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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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	21/03/2019 15:08
Date Of Accident	20/03/2019 15:55
Exact Location Of Accident	119 GEYLANG EAST CENTRAL CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ2517T
Insured/Policyholder	
Name Of Registered Owner	TAN CHAR KIANG
NRIC No	S1193156A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96230395
Alternative Phone No	OFFICE-96230395
Vehicle Particulars	
Manufacturer	NISSAN
Model	NOTE
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	2100492420-02
Cover Note Number	<u> </u>
Driver	
Name of Driver	TAN CHAR KIANG
NRIC No	S1193156A
Date Of Birth	31/08/1955
Occupation	INDOOR
Date Of Driving Pass	07/02/1975
Driving Experience	44 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96230395
Fax Number	The second area of the second distribution of th

OFFICE-96230395

NOEMAIL

Address

BLK 121 PAYA LEBAR WAY #10-2843

Postcode

381121

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

COLLISION - MAJOR/MINOR RD

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

2

Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? 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

PLEASE REFER TO ATTACHED STATEMENT.

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

SLF5147D

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)

SKETCH PLAN

IMPORTANT NOTICE

- 1. 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.
- 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:
 - 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 Signaturg

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Hong east certral confort

Vehicle A: SLJ 7517T Vehicle B: SLF5147D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated of	late & time. I, vehicle A' was sturelling traight
	at the stated venue suddenly, which is
came out from h	is parking for and hit onto my retrick left side
front partion.	
IARATION	

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:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

	ACCIDENT DATE: 20 03 / 2019 (DD	/MM/YYYY), TIME: 15: 55)(HH:MM)
	LOCATION: 119 Geglang East Contral	corpork
	I. DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: SLJ 2517 T	
	DINSURANCE COMPANY: AIG	
	CIPOLICY NUMBER: 210049247	
		THIRD R / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL: NISSAN NOT	
		AN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / C	
	h)PURPOSE OF USING AT ACCIDENT	
	I) ARE YOU CLAIMING UNDER YOUR	
	IF NO, PLEASE STATE (THIRD PARTY C	CLAIM / REPORTING ONLY)
	2. INSURED / POLICY HOLDER	
	AINAME: Tan Char King	(MALE / FEMALE)
	DINRIC/FIN/PASSPORT: 5//43	156A CONTACT: 9623 0395
	CIADDRESS: MY BLK 12/ PAYA	LEBAR WAY \$ 10-2843 (3) 38112
Maria D	* CONTINUE TO 3.d IF DRIVER ALSO P	OLICY HOLDER
* No of pas	sang 3. DRIVER	ALCOVERNMENT OF CONTRACTOR
Conduding	driver) alname: As Above	(MALE / FEMALE)
(0/)	DINKIC/FIN/FASSPORT:	CONTACT:
CT)	c)ADDRESS:	1
	21 20 10	
	"d) DATE OF BIRTH: [31 08 195	
	SOCCUPATION: (INDOOR / OUTDOOR	
	f) YEARS OF DRIVING EXPRERIENCE:	
	IF NO, RELATIONSHIP OF THE DRI	[2] 이번에 가게 보면 10 (10 HOND) (10 HOND
	5. a) WEATHER CONDITION: [CLEAR] RA	VER WITH INSURED:
	b)ROAD SURFACE: [DRY/ WET / OTHE	INING / OTHERS
	6. WAS ANYBODY INJURED (YES / NO)	:K2
	7. a) REPORTED TO POLICE (YES ANO)	
	IF YES, PLEASE STATE WHICH POLICE	STATION:
Like of Diese	8. THIRD PARTY VEHICLE 1927 a) VEHICLE NUMBER: SLF 5/47	O Tallata Pinne
1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	b) DRIVER'S MALE	MODEL: TOYOTA PILNIC
	b) DRIVER'S NAME:	CONTACT
()	9. THIRD PARTY VEHICLE	CONTACT:
		11000
tho of pass	2.01617 F.	MODEL:
Industra	e) DRIVER'S NAME:	The state of the s
- Interest land	diviver) f) NRIC/FIN/PASSPORT:	CONTACT:

email = rico60 autosurvices @gmail. com fax = 6286 7060 REPUBLIC OF SINGAPORE DRIVING LICENCE

Liberice Number: S1193156A

TAN CHAR KIANG

Birth Date: 31 Aug 1955

Issue Date: 02 Jun 2008

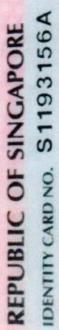


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Motor Cars=< 3000kg with =<7 passengers, exclusive 07 Feb 1975 of the driver; and other motor vehicles =< 2500kg







TAN CHAR KIANG

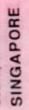


CHINESE

31-08-1955 Date of Birth

Country of Birth





3018778 08-04-1998 NRIC No. \$1193156A Blood Group Date of issue +0 Address

APT BLK 121 PAYA LEBAR WAY #10-2843 SINGAPORE 381121



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: Tan Char Klang

Period of Insurance

: 30 Nov 2018 To 29 Nov 2019

Engine No.

: HR12214543B

Chassis No.

: JN1TBAE12Z0982881

Vehicle No.

: SLJ2517T

Policy No.

: 2100492420-02 **Endorsement No.**

Issued Date

: 18 Nov 2018

ABOUT THE COVER

Make/Model

: NISSAN NOTE 1.2 (SUPERCHARGED/NON-SUPERCHARGED)

Engine Capacity/Tonnage : 1.198.00 CC

Sum Insured : Market Value

First Year of Registration : 2016

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 tuition, driving test, racing, pace-making, reliability trial or ad-testing, the carriage of goods other than samples in connection with any trade or business of use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

* 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 - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Tan Char Kiang - \$600 (Own Damage)

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

1.TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 628099 62622212

Autolution Industrial Add. 19 Ubi Road 4 Singapore 408623 64909686
 TC AutoClinic. Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513

4.Tan Chong Motor Sales. Add: 913 Bukit Timah Road Singapore 589623 64694091 64694092 64694093

5. Tan Chong Motor Sales Add: 17 Lorong 8 Toa Payoh Singapore 319254 63570753 63570754

For other Approved Reporting Centres/AlG Authorised Repairers, please contact our 24-hour accident emergency holline at +65 6338 6200. Alternatively, you may refer to AlG website www.aig.com.sg or AlG SG Mobile App. Simply search and download "AlG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

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).

0500610534

TAN CHONG CREDIT PTE LTD - LCH

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

SINGAPORE 589622 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Merile

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE