

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 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. 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	05/07/2019 17:44
Date Of Accident	04/07/2019 20:50
Exact Location Of Accident	WOODLANDS BLK 745 SERVICE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF1333J
Insured/Policyholder	
Name Of Registered Owner	TOH CHIN WAH
NRIC No	S0177438G
Email Address	RYUTAN@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97564868
Alternative Phone No	Office-92991721

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
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	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	210048161-02
Cover Note Number	

Driver

Name of Driver	TOH GEOK LAN
NRIC No	S1492578C
Date Of Birth	22/01/1961
Occupation	INDOOR
Date Of Driving Pass	22/07/1985
Driving Experience	33 YEARS AND 11 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-92991721
Fax Number	
Contact Number	
E-Mail Address	RYUTAN@SINGNET.COM.SG
Address	BLK 860 WOODLANDS STREET 83 #07-152
Postcode	730860
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
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 STATEMENT - REVERSING

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	SMH8057M
Vehicle Make/Model/Colour	HONDA FIT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	90931723

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:
 - (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:

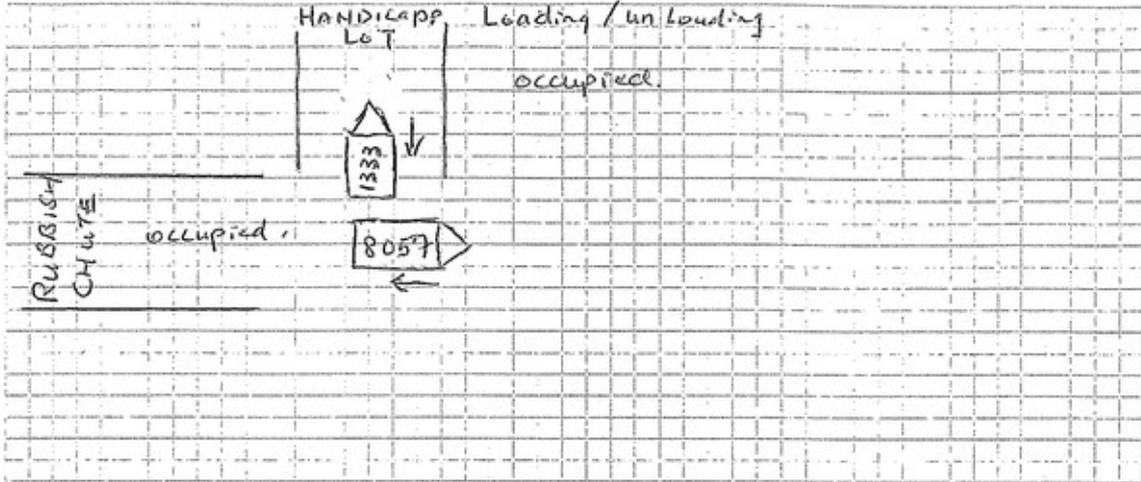


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

04/07/19 about 8:50pm I PARK AT BIK 745 Handicap Lot To Allow my sister To unload her belonging and luggage as the other lots all taken and that is only available place. Finally, about 8:58 I need to reverse and check my rear mirror and side mirror and turn my head right & left to make sure all clear so I slowly ~~reverse~~ ^{start} my vehicle and slowly move backward then suddenly there is a ~~car~~ red car park behind and I knock on the her left back passenger door with a slight ~~knock~~ ^{knock}, there are no passenger inside except the driver. After that the driver came down, she say she was also reversing her car and came to a stop. she was no injury or hurt

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:

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

7/5/2019

SLF1333J accident report

•  Reply all |   Delete  Junk |  ...

SLF1333J accident report

R

Ryutan@singnet.com.sg <ryutan@singnet.com.sg>

    Reply all | 

Today, 6:12 PM

CDGE Braddell Private Cars Crash Repair Counter 

inbo:

Dear sirs,

This is to authorise my sister mdm TOh Geok Lan to make the accident report for my car SLF1333J

Thank you

Toh Chin Wah

Sent from my iPhone

INSURANCE CERT

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder	: Tan Chin Wah	Vehicle No.	: SLF1333J
Period of Insurance	: 15 Aug 2018 To 14 Aug 2019	Policy No.	: 2100478151-C2
Engine No.	: 22R1812994	Endorsement No.	:
Chassis No.	: JTDGJ20W15J054797	Issued Date	: 15 Jul 2018

ABOUT THE COVER

Make/Model	: TOYOTA NEW WISH	Sum Insured	: Market Value	First Year of Registration	: 2018
Engine Capacity/Tonnage	: 1,798.00 CC	Off Peak Car	: No	Insuring with COE/PARB	: Yes
Driver Restriction	: NA				

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 authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$2,000 as "Young Driver Inexperienced Driver Excess" ("YIDE") if you are a New Authorized Driver (named or unnamed) or under the age of 25 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 provide cover for use in racing, driving school, driving test, racing, post-racing, vehicle hire or hire-out, delivery, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Sports.

