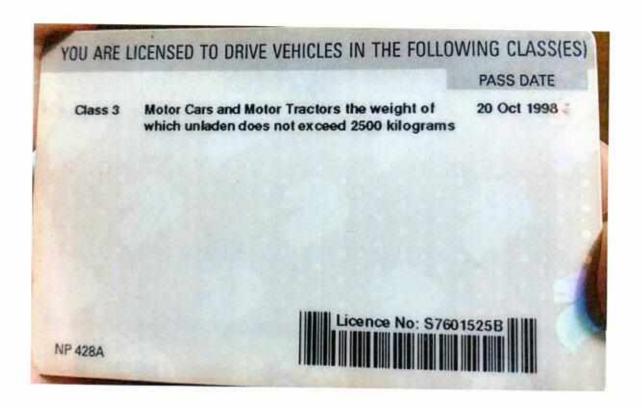
Preporting Centre Personnel's Signature
Name:
NRIC/FIN No.: Ros Li WW ADS

# SINGAPORE ACCIDENT STATEMENT

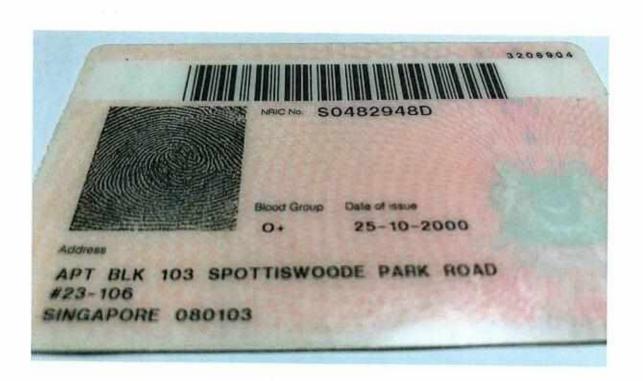
ACCIDENT DATE: 7th FEBRUARY 2019 TIME: 17:55	(hh:mm) 24 hrs Format
LOCATION Clements Au 6 Towards PIE	
VEHICLE NUMBER SKR2686 H	
INSURED NAME John Puspa Nathan Lerwin	
NRIC/FIN SO4829480 CONTACT:	
MAKE MAZAU 3 4- POUT MODEL & dan 151 SP 6 E	47
Are you claiming under your own insurance policy for repair to your vehicle?	
( ) Yes, If No, Pls Select: ( V ) Third Party ( ) Reporting Only	
INSURANCE COMPANY ALE	
TYPE OF POLICY ( ✓ ) COMPREHENSIVE ( ) THIRD PARTY (	) TPFT
	) IPF I
POLICY NUMBER: 2100400821-04	
NAME DRIVER: KUNEN Home John ():	SAME AS INSURED
Total films form	
NRIC/FIN \$760   525B CONTACT: 8	1217612
DATE OF BIRTH: 14-01-1976	AD DIVI
DRIVING PASS DATE: 20.10-1998	
OCCUPATION: ( ) INDOOR ( ) OUTDOOR	
GENDER: ( ) MALE ( ) FEMALE	
EMAIL ADDRESS:	( ) NO EMAIL
ADDRESS OF DRIVER: 297 PUMEGO (QUIVA) \$14-483 SC 824	
ADDRESS OF DRIVER IT YOU'DOO   CANIVAL # 14- TES SE OC	214 17
Number Of Passenger Include Driver: 2-pay include dayer	
Number Of Passenger Include Driver: 2-pax include diver	
Was driver an employee of the Insured's Company? ( ) YES ( ) NO	
If No, Relationship Of The Driver With The Insured	
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( V ) 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: ( V ) Clear ( ) Raining ( ) Drizzling (	) Others
Road Surface : ( ) Dry ( ) Wet ( ) Others	A CONTRACTOR
	NO
Was Anybody Injured In The Accident? ( ) YES ( ) NO	2.132
If YES, Injured details: (1) Waver	
6) mother	
Convey By Ambulance: ( ) YES ( ) NO	
Was There Any Video Capture By Car Camera? ( ) YES ( ) NO	
	s Attach Police Report
Police Report Number (if any)	Attach I once Report
Details Of 3rd Party Name / NRIC	Contact
	Contact
Veh C YP 42512	
Veh D	
Veh E	
Veh F	
Veh G	















## CERTIFICATE OF INSURANCE

## DA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder Period of Insurance

- John Puspa Nathan Kerwin : 28 Jan 2019 To 27 Jan 2020

P520247695

Engine No. Chassis No. JM6BM42A8F0160995

Vehicle No. Policy No. Endorsement No.

Issued Date

: SKR2686H 2100400821-04

: 18 Dec 2018

## ABOUT THE COVER

Make/Model

MAZDA 3 1.5 SKYACTIV

Engine Capacity/Tonnage 1,496.00 CC

: NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2015 Insuring with COE/PARF : Yes

Driver Restriction Person or Classes of Persons Entitled to Drive\* :

a) The Policyholder in Any other person who is driving on the Policyholder's order or with healther personals. The Policy will intermedly the Policyholder or any authorised driver only if healthe meets the specified age condi-the.

You have to pay an additional sum of \$3,000 as "Young and/or (nexpenenced Driver Excess" ("YESE") if You are or Your Authorised Driver (nexpenses) driving expenses.

### Age Condition

: All Age Condition

tise only for social, domestic and pleasure purposes and for the Pulicyholder's business. This Policy does not cover use for here or reward, driving first, racing, pace-making, re-peed-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. Limitation as to use\*

Loss of Use 1500cc - 1500cc Optional

of Party Roots and Compensation) Act (Cop. 120) and Section Rd of the Road Transport Act. 1987 (Male) nations randered inoperative by Section 8 of the Mo and under these headings

## EXCESS THE

50 Own Damage - \$1100 Trieft - \$0 Flood Cover - \$0

SACTOR | \$100

Named Driver and Excess (see special

John Puope furnisi Keresi - \$1100 (Den Damage)

## APPROVED REPORTING CENTRESIAUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS

1. Trans European Pre Ltd. Add. 22A Targong Paratric Singapore 606042 62310608

## IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

wner ID Type:	Singapore NRIC
Owner ID:	2948D
Vehicle Details	
Vehicle No.:	SKR2686H
Vehicle to be Exported:	No
ntended Deregistration Date:	28 Feb 2019
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Primary Colour:	Black
Manufacturing Year:	2014
Engine No.:	P520247695
Chassis No.:	JM6BM42A8F0160995
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$17,068.00
Original Registration Date:	28 Jan 2015
First Registration Date:	28 Jan 2015
Transfer Count:	0
Actual ARF Paid:	\$7,068.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Jan 2025
PARF Rebate Amount:	\$5,301.00
Intended COE Rebate Details	Section Sections
COE Expiry Date:	27 Jan 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$65,001.00
COE Rebate Amount:	\$38,389.00
Total Rebate Amount:	\$43,690.00

The information contained herein is correct as at 08 Feb 2019