Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 18/02/2019 13:37

SINGAPORE ACCIDENT STATEMENT

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.
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.**
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	08/02/2019 09:35
Date Of Accident	01/02/2019 19:20
Exact Location Of Accident	MCE - ECP
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJX1714Y
Insured/Policyholder	
Name Of Registered Owner	TEO YEN FEN
NRIC No	S7812467I
Email Address	YENFEN@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-93223463
Alternative Phone No	OFFICE-93223463
Vehicle Particulars	
Manufacturer	FORD
Model	MUSTANG
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	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	1800009617-01
Cover Note Number	
Driver	
Name of Driver	TEO YEN FEN
NRIC No	S7812467I
Date Of Birth	10/05/1978
Occupation	INDOOR
Date Of Driving Pass	26/08/1998
Driving Experience	20 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	+65-93223463
Fax Number	
Contact Number	OFFICE-93223463
EMail Address	YENFEN@SINGNET.COM.SG

Address	BLK 75 MARINE DR #14-17 S440076
Postcode	
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	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) involved in the accident	
Was any body injured in the Accident?	NO
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.	NO
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

REFER TO ATTACHED REPORT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCP9099L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
Address	NA NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

Passenger 1	NAME:	: PASSANGER
	GENDER:	:
Passenger 2	NAME:	: PASSANGER
	GENDER:	:

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**.
3. 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**.
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. 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.
7. 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 :

   (i) 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:

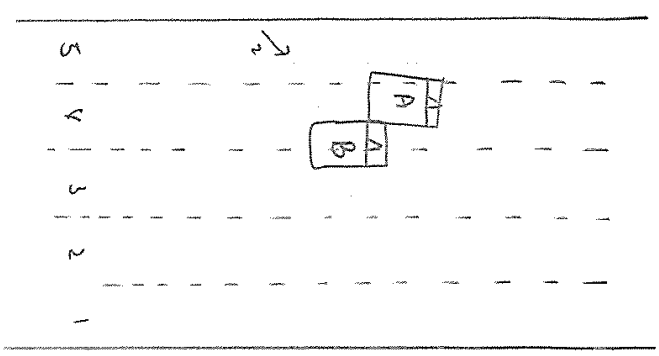
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: 2 Feb 2019 11.15am	Driver's Signature (If driver is not the policyholder) Date & Time: 2 FEB 2019 11.15 am	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Accident Sketch Plan Pg. 1

SKETCH PLAN



A: SJX1716Y

B: SCP9099L

MCE towards ECP

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Annex 1

DECLARATION

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

Policyholder's Signature
Date & Time: 2 Feb 2019

Driver's Signature
(If driver is not the policyholder)
Date & Time: 2 Feb 2019 11.15am

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Annex 1

On 01.02.2019 at about 1920hrs, I was driving my vehicle (A: SJX1714Y) along 5th lane of MCE towards ECP. After ensuring no traffic, I started to enter from the 5th lane to 4th lane. Out of a sudden, a vehicle (B: SCP9099L) which travelled at my right and tried to filter from 3rd lane to 4th lane. Thus, left front portion of vehicle B had hit onto right rear portion of my vehicle.

Vehicle A (SJX1714Y): No passenger on board.

Vehicle B (SCP9099L): 2 passengers on board.

AIG

AIG Asia Pacific Insurance Pte. Ltd
AIG Building
[illegible]

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Teo Yen Fen

VEHICLE NUMBER : SJX1714Y

DATE/TIME OF ACCIDENT : 01.02.2019 @ 1930hrs

PLACE OF ACCIDENT : MCE towards ECP

THIRD PARTY VEHICLE (IF ANY) : SCP9099L

****

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

From Telok Blangah Road

Destination : Marine Drive

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

No.

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Change lane

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

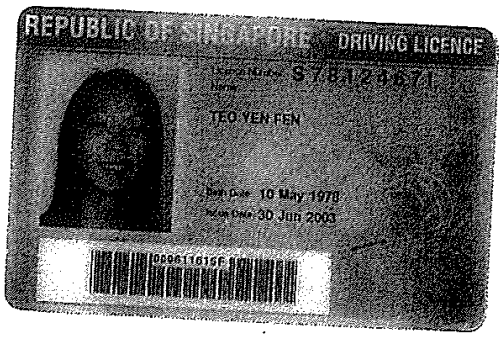
No.

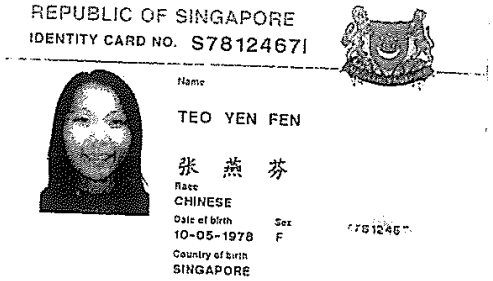
TEO YEN FEN

Name: TEO YEN FEN

I Affirmed The Above Information Is Given To My Best Knowledge.

DRIVER IC & LICENCE Pg.1

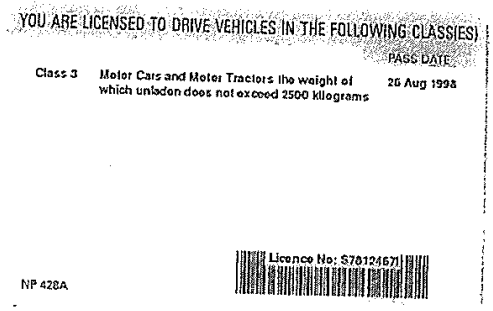


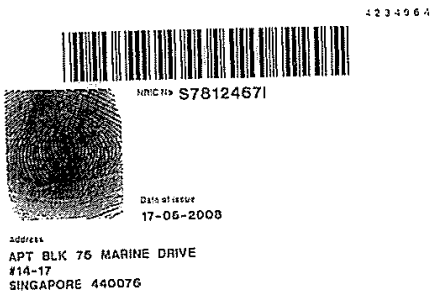


HP : 9322 3463

Email : Yenfen @ singnet. com. sg.

Occupation: Director





CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder	: TEO YEN FEN	**Vehicle No.**	: SJX1714Y
Period of Insurance	: 30 Jan 2019 To 29 Jan 2020	**Policy No.**	: 1800009617-01
Engine No.	: G5334963	**Endorsement No.**	:
Chassis No.	: 1FATP8UH4G5334963	**Issued Date**	: 04 Jan 2019

ABOUT THE COVER

Make/Model : FORD Mustang 2.3 Ecoboost (A)

Engine Capacity/Tonnage : 2,261.00 CC | Sum Insured : Market Value | First Year of Registration : 2018

Driver Restriction : Named Driver Basis | Off Peak Car : No | Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

a) The Policyholder
b) Any person who is named as a "named driver" under this Policy.

Age Condition : Not Applicable

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.

* 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 these headings.

EXCESS

Section 1
Fire - $0 Own Damage - $3000 Theft - $0 Flood Cover - $0

Section 2
Property Damage - $0

Windscreen : $100

Named Driver and Excess (where applicable)

TEO YEN FEN - $3000 (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 can be carried out at the repairer of Your choice (unless specifically excluded by Us) .
For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline 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: OCBC 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, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0501295000