Class of Use: 1000x - 1000x Optional
 * Limitations mentioned in Section 6 of the Motor Vehicle (Third Party Rules and Compensation) Act (Cap. 180) and Section 26 of the Road Transport Act, 1987 (Malaysia) do not apply to the insured under these headings.

EXCESS

Section 1
 Fire - \$0; Own Damage - \$2000; Theft - \$0; Flood/Storm - \$0

Section 2
 Property Damage - \$0

Windscreen - \$100

Named Driver and EXCESS (where applicable)
 Tan Chin Wah - \$2000 (Own Damage)

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

Approved Reporting Centres (ARC) Authorized Repairers (for claims related repairs)
 Any accident repairs to the vehicle must be carried out by one of our Authorized Repairers. Within the first 3 years of the first registration of the vehicle in Singapore, you have the option of having the accident repairs carried out at the Insurer's workshop.
 For other Approved Reporting Centres (ARC) Authorized Repairers, please contact the 24-hour accident emergency hotline at +65 6333 8200. Alternatively, you may refer to ARC website www.arc.gov.sg or ARC SG Mobile App. Simply search and download "ARC SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

This Insurer certifies that the policy to which this Certificate of Insurance relates is issued in accordance with the conditions of the Motor Vehicle Third Party Rules and Compensation Act (Cap. 180), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicle (Third Party Rules) Rules, 1989 (Malaysia).

808210000
 400 4244 042380 INSURANCE P.L.

J. Prile

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



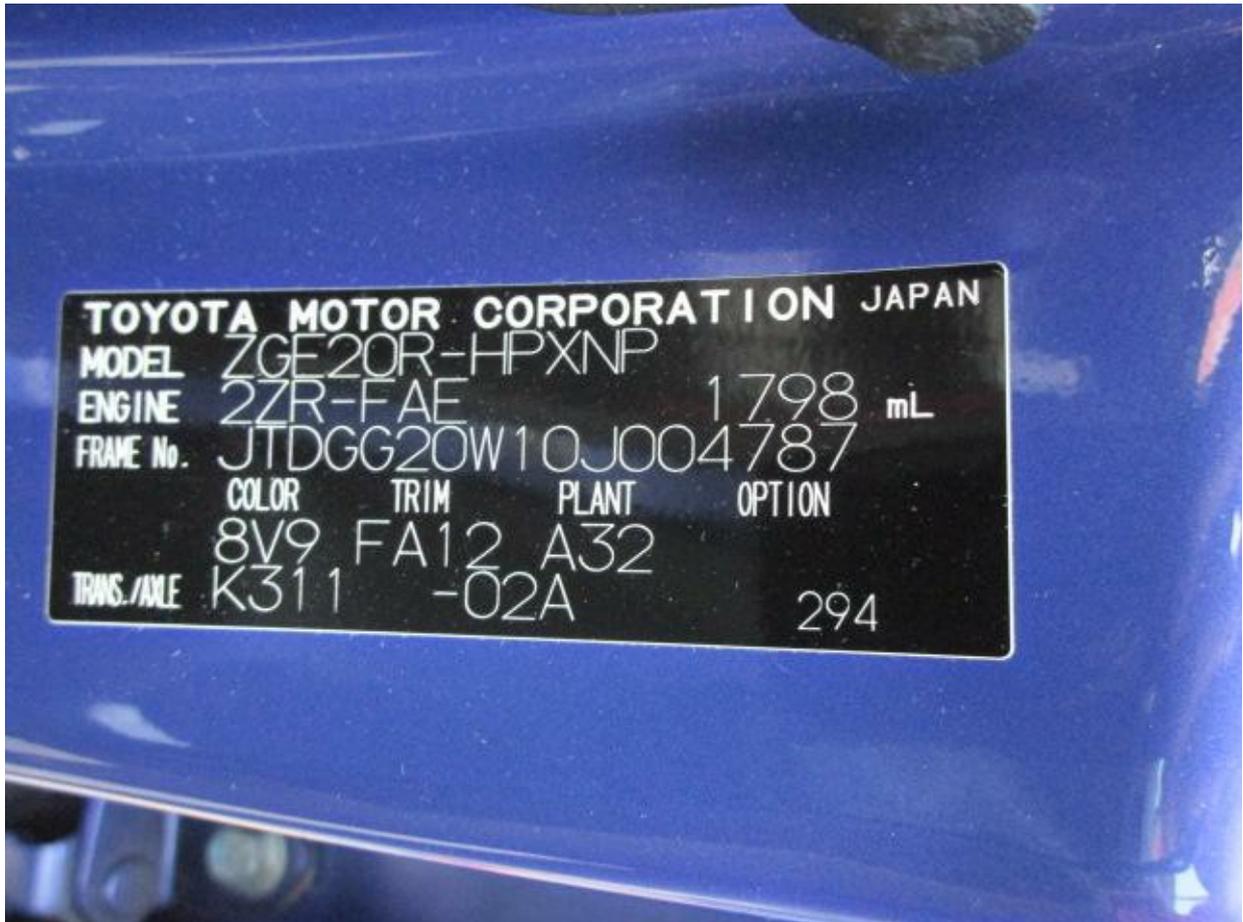
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