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	03/05/2019 12:01
Date Of Accident	02/05/2019 17:05
Exact Location Of Accident	JALAN AHMAD IBRAHIM BEFORE JOINING AYE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SLV4196J
Insured/Policyholder	
Name Of Registered Owner	TAN KOK KEONG (CHEN GUOQIANG)
NRIC No	S7304049C
Email Address	ST6263@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94899118
Alternative Phone No	Others-94899118
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA5 WAGON 2.0 AT EU6
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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.
Гуре Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800004421
Cover Note Number	
Driver	
Name of Driver	CHOO SIEW TING
NRIC No	S7561360A
Date Of Birth	31/03/1975

INDOOR

18/04/2013

6 YEARS AND 0 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-81123643

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 677B JURONG WEST STREET 64 #02-301

3

NO

NO

NO

1

NO

NO

Postcode Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident **COLLISION - HEAD TO REAR**

Weather Conditions CLEAR DRY Road Surface

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? 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 STATEMENT ON THE 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

SBN9998P Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver LEE TIEN LUNG (LI TIANLONG)

S7537572G NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBC8751Z

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)

Sketch Plan

SKETCH PLAN

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- 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:
 - (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 Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time: 3/5719

Reporting Cent Name:

NRIC/FIN No.:

I am fully aware that my insurer may have a 14-day period for me to decide on filing an Own Damage Claim.

Own Damage Claim

☐ Third Party Claim

OD/TP Claim at another workshop:

☐ Reporting Only

DECLARATION

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: 3/5/19

Reporting Captre

Name: NRIC/FIN No.:

e Personnel's Signature

03/05/10/9

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: Choo Sien Ting
VEHICLE NUMBER	: SLV 4196 J
DATE/TIME OF ACCIDENT	: 02/4/19
PLACE OF ACCIDENT	: In Ahmed Ibrahim
THIRD PARTY VEHICLE (IF ANY)	: S8N9998 P
********	· 中央安全的安全的中央中央的全国的企业中的企业中的企业中的企业中的企业中的企业中的企业中的企业中的企业中的企业中
WHERE DID YOU START YOUR JO BEFORE THE ACCIDENT?	URNEY AND WHERE WAS THE INTENDED DESTINATION
Going towards Comma	wealth Jec school
WHAT IS THE TYPE OF COLLISIO VEHICLES INVOLVED?	N AND THE EXTENSIVENESS OF THE DAMAGES TO ALL
WERE YOU OR YOUR PASSENGER TAKEN TO THE TRAFFIC POLICE I	/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU FOR INVESTIGATION?
Name: Curo Sin Ping	

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

1

SLV HIGG Driver















Name of Policyholder : Tan Kok Keong (Chen Guoqiang) Period of Insurance : 29 Dec 2017 To 28 Dec 2019 Engine No. : PE10537660

Chassis No.

: JM6CW1071H0127312

Vehicle No.

: SLV4196J : 1800004421

Policy No. Endorsement No.

Issued Date

: 15 Jan 2018

ABOUT THE COVER

Make/Model

: MAZDA 5 2.0 SKYACTIV

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

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2017 Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive":

as The Policyholder
by Any other person who is driving on the Policyholder's order or with his mer permission.
This Policy will indemnify the Policyholder or any authorised driver only if heistne meets the specified aga condition.

You have to pay an adobtonal sunt of \$3,000 as "Young and or inerpetienced Driver Excess" ("Y-DR") if You are or Your Authorised Driver in their 2 years' offring experience.

Age Condition

: All Age Condition

Limitation as to use* :

Loss of Use 1500cc - 1600cc Optional

"Lumrations rendered incogrative by Section 8 of the Mater Vehicles (Third-Party Risks and Compensation) Act (Cas. 189) and Section 56 of the Road Transport Act, 1987 (Malaysia) are not to be included under these beaches

EXCESS

Section 1 Fire - S0 Own Damage - \$600 Theft - S0 Flood Cover - \$0

Section 2 Property Demage - 30

Windscreen: \$100

Named Driver and Excess (where applicable)

Tan Kok Keong (Chen Guoqiang) - S800 (Own Dannage)

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

1 Trans Eurokars Pro Ltd. Add: 5 Ubi Clase. Singapora 408905 83958899

For other: Approved Recording Centres AIG Authorised Repairers, please contact our 24-hour or AIG SQ Mobile App. Simply search and assayinged: AIG SG from Tunes or Goode Play. sty hotine at -65 8338 6200. Atternatively, you may refer to A/G systeite swarzing com.sq.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan; United Overseas Bank Limited

I/We hereby certify that the policy to which this Certificate of Insurance relates is risuled in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189). Part IV of \$200 (Malaysia) and Motor Vehicles (Third Party Risks) Rules. 1959 (Malaysia).

0503599190

ARF (AP) PTE LTD - MAZDA

7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX

SINGAPORE 069111

Underwritten by AiG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE











Driving License

















