

## 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	23/09/2019 15:10
Date Of Accident	21/09/2019 17:10
Exact Location Of Accident	BISHAN ST 22
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP1035E
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### Insured/Policyholder

Name Of Registered Owner	GUAN YENAN
NRIC No	S9075501C
Email Address	YENAN818628@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93216558
Alternative Phone No	Office-93216558

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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?	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	1900161087
Cover Note Number	

### Driver

Name of Driver	GUAN YENAN
NRIC No	S9075501C
Date Of Birth	18/08/1990
Occupation	INDOOR
Date Of Driving Pass	01/10/2016
Driving Experience	2 YEARS AND 11 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-93216558
Fax Number	
Contact Number	OFFICE-93216558
E-Mail Address	YENAN818628@GMAIL.COM
Address	BLK 103 TOWNER RD #04-292
Postcode	322103
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	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

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	SKB855J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

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:

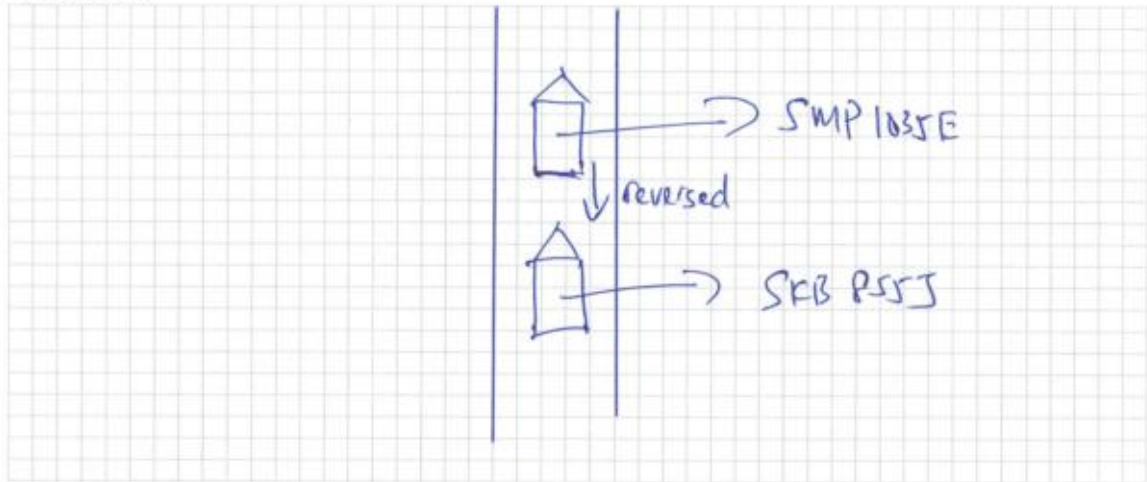
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 23 Sep 2019  
1:30pm

\_\_\_\_\_  
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

I was reversing my vehicle at the barrier located at Bishan Street 22 HDB carpark exit. because of the low PE card value. And. accidentally hit the car behind me. vehicle No: SKB55J.

## DECLARATION

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

  
 Policyholder's Signature  
 Date & Time: 23 Sep 2019 1:30 pm

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

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



**MOTOR ACCIDENT INTERVIEW FORM**

NAME (DRIVER) : GUAN TENAN  
VEHICLE NUMBER : SMP 1035E  
DATE/TIME OF ACCIDENT : 21 Sep 2019 5:10pm  
PLACE OF ACCIDENT : Bishan Street 22  
THIRD PARTY VEHICLE (IF ANY) : SKB 855J

\*\*\*\*\*

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

Bishan Street 22 Carpark 758 towards home Bkt 103 Tower  
Road #2

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?

No visible damage.

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

No

V. K. P. P.  
Name: GUAN TENAN

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



# CERTIFICATE OF INSURANCE

## TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : GUAN YENAN  
Period of Insurance : 10 Sep 2019 To 09 Sep 2020  
Engine No. : 1ZR0E22735  
Chassis No. : MR053REH604599317

Vehicle No. : SMP1035E  
Policy No. : 1900161087  
Endorsement No. :  
Issued Date : 11 Sep 2019

### ABOUT THE COVER

Make/Model : TOYOTA COROLLA ALTIS 1.6  
Engine Capacity/Tonnage : 1,598.00 CC  
Driver Restriction : NA  
Person or Classes of Persons Entitled to Drive\* :  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2019  
Insuring with COE/PAF : Yes

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 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 150000 - 160000

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings

### EXCESS

#### Section 1

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

#### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

GUAN YENAN - \$600 (Own Damage), \$600 (Flood Cover)

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

1 Toyota Bodycare Centre (For accident repair & accident reporting) Add: 17 Ubi Road 4 Singapore 408611 Tel: 6631 1688  
2 Toyota Bodycare Centre (For accident repair & accident reporting) Add: 2 Pandan Crescent Singapore 128462 Tel: 6631 1188

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

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. 169), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

0504667229

INCHCAPE AUTO TOYOTA - BSTL064

33 LENG KEE ROAD

SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

Farhana Ismail

Identification Card



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S9075501C**

Name: **GUAN YENAN**

Birth Date: **18 Aug 1990**  
Issue Date: **06 Oct 2016**

002617167E



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S9075501C**

Name: **GUAN YENAN**  
**关 晔 楠**

Race: **CHINESE**

Date of Birth: **18-08-1990**

Country/Place of Birth: **CHINA**

Sex: **F**

6103557





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

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$

EFFECTIVE DATE: **06 Oct 2016**

NP 426A



6103557

6103557

NAME No: **S9075501C**

Date of Issue: **18-01-2019**

Address: **APT BLK 103 TOWNER ROAD  
#04-292  
SINGAPORE 322103**





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo





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Accident Photo

