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

	ACCIDENT STATEMENT				
Date Of Report	01/06/2019 15:06				
Date Of Accident	31/05/2019 18:50				
Exact Location Of Accident	TPE PIE TOWARDS KPE TAMPINES ROAD				
Country/State of Loss	SINGAPORE				
	DETAILS OF OWN VEHICLE				
/ehicle Registration Number	SLR6713A				
Insured/Policyholder					
Name Of Registered Owner	TAN PECK KONG				
Co Reg No	S1234121J				
Email Address	NOEMAIL				
Mobile Phone No	(LOCAL) +65-91723652				
Alternative Phone No	Office-NOPHONE				
Vehicle Particulars					
Manufacturer	SUBARU				
Model	IMPREZA 5D-1.6 I-S AWD CVT (A)				
Exact Purpose for which vehicle was being used at ime of accident	PERSONAL / LEISURE				
Are you claiming under your own insurance policy or repair to your vehicle?	YES				
f No, Please state action to be taken					
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	1700043771-01				
Cover Note Number					
Driver					
Name of Driver	CHEN SHIQI, JOAN				
NRIC No	S8814228D				
Date Of Birth	11/04/1988				

INDOOR

12/11/2007

11 YEARS AND 6 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-91723652

Fax Number

Contact Number

EMail Address JOAN.CHENSQ@GMAIL.COM

Address 134 EVERITT ROAD

Postcode

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

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident CHAIN COLLISION

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

4

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name PASIR RIS NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-5852999 - **FAX NO**: 65855261

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO THE ATTACHED DOCUMENT

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: TO BE ATTACHED LATER (WITH TRAFFIC POLICE)

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJP5226E

Vehicle Make/Model/Colour HYUNDAI AVANTE

Details Of Properties

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

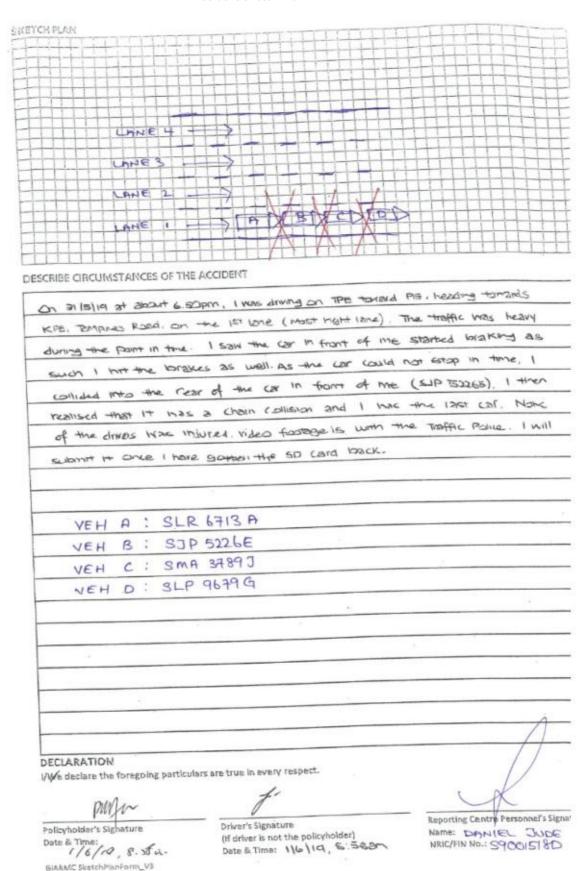
PRIVATE CAR

MUHAMMAD MUHAIMIN BIN ALLIAS

S8234469A

91270372

Accident Sketch Plan



SKETCH PLAN

HMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Pollcyholder 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 fake 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.
- E. Consent under the Personal Data Protection Act (PDPA)

I understand, advicewedge, 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 insurer 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 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 "Purposes")
 - (b) all insurer(s) who have insured vahicle(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
 - (c) 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
 - 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 frau: regulators, law enforcement and government agencies as reasonably required for the purposes stated, o

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

Policyholder's Signature

Driver's Signature

(If driver is not the policyholder)

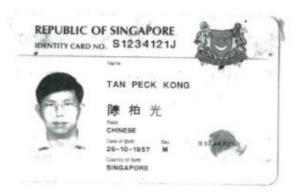
Date & Time: 116/19, 6:582m

Reporting Centre Personnel's Signati Name: DANIEL JUDE

NRIC/FIN No .: 39001518D

GIARME SketchPlanForm_V3



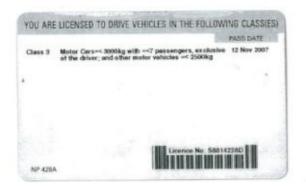
















CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Tan Peck Kong

Period of Insurance : 24 Aug 2018 To 23 Aug 2019

Engine No.

: FB16YA98126

Chassis No.

; JF1GT3KC5HG009619

Vehicle No.

: SLR6713A

Policy No.

: 1700043771-01

Endorsement No. Issued Date

: 13 Jul 2018

ABOUT THE COVER

Make/Model

: SUBARU Impreza 1.6 i-s

Engine Capacity/Tonnage: 1,600.00 CC Driver Restriction

Sum Insured : Market Value

First Year of Registration : 2017

: 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 indepently the Policyholder or any authorised driver only if heights meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or inexperienced Driver (Excess" ("YICR") 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.

