Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 29/03/2019 15:54

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

foresaid.	
	ACCIDENT STATEMENT
Date Of Report	29/03/2019 15:31
Date Of Accident	16/03/2019 19:15
Exact Location Of Accident	PASIR RIS DRIVE 8 FLYOVER
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH2241Z
Insured/Policyholder	
Name Of Registered Owner	JEFFREY TAN GIN NAI
NRIC No	S1285631H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96336100
Alternative Phone No	Office-NOPHONE
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER-2.0 XT CVT AWD SR (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL / LEISURE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	2100487437-02
Cover Note Number	
Driver	
Name of Driver	TAN LI TING, FIONA
NRIC No	S8845929F
Date Of Birth	12/11/1988

INDOOR

29/06/2009

9 YEARS AND 8 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98295020

Fax Number

Contact Number

EMail Address FIONA_JUNKIE88@HOTMAIL.COM

Address 44 JALAN PARI DEDAP

Postcode 488635 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

enicie

Insurance Company of Driver's Own Vehicle -

. .

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

2

NO

NO

1

NO

NO

NO

GBB9371K

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

ivolved 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? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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 THE ATTACHED DOCUMENTS

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

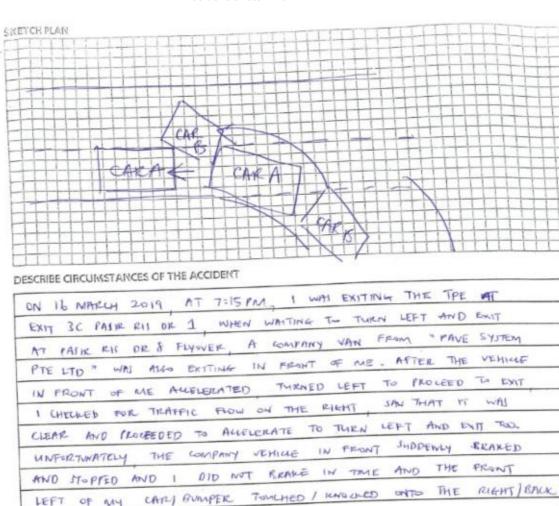
Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

Accident Sketch Plan



VEH A: SLH 2241Z

HY VEHICLE

VEH B! GBB 9371K

DECLARATION

PORTION

OF

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

PolicyNolder's Signature
Date & Timor 29 53119 13 459M

Driver's Signature

(If driver is not the policyholder)

Date & Time: 29|=3/19 12:45 PM

n

Reporting Centre Personnel's Signat Name: DANIEL JUDE NRIC/FIN No.: 99001518D

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the cizims process.
- This Form must be completed by the Policyholder and/or the Authorised Drivet.
- 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.
- Any felse reporting may be referred to the Police for invertigation.
- 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
- 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, admowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GLA") 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 ma;
 - (iv) administering my claims (including the mailing of correspondence, statements, involces, 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 t 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
 - all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permit to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Pur
- (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 frauc 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:

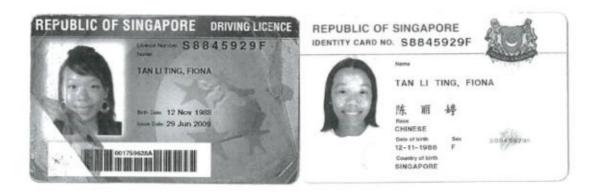
Driver's Signature

(If driver is not the policyholder)

Date & Time: 29/03/19 12:45/M

Reporting Centre Personnel's Signatu Name: DANIEL JUDE

NRIC/FIN NO.: 99001518D







CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Jeffrey Tan Gin Nai

Period of Insurance Engine No.

: 27 Oct 2018 To 26 Oct 2019

Chassis No.

: FA20B854768 : JF1SJGK85GG079674 Vehicle No.

: SLH2241Z : 2100487437-02

Policy No. Endorsement No.

Issued Date

: 03 Oct 2018

ABOUT THE COVER

Make/Model

: SUBARU NEW FORESTER 2.0XT

Engine Capacity/Tonnage : 1,998.00 CC Driver Restriction : NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2016

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 frisher permission. This Policy will indemnify the Policyholder or any authorised driver only if holibe 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 unvaried) is under the age of 23 and/or has less than 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 the or neward, triving fulfion, driving test, racing, pace-making, reliability trial or speed-testing, the certage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

* Limitations rendered inspersive by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169) and Section 95 of the Road Transport Act, 1957 (Malaysia), are not to be included under these headings.

EXCESS

Section 1 Fire - \$0 Own Damage - \$1400 Theft - \$0 Flood Cover - \$0

Section 2 Properly Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Jeffrey Tan Gin Nai - \$1400 (Own Damage)

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

1.Motor Image Enterprises Pte Ltd. Add. 19 Lorong & You Payon Singapore 319255 64170100

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour scolderd emergency hotine at +85 6336 6250. Alternatively, you may refer to AIG website www.aig.com.ag or AIG SG Mobile App. Simply search and download 'AIG SG' from l'Tunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

Whe hereby certify that the policy to which this Centificate 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, 1997 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1999 (Malaysia).

TAN CHONG CREDIT SUBARU-ADT 911 BUKIT TIMAH ROAD

SINGAPORE 589822

Underwritten by AIG Asia Pacific Insurance Pts. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE



51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

Our Ref: CC6/AIG19005147/jb3

25 March, 2019

Jeffrey Tan Gin Nai 44 Jalan Pari Dedap Singapore 488635

Dear Sirs,

ACCIDENT INVOLVING SLH 2241Z AND GBB 9371K ON 16.03.2019 ALONG/ AT TPE TO PARIS RIS

We, LKK Auto Consultants Pte Ltd has been appointed to act on the behalf of your insurer, AIG Asia Pacific Insurance Pte Ltd (AIG) to settle a THIRD PARTY claim against you for an accident which happened on the above-mentioned date and location.

Kindly proceed to lodge your GIA report within five (05) working days of receipt of this letter, giving the version of the accident amongst other things related to the accident. The GIA report can be lodged at any of AIG reporting centres. You may refer to your Certificate of Insurance for the list of the reporting centres.

If you have any information to add or any mendments to make, please contact the undersigned within five days from the date of this letter.

Please note that the standing of your insurance policy such as NCD, premium & etc would be affected.

Yours faithfully,

4. 1

Joy Irene Claims

Tel: 6841 2409 Fax: 6741 4108

Email: joyirene@lkkauto.com

c.c. Claims Manager

AIG Asia Pacific Insurance Pte Ltd

(Motor Claims Dept)













