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SINGAPORE ACCIDENT STATEMENT

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.
- 3. Information provided must be as truthful and accurate 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

Date Of Report Date Of Accident	12/02/2019 15:24
	09/02/2019 14:30
xact Location Of Accident	BASEMENT CARPARK @ 195 GREENWOOD AVENUE
Country/State of Loss	SINGAPORE
COMPANY TO SELECT AND SELECT ASSESSMENT OF THE	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SLV9735X
nsured/Policyholder	
Name Of Registered Owner	JONATHAN TAN TECK MENG
NRIC No	S1658957H
Email Address	HEY2JON@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97559595
Alternative Phone No	OTHERS-97559595
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER
Exact Purpose for which vehicle was being used a 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	1800007876-01
Cover Note Number	
Driver	
Name of Driver	JONATHAN-KYLE TAN
NRIC No	S9824131J
Date Of Birth	18/07/1998
Occupation	INDOOR
Date Of Driving Pass	18/07/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97559595
Fax Number	
Contact Number	OTHERS-97559595
EMail Address	HEY2JON@YAHOO.COM

Address

195 GREENWOOD AVENUE

Postcode

287097

. 001000

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

17

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

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)

31

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

SHB6352P

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category

LIM FANG FUN

Name of Driver

S2115203Z

NRIC/Passport Number Contact Number

97834709

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <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.
- 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 .:

SKETCH PLAN	BASKMENT CHEPOSK GO 195 GRAGUNDOO AVAN
	8
	A) SLV 9735X
*	B) SHB 6352P
DESCRIBE CIRCUMSTANCE	OF THE ACCIDENT
Ou 9/2/19	at appropriately 230pm as I was going up
the ramp	I my barement can park, Vehicle B encross had
anto my s	
side of	my car.
. We	U .
DECLARATION	iculars are true in every respect.
Aullul	av 12/03/2018
	1/000/2001

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.:

Date of Accident	Time of Accident	Exact Location of Accident		
7/2/2019	2:30pm	Basement carpante @ 195 Breenvood Avenuse		

DETAILS OF	OWN VEHICLE
Vehicle Registration No:	SLV 97351
Name of Owner:	Isnathan Tan Telk Mang
Owner IC:	8 1658957 H
Vehicle Make (Audi/Toyota etc)	Subaru Forester
Type of Vehicle (bicycle, big truck, bus, coupe, CRV, Jeep, Lorry mixer, truck, motorcycle, MPV, prime mover, saloon, van, others)	Salar- Side Snipe
Exact purpose of veh.	Private / Commercial
Are you claiming your own insurance?	Own Damage / Third Party / Reporting Only
Vehicle Category	Private / Commercial / Motorcycle
Insurance Company	Alb
Type of Policy	Comprehensive / Commercial / Third Party
Policy Number	

D	RIVER
Name of Driver	donathan-Kyle Tan Ming Rians
Driver IC	39824(31)]
Date of Birth	18/14/1498
Occupation	NS men
Yrs of Driving Experience	17 9 2018
Gender	male
Contact No.	9755 9595
Address	SINGAPORE 287097
Email Address	
Employee of Insured's Company?	den
If no, state relationship of Driver with Insured.	
Driver's own vehicle no & Insurance company	
DETAIL	S OF WITNESS
Name	Ken
Phone	97504676
Email Address	

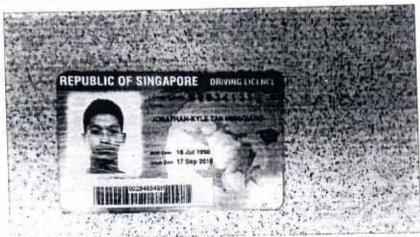
GENERAL INFORMATI	ON OF THE ACCIDENT
Type of Collision (eg. Chain collision, head- on collision, side swipe, front rear)	arde snipt
Weather Conditions	Clear / Raining / Others (pls state)
Road Surface	Wet / Dry / Others
OTHER IN	FORMATION
Was anybody injured in the accident? *	Yes / No
Was any other vehicle or property damaged? (including Witness)	Yes / No
DETAILS OF	POLICE ACTION
Accident reported to the Police?	Yes / No
if yes, state which police station	NA
Notice of Intended Prosecution given?	Yes (No

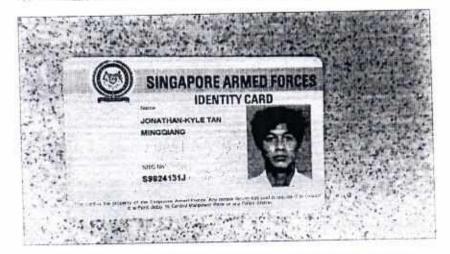
Vehicle Reg. No.	SHB 6312P
/ehicle Make / Model / Colour / Properties	×
Name of Driver	Lim Fong fun
IC / FIN / Passport Nbr	82115205 Z
Contact Nbr	97834709
Address	
Insurance Company	
Nature of Damage	

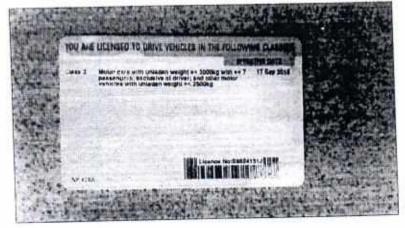
1+1

DETAILS OF INJUR	ED PERSONS 1
Name	
Address	
Approximate age	- VI
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seatbelts worn?	Yes / No
Conveyed to hospital by ambulance?	Yes / No











REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1658957H





JONATHAN TAN TECK MENG

陈 CHINESE Date of birth

10-05-1964 Country of birth



OU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

NP 428A



06-10-2006

195 GREENWOOD AVENUE SINGAPORE 287097

Date: 25/11/2011 No: 69 0 60 41

Mobile 9128 3937 email: hey2jon @ galoo, com



CERTIFICATIE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder Period of Insurance

: Jonathan Tan Teck Meng : 25 Jan 2019 To 24 Jan 2020

Engine No.

: FB20YC24207

Chassis No.

: JF1SJ5KC5JG103257

Vehicle No.

: SLV9735X

Policy No.

: 1800007876-01

Endorsement No.

Issued Date

: 07 Jan 2019

ABOUT THE COVER Make/Model

: SUBARU Forester 2.0i-L

Engine Capacity/Torinage 1,995.00 CC

Sum Insured : Market Value

First Year of Registration : 2018

Driver Restriction

Off Peak Car No

Insuring with GOE/PARF

: NA

Person or Classes of Persons Entitled to Drive*:

a) The PoScynolder in Any other person who is driving on the Poscynolder's order to war reside permission. This PoScy will addition by the Poscynolder or any subcorted street only if handle mises the epecified ago condition.

You have to pay an additional sum of \$3,000 as "Young and/or inexperienced Driver Excess" ("YSDR") if You are or Your Authorised Convertination of unionities) is under the age of 2.5 and/or new tess than years' driving experience.

Age Condition

All Age Condition

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyhelitar's business.
This Policy does not saver use for fare or revierd, driving belon driving lest, entiring, para-making, reliability trul or speed-sesting, the carriage of goods after their samples in connection with story trade or husiness or use for any purpose is connection with Mozor Trade.

Loss of Use 1500cc - 1600cc

* Limitations rendered inoperative by Section 3 of the Motor Vahideo (Trics-Party Risks and Compensation) Act (Cap. 189) and Section 35 of the Rose Transport Act, 1997 (Malaysia), are not to be influded under these teachings.

EXCESS

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - 90

Windscreen: \$100

Named Driver and Excess (where applicable)

Jonathan Tan Teck Meng - \$800 (Own Damaga)

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

1.Motor Image Enterprises Pte Ltd. Add. 19 Lorsing & Tox Physik Sampapare 319255-84170100

For other Approved Reporting Centres/AIG Authorsed Reperson, please contact our 24-from scoders emergency holding at 415 6332 6200. Alternatively, you may refer to AIC scale seem equipment and AIC Scale Reporting Search and Societies (AIC Scale Reporting Search and Societies).

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

I/We have by certify that the policy to which this Certificate of Psycamon relates a inseed in accordance with the provisions of the Mater Verticles; That Party Rosks and Companisation) Act (Cap., 189); Part IV of the Road Transport Act, 1987 (Malaysia) and Mosor Verticles (Third Party Risks) Rules, 1959 (Malaysia).

0500619231

SINGAPORE 589622

TAN CHONG CREDIT SUBARU-NGT 911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

His the same Way 100-but mills and planting \$1950 pt. () with it in 15 of 15 or a discount of

SWEETING COMES NOTICE AND RESIDENCE