: All Age Condition 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 invent, driving fullars, driving less, 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 full for the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with full for the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with full for the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with any trade or business or use for any purpose in connection with any trade or business or use for any purpose in connection with any trade or business or use for any purpose in connection with any trade or business or use for any purpose in connection with any trade or business or use for any purpose in connection with any trade or business or use for any purpose in connection with any trade or business or use for any purpose in connection with any trade or business or use for any purpose in connection with any trade or business or use for any purpose in connection with any trade or business or use for any purpose in connection with any

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 - \$800 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Tan Peck Kong - \$800 (Own Damage)

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

1 Motor Image Enterprises Pte Ltd. Add: 19 Lorong 8 Tos Payoh Singapore 319255 64170100

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

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

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 (Cop. 189), Part IV of the Road Transport Act, 1997 (Malaysia) and Motor Vehicles (Third Party Risks). Rules, 1999 (Malaysia)

0500619202

TAN CHONG CREDIT SUBARUJIAT 911 BUKIT TIMAH ROAD

SINGAPORE 589822

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE





1 of 4

Report No. T/20190531/2202

Police Station Of Origin: Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time 31/05/201		fade:	Vide Report No.; F/20190531/0117	Station Diary No.: 210		
Informan	t's Particu	ulars		以及其 的主要组织不同于2000年代		
Name of Informant: CHEN SHIQI, JOAN			Address: 134 EVERITT ROAD SINGAPORE 428659			
ID Type / ID No.: NRIC NO / S8814228D			Contact No.: Home/Office:	Mobile: 91723652		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Female	Age:	Date of Birth: 11/04/1988	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: Public Servent			Driving Licence Information	on: Date of Expiry:		

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/05/2019 19:00	Type of Location Straight Road	
	XPRESSWAY ards KPE Tampines Rd				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Traffic Control: One Way Not Controlled				Traffic Volume: Heavy	
		Not Controlled		neavy	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJP5226E	Car	HYUNDAI	HD AVANTE 1.6 A	Black	Slightly Damaged	3
SLP9679G	Car	SUBARU	FORESTER 2.0XT CVT AWD SR	Black	Slightly Damaged	0
SLR6713A	Car	SUBARU	IMPREZA 5D 1.6I-S AWD CVT	Grey	Slightly Damaged	0
SMA3787J	Car	OPEL	CROSSLAN D X B12XHT AT	White	Slightly Damaged	4





2 of 4 Report No. T/20190531/2202

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

CONTINUATION OF REPORT

Details of Perso	n Involved			TEU TO	1000			
Any Pedestrian Ir	volved: No							
No. of Pedestrian	Use of Pedestrian Crossing: NA							
Driver	Miles and State of the	1350144	ENERGIE IN S	deotrial	01000	mig. 1471		
Name	CALEB			ID No.		S8317063H		
Related Vehicle	SLP9679G (Car)			Contact No.		98626726		
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL		
Date Treatment	NIL	Date Disc	Discharge NIL					
No. of Days gran					Degree of Injury NIL			
Driver		Manager	THE RESERVE	2011				
Name	MIN			ID No.		S8234469A		
Related Vehicle	SLR6713A (Car)			Contact No.		91270372		
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL		Date Disc	-	-			
	ted Medical Leave	NIL		Degree of Injury NIL				
Driver	XX = TOTAL	BERLING.	450 11 11 11 11 11 11	1	13/19/2			
Name	CHEN SHIQI, JOAN			ID No.		S8814228D		
Related Vehicle	SLR6713A (Car)			Contact No.		91723652		
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL Date I			Discharge NIL				
	ted Medical Leave	NIL	Degree o	-	NIL			





Report No. T/20190531/2202

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999

CONTINUATION OF REPORT

Driver			20日(2月11日)			
Name	AMRITA			ID No		S8871683C
Related Vehicle	SMA3787J (Car)			Conta	ct No.	92329495
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Di			harge	NIL	
No. of Days gran	NIL	Degree of	Degree of Injury NIL			

Brief Details.

On 31/05/2019 at about 6.50pm, I was driving on TPE,PIE heading towards KPE Tampines Road, on the most right lane. The traffic was heavy during the point of time. I saw the car in front of me started breaking as such I hit breaks as well but could not stop in time and the front of my vehicle hit onto the rear of vehicle SJP5226E. I then realized it was a chain collision of the other 3 cars I front of me.

I then got off my vehicle and exchanged particulars with the other drivers. Non of the drivers was injured except one passenger in the second card was conveyed by ambulance. I was not injured as well.





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

4 of 4 Report No. T/20190531/2202

Tel No: 1800-5852999

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

CONTINUATION OF REPORT

Signature Of Officer Recording Th G / Sgt 2 JOEL ZAI JUNJIE	ne Report	Signature Of Informant:			
Signature Of Interpreter: Not applicable		Date/Time: 31/05/2019 22:30			
Officer In Charge Of Case: TP / GIT /		Classification Of Case:			
Contact No.: Authentication Stamp NP168	POLIC	APORE CE FORCE			























Accident Photo