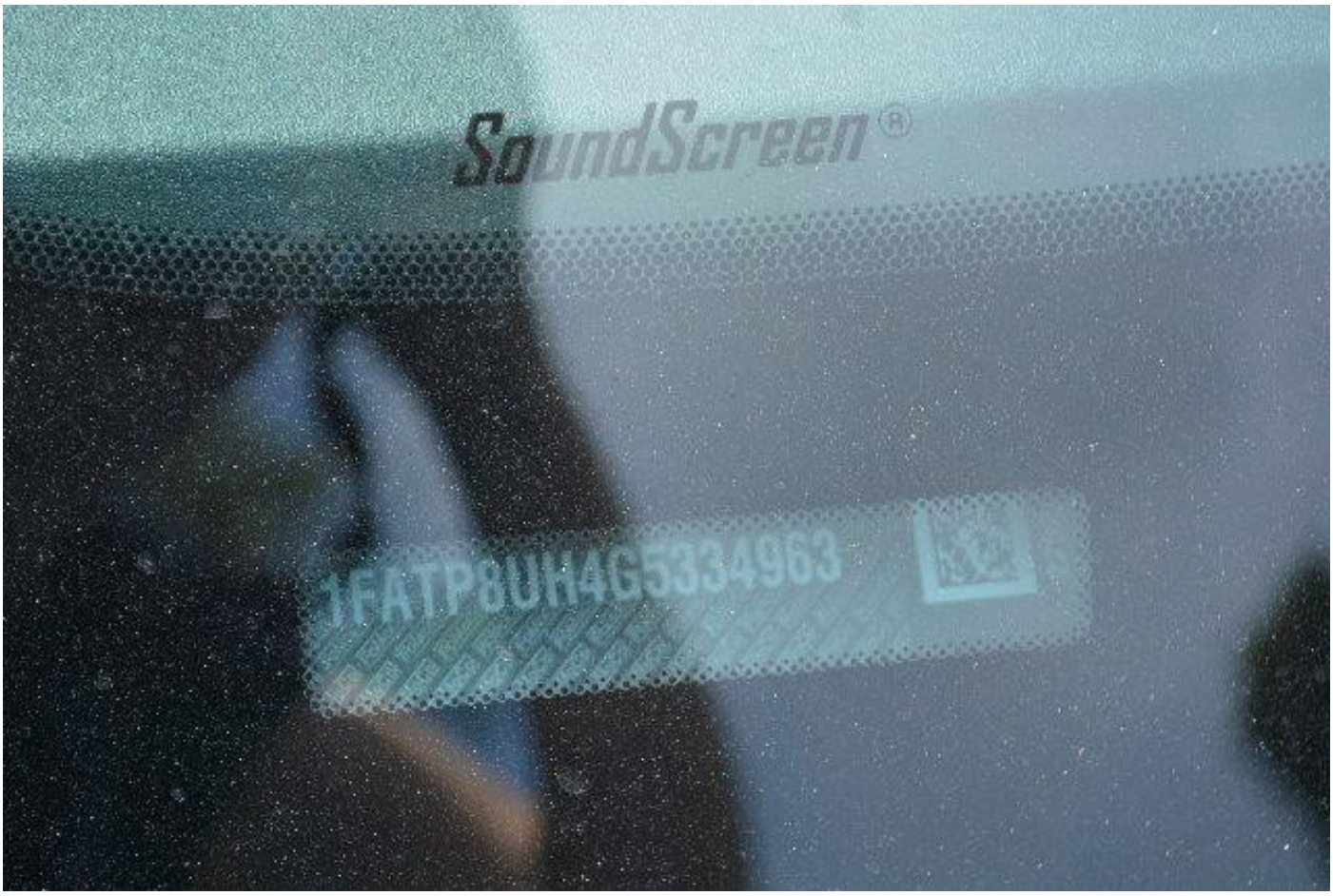
INSURE LINK PTE LTD
2 KALLANG AVE #08-16 CT HUB
SINGAPORE 339407

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Insure Link Pte Ltd
2 Kallang Avenue #08-16
CT Hub S(339407)
Off : 6444 4644
Fax: 6444 0040

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE
Yin Ying Loh

Accident Photo



Accident Photo

Accident Photo

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Accident Photo

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MKFS19017252 Vehicle Registration No: SJX1714Y

Name(as shown in NRIC) : TEO YEN FEN NRIC/FIN/Passport No : S7812467I

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : Mobile No. : 93223463

Email Address :

Date of Accident : 01/02/2019 Time of Accident : 1920HRS

Place of Accident : MCE- ECP

Insurance Company : AIG Asia Pacific Insurance Pte. Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TYPO ERROR: THIRD PARTY VEHICLE REGISTRATION NO. SHOULD BE SCP9099L

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

GIARMC addendumform_V3