Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 01/02/2019 11:13

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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	01/02/2019 10:47
Date Of Accident	30/01/2019 11:45
Exact Location Of Accident	HAIG ROAD CARPARK GEHR1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SBH82Y
Insured/Policyholder	
Name Of Registered Owner	TAN KIM LIAN EVELYN
NRIC No	S0183309Z
Email Address	EVELYNTANKL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98233553
Alternative Phone No	Others-98233553
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	TOURAN 1.4L AT TSI 1T32B4
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	1800138611
Cover Note Number	
Driver	
Name of Driver	TAN KIM LIAN EVELYN
NRIC No	S0183309Z
Date Of Birth	17/08/1951

INDOOR

22/07/1971

47 YEARS AND 6 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-98233553

Fax Number

Contact Number OTHERS-98233553

EMail Address EVELYNTANKL@GMAIL.COM Address 28 JANSEN ROAD #03-05

Postcode 548431 Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured **OWNER** Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident NO 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? NO

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 2

Passenger 1 : IRENE TAN Name:

> Gender: : Female

2

NO

NO

NO

NO

NO

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED.

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 Witness 1

Name **IRENE TAN** Phone Number 98290309

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKZ6321S

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

96770675

VOLVO

Vehicle Category 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.
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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
 - 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.:

SEKET	CH PLAN							
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

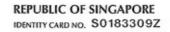
On 30 James 2019 at about 11.45 am as I was parking my
car at MOB carpaile GEMPI, vehide StrZ& SKZ63216
whicked by me cather test on my left side
After I parked my car, the driver Benjamin (96770675)
returned to the cor Park and engineed if I am the driver
He then claimed their my car but the oght using of his car
driver side and there is a black line (not continuous)
He said he recently pand \$1600 to spray pour his car and
he wants to reake a claus
My presenger and I told him that it we had het his car we
would have felt it. He stored me hower said the the type
is graft so we could not have felt it the should us the
mark on my car type Hourse, of I doll but his car there
would be down been screetcher on my car there is no
damage to my car whatsomer
Gesterday he text to say that he has cheded with his workshop
and it cod \$200 to repart and acked if I want to cottle
privately. I asked him to claim from his insurance He then
said he has made a report with his insucure company and
aster me to report to IDAC or I would be classified as a list
+ run case. There is no car contact at all

DECLARATION

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

Palkyholder's Signature Date & Time: . Driver's Signature (If driver is not the policyholder) Date & Time; Reporting Centre Personnel's Signature Name: NRIC/FIN No.:









TAN KIM LIAN EVELYN

CHINESE

17-08-1951 F SINGAPORE

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of 22 Jul 1971 which unladen does not exceed 2500 kilograms

% мс№ S0183309Z

25-03-1992

28 JANSEN ROAD #03-05 SINGAPORE 548431 NRIC No: S0183309Z

Date: 11/66/2017

NP 428A





CERTIFICATE OF INSURANCE

ENHANCED AA AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : TAN KIM LIAN EVELYN : 24 Jan 2019 To 23 Jan 2020 Period of Insurance

: CAV250075 Engine No.

: WVGZZZ1TZBW040982 Chassis No.

: SBH82Y Vehicle No. : 1800138611 Policy No. Endorsement No. : 000000000246477

: 18 Dec 2018 Issued Date

ABOUT THE COVER

: VOLKSWAGEN TOURAN 1.4 TSI

First Year of Registration : 2011 Sum Insured : Market Value Engine Capacity/Tonnage: 1,390.00 CC Insuring with COE/PARF : Yes Off Peak Car : No : NA Driver Restriction

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 of heishe meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Inexpenenced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

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 time or reward, driving tallion, driving test, reamy, 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.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 185) and Section 95 of the Road Transport Act, 1987 (Melaysia), are not to be included under these headings.

Section 1 Fire - \$0 Own Damage - S600 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

TAN KIM LIAN EVELYN - \$600 (Own Damage)

APPROVED REPORTING CENTRES/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 certified out at the Sole Agent's workshop.

For other Approved Reporting Centrics/AIG Authorised Repairers, please contact our 24-hour accident emergency hotine at +85 6358 6200, Alternatively, You may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from it unes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

If We hereby certify that the policy to which this Certificate of insurance relates is issued in accordance with this provisions of the Motor Vehicles (Third Party Risks and Componsision) Act (Cap. 189), Part IV of the Road Transport Act, 1997 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1999 (Malaysia).

0503487000

AAS INSURANCE AGENCY PTE LTD 535 KALLANG BAHRU I/02-08 GB POINT

SINGAPORE 339351

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE





