## 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 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	09/09/2019 10:14	
Date Of Accident	07/09/2019 17:45	
Exact Location Of Accident	ALONG STILL RD SOUTH (BFR JUNC OF MARINE PARADE RD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
/ehicle Registration Number	SMN6607H	
Insured/Policyholder		
Name Of Registered Owner	KOH TING LYN	
NRIC No	S7330760J	
Email Address	TAURUS_CHIANG1973@YAHOO.COM.SG	
Mobile Phone No	(LOCAL) +65-96899798	
Alternative Phone No	Office-94111566	
Vehicle Particulars		
Manufacturer	ТОУОТА	
Model	COROLLA ALTIS-1.6 (A)	
Exact Purpose for which vehicle was being used at ime of accident	NORMAL USAGE	
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	
Insurance Company		
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	1900192348	
Cover Note Number		
Driver		
Name of Driver	CHIANG CHEE HOONG	
NRIC No	\$7315306	

**INDOOR** 

24/10/2009

9 YEARS AND 10 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-98411566

Fax Number

**Contact Number** 

**EMail Address** TAURUS\_CHIANG1973@YAHOO.COM.SG

Address 104 POTONG PASIR AVE 1 #12-400

Postcode 350104

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

Type Of Accident COLLISION - CHANGE/CROSS LANE

**Weather Conditions CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

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) 5

Passenger 1 : KOH TING LYN Name:

> Gender: : Female

Passenger 2 Name: : CHIANG SOOK CHENG

> Gender: : Female

Passenger 3 : LESHAUN CHIANG SHI HAN Name:

> Gender: : Male

Passenger 4 Name: : CLAIRABEL CHIANG XIN YAN

> Gender: : Female

**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?

Was there any audio recorded?

YES

NO

DETAILS OF OTHER VEHICLE DRODERTY 1

Vehicle Registration Number SJR529D

Vehicle Make/Model/Colour TOYOTA AXIO MAROON

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver NEO SAY KIONG

NRIC/Passport Number S7417539B Contact Number 97348508

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

## SKETCH PLAN

## IMPORTANT NOTICE

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- 5. Any false 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.
- 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: 9 Sp P, P-Wan

Driver's Signature

(If driver is not the policyholder)

Date & Time: 9 Sep 19 , 8- Stan

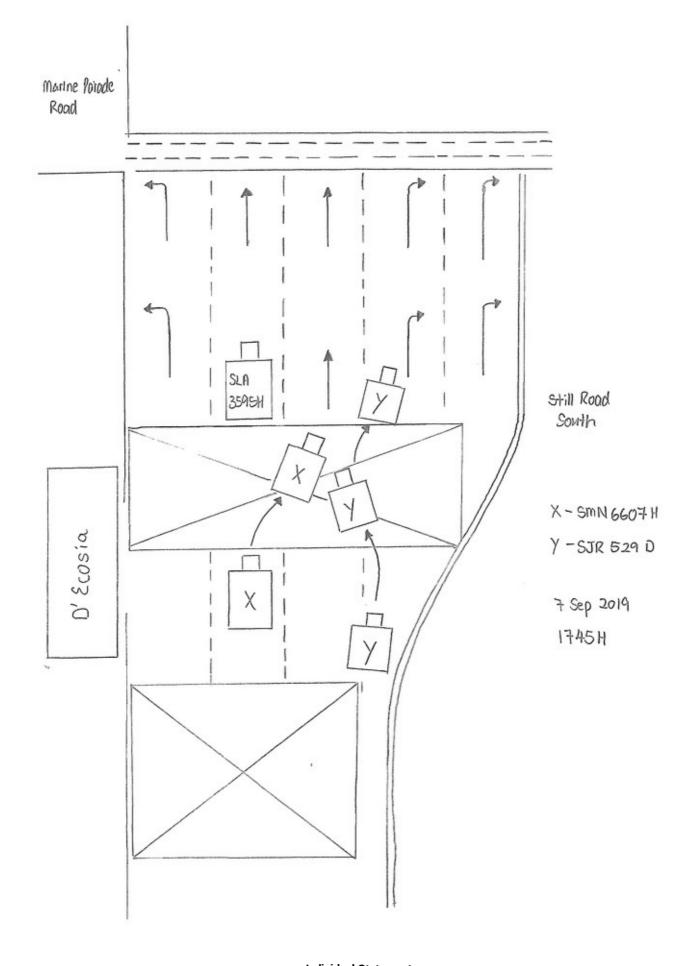
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

KETCH PLAN			
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changed lane. It	o my lane	,	7 1-1011
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FÉLABATION.			
ECLARATION We declare the foregoing particulars a	are true in every respec	t.	
us	Mo		
plicyholder's Signature	Driver's Signature		Reporting Centre Personnel's Signature
ate & Time: 9 Sep 19 8-58 nm	(If driver is not the poli		Name:
SANC MARKETINE CT	Date & Time: 9 Sep 19	1, 8.580m	NRIC/FIN No.:

Sketch Plan #3



Individual Statement



# MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: Chiang thee Sloong
VEHICLE NUMBER	SMN 6607 H
DATE/TIME OF ACCIDENT	: 7 Sep 19 / 5.45 pm
PLACE OF ACCIDENT	: Along Still Road South
THIRD PARTY VEHICLE (IF ANY)	SJR 5290
******	我大年前有大家的的有关的自己的自己的自己的自己的自己的自己的自己的自己的自己的自己的自己的自己的自己的
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	C DRINKS BEFORE YOU DRIVE ON THE DAY OF HE TRAFFIC POLICE CONDUCT ANY BREATHE- , WHAT IS THE RESULT?
WHAT IS THE TYPE OF COLLISION TO ALL VEHICLES INVOLVED?  Front right Corner hit	ON AND THE EXTENSIVENESS OF THE DAMAGES
	ER/S INJURED? IF INJURED, WHICH HOSPITAL? FIC POLICE FOR INVESTIGATION?
Name: Ohlang Oher Normy	

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



# **COVER NOTE**

## TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder

Name of Policyholder : KOH TING LYN (XU TINGLING) Vehicle No.

Period of Insurance : 19 Aug 2019 to 18 Aug 2020 Cover Note No. : 1900152348

Engine No. : 1ZR0D95414 Endorsement No.

: MR053REH604598645 Chasis No. **Issued Date** : 19 Aug 2019

## ABOUT THE COVER

Make/Model : TOYOTA COROLLA ALTIS 1.6

Engine Capacity/Tonnage: 1,598.00 CC Sum Insured : Market Value First Year of Registration : 2019 Driver Restriction : 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 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 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 cover use for him or reward, driving fusion, 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 Mohar Trade.

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 beadings.

# EXCESS

Section 1 Fire - S0 Own Damage - S600 Theft - S0 Flood Cover - S0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable) KOH TING LYN (XU TINGLING) - \$600 (Own Damage)

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

Toyota Bodycare Centre (For accident repair & accident reporting). Add: 17 Ubi Road 4 Singapore 498611 Tel: 6631 1688.

2. Toyota Bodycare Centre (For accident repair & accident reporting). Add: 2 Pandan Crescert Singapore 128462 Tel: 6631 1188

For either Approved Reporting ContrestAIG Authorised Repairers, please contact our 24-hour accident emergency hottine at +65 6318 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTuses or Google Play.

## IMPORTANT NOTES

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

If you do not receive your Cedificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.

If No hereby certify that this Cover Note 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
(Idelately) and Noter Vehicles (Third Party Risks) Rules. 1995 (Idelately) and Noter Vehicles (Third Party Risks) Rules. 1995 (Idelately) and the commencement date of the period of insurance.

INCHCAPE AUTO TOYOTA - BSTU008

33 LENG KEE ROAD SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd. 6

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE Sin Lon Ho

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