

## 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	19/08/2019 12:19
Date Of Accident	17/08/2019 11:05
Exact Location Of Accident	PIE NEAR ENG NEO AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLH9634C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN CHARLENE
NRIC No	S6909552F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92380321
Alternative Phone No	Office-92380321
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	CAMRY-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100491473-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	TAN KIM LENG
NRIC No	S0185141A
Date Of Birth	30/09/1934
Occupation	INDOOR
Date Of Driving Pass	10/04/1964
Driving Experience	55 YEARS AND 4 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96210010
Fax Number	
Contact Number	
E-Mail Address	CHARLENEJTAN@GMAIL.COM
Address	73 KOVAN RD
Postcode	548162
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

#### 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	SKV9524A
Vehicle Make/Model/Colour	MIT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Postcode

### Nature Of Damage

## DETAILS OF OTHER VEHICLE PROPERTY 2

SKU1144X

## Details Of Properties

PRIVATE CAR

NRIC/Passport Number

Address

Postcode

### Nature Of Damage

No. Of Passenger (Including Driver)

### Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

FRONT CAR JAMMED BRAKE, I JAMMED  
BRAKE BUT CANNOT STOP IN TIME AND HIT  
THE FRONT CAR.

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

Tom Kim

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

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


## SKETCH PLAN

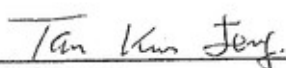
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

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.:

Individual Statement



**MOTOR ACCIDENT INTERVIEW FORM**

NAME (DRIVER) : TAN KIM LENG  
VEHICLE NUMBER : SLH 9634C  
DATE/TIME OF ACCIDENT : 17.8.2019 @ 11.03am  
PLACE OF ACCIDENT : PIE NEAL ENGINEER AVE  
THIRD PARTY VEHICLE (IF ANY) : SKV 9524A / SKU 1144A

\*\*\*\*\*

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED  
DESTINATION BEFORE THE ACCIDENT?

SERONG TO CITY

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF  
THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-  
ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NO

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES  
TO ALL VEHICLES INVOLVED?

CHAIN COLLISION

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL?  
WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO

Tan Kim Leng.

TAN KIM LENG

Name:

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

AIG Asia Pacific Insurance Pte. Ltd.  
AIG Building 78 Shenton Way #07-16 Singapore 079120  
Tel: 6419 3000

Individual Statement

## UNDERTAKING

I, TAN CHARLENE, (NRIC No. S6909552F), hereby confirm that the Singapore Accident Statement lodged by me on 19.8.2019 at 10:45am hours pertaining to the accident involving motor car Reg. No: SKH 9634-C, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

Signature : Tan Kim Leng  
Name of Insured / Driver : TAN KIM LENG  
Nric No. : S0185141-A  
Date : 19.8.2019

Signature : Charlene  
Name of Policyholder : TAN CHARLENE  
Nric No. : S6909552-F  
Date : 19.8.2019



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Tan Charlene  
 Period of Insurance : 24 Nov 2018 To 23 Nov 2019  
 Engine No. : 6ARP222159  
 Chassis No. : MR053DK5100108631

Vehicle No. : SLH9634C  
 Policy No. : 2100491473-01  
 Endorsement No. :  
 Issued Date : 22 Nov 2018

### ABOUT THE COVER

Make/Model : TOYOTA Camry 2.0 2016 (Improvement)  
 Engine Capacity/Tonnage : 1,998.00 CC Sum Insured : Market Value First Year of Registration : 2016  
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : 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 indemnify the Policyholder or any authorised driver only if he/she 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 unnamed) is under the age of 23 and/or has less than 3 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 hire or reward, driving tuition, driving test, 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 Motor Trade.

Loss of Use 1500cc - 1600cc Optional

\* 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, 1997 (Malaysia), are not to be included under these headings.

### EXCESS

Section 1  
 Fire - \$0 Own Damage - \$2000 Theft - \$0 Flood Cover - \$0

Section 2  
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Tan Charlene - \$2000 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)  
 Any accident repairs to the Vehicle must be carried out by one of our Authorised 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 Sole Agent's workshop.  
 For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download AIG SG from iTunes or Google Play.

### IMPORTANT NOTES

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

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 (Cap. 189), Part IV of the Road Transport Act, 1997 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0030210000

AIG ASIA PACIFIC INSURANCE PL  
 78 SHENTON WAY #07-16 AIG BUILDING  
 SINGAPORE 079120  
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

  
 AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

78 Shenton Way #07-16 AIG Building, Singapore 079120 | Tel: 65 6338 6200 | [www.aig.com.sg](http://www.aig.com.sg)

AIG Asia Pacific Insurance Pte. Ltd.

Identification Card



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6909552F



Name  
**TAN CHARLENE**

陈嘉琳

Race

CHINESE

Date of Birth

17-03-1969

Sex

F

Country of Birth

SINGAPORE

S6909552F

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0185141A



Name  
**TAN KIM LENG  
@TAN EWE LIANG**

陈有良

Race

CHINESE

Date of birth

30-09-1934

Sex

M

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S0185141A

Name

TAN KIM LENG

Birth Date: 30 Sep 1934

Issue Date: 08 Mar 2003



0333713



NRIC No. S6909552F

Blood Group

O+

Date of issue

03-05-1992

Address  
73 KOVAN ROAD  
SINGAPORE 1054



5686775



NRIC No. S0185141A

Date of issue

09-01-2017

73 KOVAN ROAD  
SINGAPORE 548102  
NRIC No: S0185141A

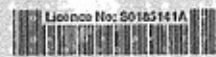
Date: 20/11/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

10 Apr 1994



NP 428A

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

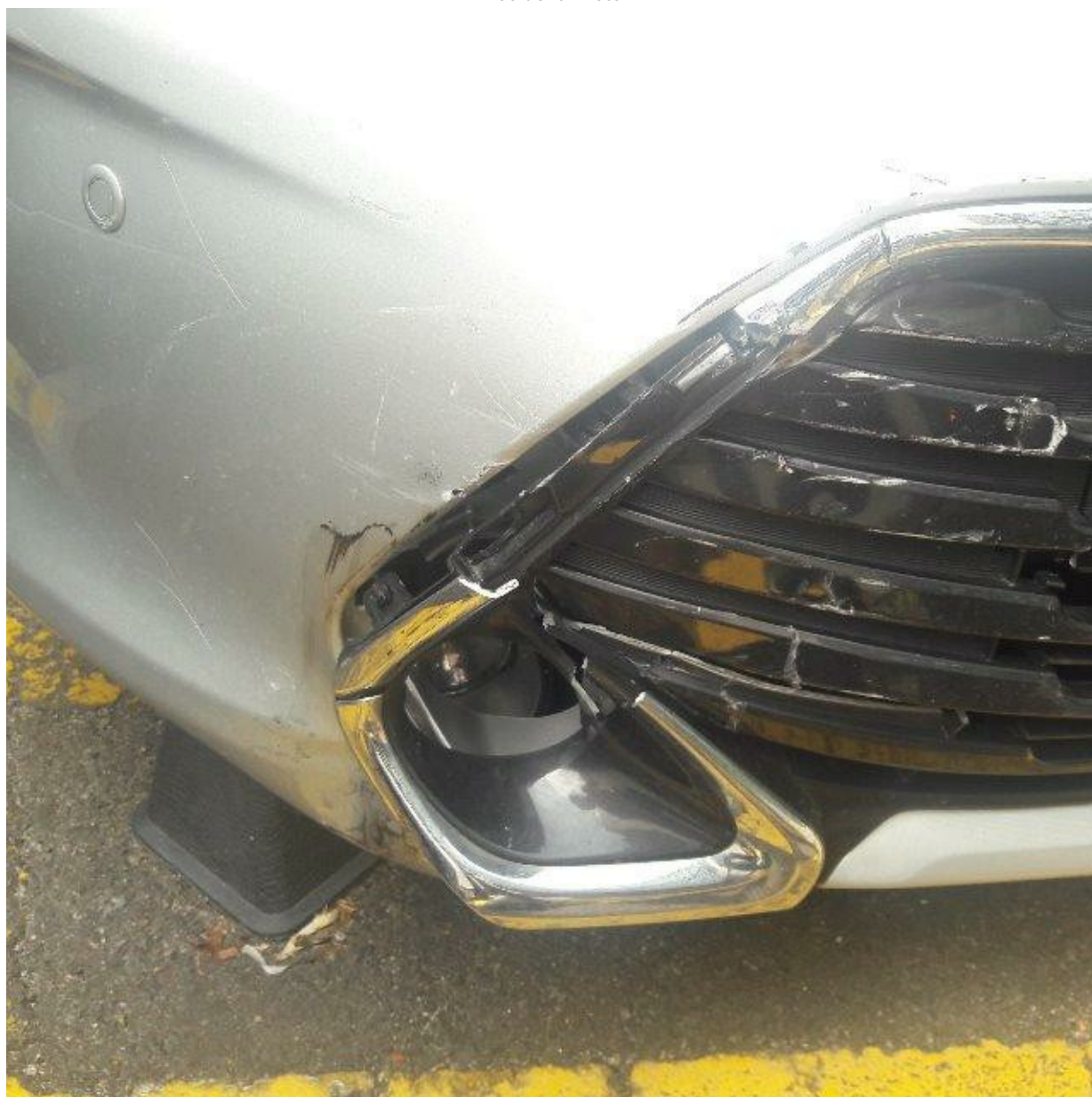




Accident Photo



