### 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 <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.

<ol> <li>By the lodgement of this report to the insurers, you hereby consensed for each of the consense of</li></ol>	ent to the archiving of this report at the centre and to copies of the report being made available		
	ACCIDENT STATEMENT		
Date Of Report	19/08/2019 09:44		
Date Of Accident	18/08/2019 11:15		
Exact Location Of Accident	JURONG WEST AVE 4 TURNING INTO JURONG WEST ST 16		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
/ehicle Registration Number	SJE1496B		
Insured/Policyholder			
Name Of Registered Owner	TAN MENG KIM		
NRIC No	S7311750Z		
Email Address	TAN_MK@YAHOO.COM		
Mobile Phone No	(LOCAL) +65-97286027		
Alternative Phone No	Others-NOPHONE		
Vehicle Particulars			
Manufacturer	HONDA		
Model	CIVIC IMA A		
Exact Purpose for which vehicle was being used at ime of accident			
Are you claiming under your own insurance policy or repair to your vehicle?	YES		
f No, Please state action to be taken			
/ehicle Category	PRIVATE CAR		
nsurance Company			
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	2100507448		
Cover Note Number			
Driver			
Name of Driver	LEE KEM WAT		
NRIC No	S2129607D		
Date Of Birth	03/05/1942		
0	INDOOD		

**INDOOR** 

12/07/2018

1 YEAR AND 1 MONTH

Gender **MALE** 

Mobile Number (LOCAL) +65-98321891

Fax Number

**Contact Number** 

**EMail Address NOEMAIL** 

**BLK 11 YORK HILL** Address

#08-118

Postcode 162011 NO

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured OTHER - FATHER IN LAW

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?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

NO

NO

YES

Number of Passengers (Including Driver) 1

### **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**

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 SMN4913L

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

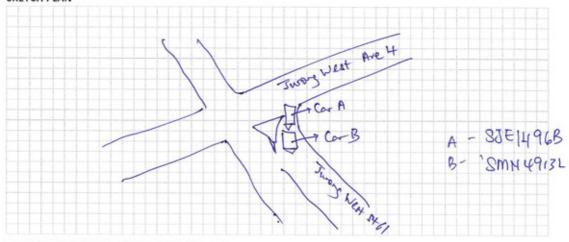
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
  - 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

LICENSE PLATE:	SJE1496B		ACCIDENT DATE & TIME: 18 8 19 11-15am		
CONTACT NUMBE	R: 97286027		E-MAIL ADDRESS: tan_mt Cyahoo.com		
LOCATION: Ju	ong west are 4	tunny into	Jurang West St 61		
( see attach	ed)		Jung West St 61		
	/				
NOTE: PLE	ASE NOTE THAT YOU	R INSURER MAY	HAVE 14 DAYS TIME FRAME F	OR YOU TO SUBMIT AN	
OWN DAMAG	E CLAIM UNDER YOUR	R OWN POLICY.	PLEASE CHECK YOUR POLICY	FOR MORE INFORMATION	
Please state:					
J Claim Ov	n Policy ( ) Clain	Third Party	( ) Claim OD/TP at other workshop	( ) Reporting Only	

DECLARATION

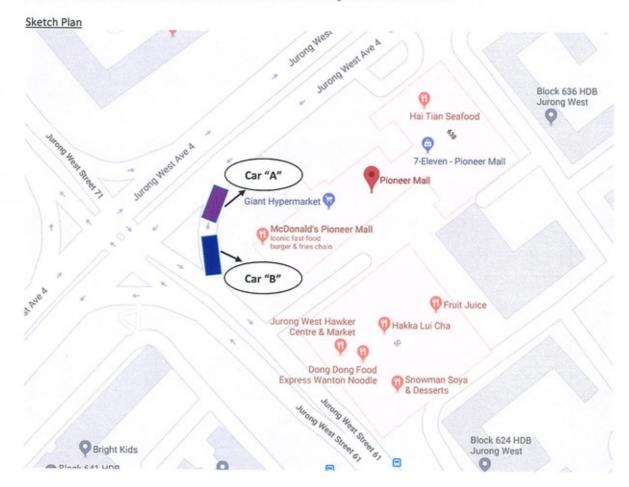
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

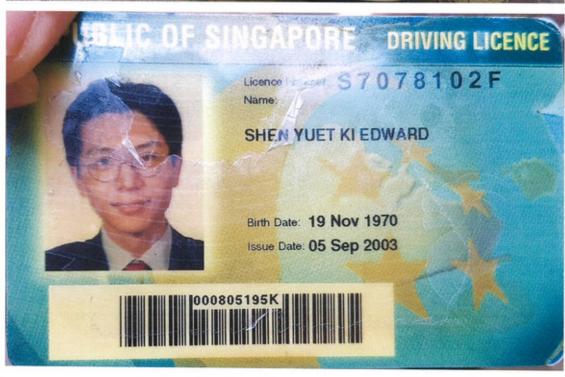
NRIC/FIN No.:

## Circumstances of Accident

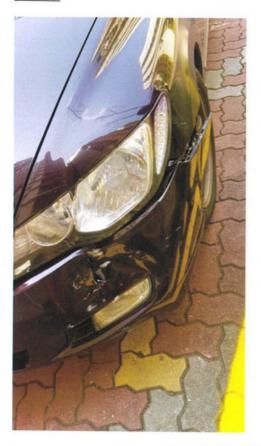
At around 11.15am, I was driving my car, SJE1496B (Car "A"), along Jurong West Avenue 4 and turning left into Jurong West Street 61. At the filter lane, when the car in front of me, SMN4913L (Car "B"), was moving off, I started to drive forward. As I was checking for traffic on my right, I did not notice that Car "B" had suddenly stopped. I could not stop my car in time and collided into the right rear side of Car "B".







## SJE1496B



# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2129607D



Name



LEE KEM WAT @WONG KHENG CHOONG

CHINESE Date of Birth

03-05-1942 M

Country of Birth

SINGAPORE





# CERTIFICATE OF INSURANCE

#### AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Tan Meng Kim
Period of Insurance : 17 Apr 2019 To 16 Apr 2020
Engine No. : LDA23028339
Chassic No. : LBMED36308563

Chassis No.

: JHMFD36208S208563

Vehicle No.

: SJE1496B

Policy No. Endorsement No.

: 2100507448-02 : 000000000263145

Issued Date

: 07 Mar 2019

#### ABOUT THE COVER

Make/Model

: HONDA CIVIC IMA

Engine Capacity/Tonnage : 1,339.00 CC Driver Restriction : NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2008

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 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 "inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition

: 35 years old and above

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, 1987 (Malaysia), are not to be included under these headings.

## EXCESS

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

Property Damage - \$0 Windscreen: \$100

Named Driver and Excess (where applicable)

Tan Meng Kim - \$600 (Own Damage)

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

wed Reporting Centres/ AIG Authorised Repairers (For cla

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairs. 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 hottine at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from Tunes or Google Play.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

I/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, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0032014000

PIAS PTE LTD

OUE DOWN TOWN 2 6 SHENTON WAY #09-08

SINGAPORE 068809

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

# **Accident Photo**



# **Accident Photo**





# Accident Photo













