### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 1. Please report <u>correctly</u> 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 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	24/07/2019 10:43
Date Of Accident	24/07/2019 08:55
Exact Location Of Accident	OPHIR RD BEFORE UP-RAMP TO ECP
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGP8838E
Insured/Policyholder	
Name Of Registered Owner	TOH KAI YEN
NRIC No	S0161555F
Email Address	TW2503@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96219071
Alternative Phone No	Office-NOPHONE
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER-2.0 I-L CVT AWD SR (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?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800156248
Cover Note Number	
Driver	
Name of Driver	TOH KAI YEN
NRIC No	S0161555F
Date Of Birth	25/03/1950
On a contractions	NDOOD

**INDOOR** 

14/02/1970

49 YEARS AND 5 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-96219071

Fax Number

**Contact Number OFFICE-NOPHONE** 

**EMail Address** TW2503@HOTMAIL.COM

APT BLK 622 BUKIT BATOK CENTRAL #23-504 Address

2

NO

NO

YES

NO

2

NO

NO

Postcode 650622 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 - 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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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)

Passenger 1 Name: : IRIS TOH LIMIN

> Gender: : Female

#### **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 NO Was there any video captured by Car Camera? Was there any audio recorded? NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

SKW8665C Vehicle Registration Number Vehicle Make/Model/Colour LEXUS RX270 **Details Of Properties REAR BUMPER** PRIVATE CAR Vehicle Category Name of Driver **JACKY** 

NRIC/Passport Number Contact Number

Address

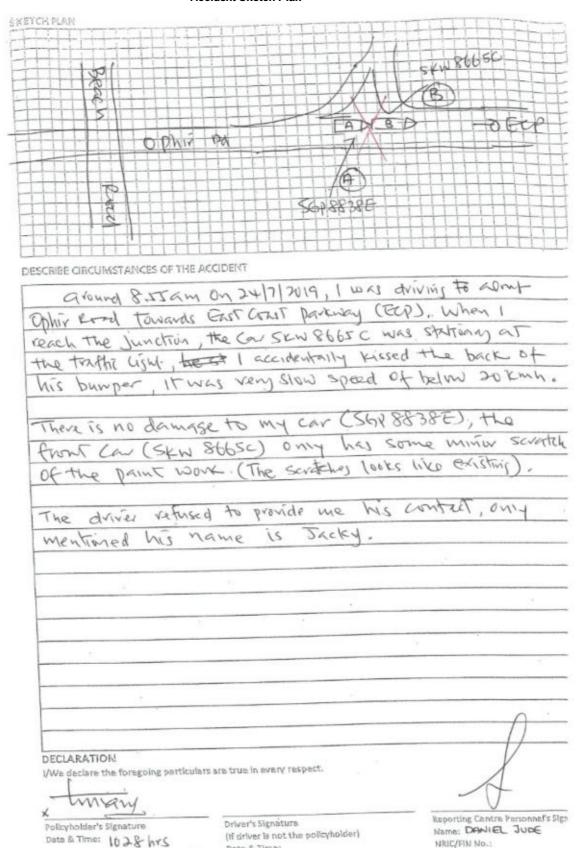
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**



Date & Time:

SWARME SketchPlenForm 17 17019

NRIC/FIN No .:

#### SKETCH PLAN

### HAPORTANT NOTICE

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- 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 false reporting may be referred to the Police for Investigation.
- E. 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 aforesald.
- Consent under the Personal Data Protection Act (PDPA)

I understand, adunctifiedge, 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 (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved (all ins vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, th Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s
  - (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 wall as or external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively ! "Purposes")
  - (b) all Insurer(s) who have insured vahicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are perr 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 provide agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above ?
  - (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 in 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.

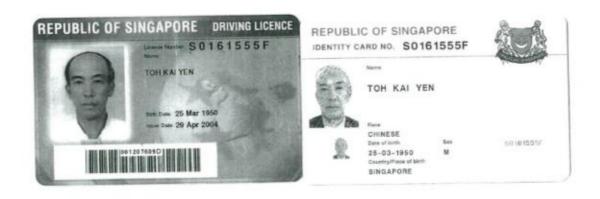
Polloyholder's Signature

Date & Time:

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

Reporting Centre Personnel's Sign Name: DANIEL JUDE WRIC/FIN No.:

STARMIC SketchPlanForm\_V3







### CERTIFICATE OF INSURANCE

Vehicle No.

#### SUBARU AUTO PROTECTOR PRIVATE VEHICLE

 
 Name of Policyholder
 : Toh Kai Yen

 Period of Insurance
 : 31 Dec 2018 To 30 Dec 2019

 Engine No.
 : FB20YE43889
 : 1800156248 Policy No. Endorsement No. : 000000000251690 Chassis No. : JF1SJ5KC5JG112271 Issued Date : 16 Jan 2019

#### ABOUT THE COVER

SUBARU Forester 2,0i-L Make/Model

Engine Capacity/Tonnage : 1,995.00 CC Sum Insured : Market Value First Year of Registration : 2018 Insuring with COE/PARF : Yes Driver Restriction : NA Off Peak Car ; No

Person or Classes of Persons Entitled to Drive\*:

8) The Pulicyholder to Any other person and is driving on the Policyholder's order or with his/her permission. This Policy will anderenly the Policyholder or any authorised driver only if heishe meets the specified age condition.

You have to pay an additional ours of \$5,000 as "Young and/or frequenced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unsamed) is under the age of 23 and/or has less than years' diving experience.

Age Condition : All Age Condition

Limitation as to use\* :

Use only for social, sometic and pleasure purposes and for the Policyholde's business.
This Policy does not cover use for him or reward driving fusion, driving test, record, poce-making reliability mail or speed-testing, the carriage of goods other than samples in connection with any trade or mississes or use for any purpose in connection with More Trade.

Loss of Lise 1500cc - 1600cc

1. Imitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 180) and Section 55 of the Road Transport Act, 1387 (Malaysia), are not to be included under these headings.

#### EXCESS

Section 1 Fire - \$0 Own Damage - \$800 Thet - \$0 Flood Cover - \$0

Named Driver and Excess (where applicable)

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

1,Motor Image Enterprises Pte Ltd: Add: 19 Lorong 8 Toa Payuh Singapore 319255 64170100

For other Approved Reporting Centres/AG Authorised Repairers, please contact our 24-hour accident emergency holding at +05 6338 6290. Alternatively, you may refer to AIO website www.aig.com.sg or AIG SG Motile Acc. Simple search and download: 'AIG SG' from If Lines or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

Wile 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 Third Party Risks and Motor Vehicles (Third Party Risks Risks, 1956 (Moleysia)).

TAN CHONG CREDIT SUBARUANT

911 BUKIT TIMAH ROAD

SINGAPORE 589622

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE



