Accident Photo

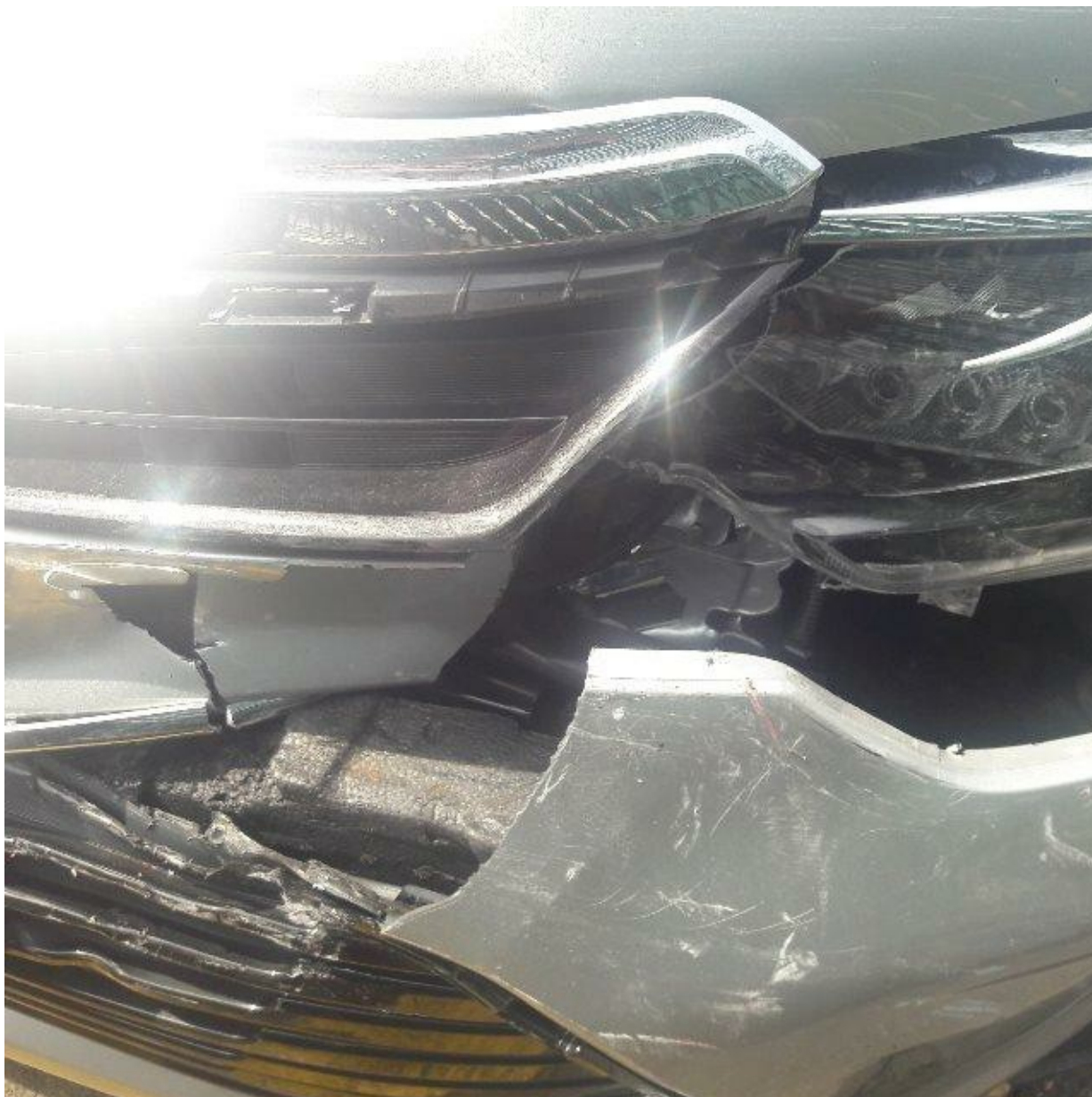




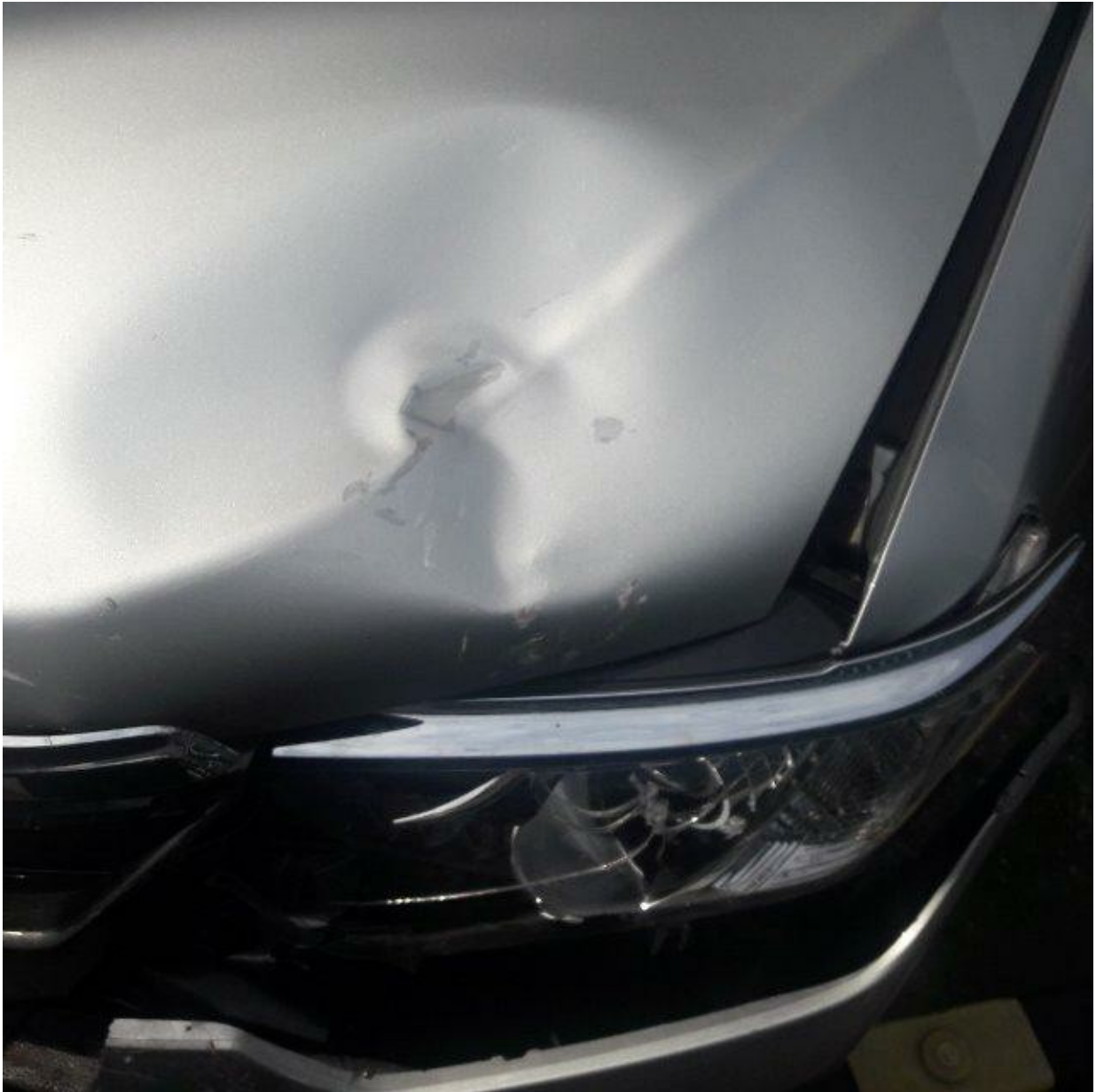
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