## SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

**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 <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.
- 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

aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	26/09/2019 15:52
Date Of Accident	26/09/2019 12:30
Exact Location Of Accident	OUTSIDE NUS MUSEUM
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL3929X
Insured/Policyholder	
Name Of Registered Owner	THAN TUN 00
NRIC No	G0177839R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85918176
Alternative Phone No	Office-85918176
Vehicle Particulars	
Manufacturer	MINI
Model	ONE
Exact Purpose for which vehicle was being used at time of accident	
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	2100501943-02
Cover Note Number	
Driver	
Name of Driver	WAI WAI TUN
NRIC No	S9975270Z
Date Of Birth	07/08/1999
Occupation	INDOOR
Date Of Driving Pass	20/04/2018

1 YEAR AND 5 MONTHS

Gender **FEMALE** 

Mobile Number (LOCAL) +65-92370105

Fax Number

**Contact Number** 

**EMail Address NOEMAIL** 

Address 700 LORONG 1 TOA PAYOH #17-15

Postcode 319773 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** DRY Road Surface

#### 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? NO

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)

## **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?

If Yes, against whom?

### **Circumstances of Accident**

VEHICLE B SUDDENLY JAM BRAKE. I COULDN'T STOP IN TIME AND HIT ONTO VEHICLE B REAR.

2

NO

YES

NO

1

NO

### 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**

SMC1941H Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties VEHICLE B** 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

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or willholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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.:

of Water Steer a facility one way

	[A]	
	A	
ESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
VEHICLE B SUDDE	my JAM BRAKE, I COULDN	1 STOP IN TIME
	EHIUR B REAR	
AND HIT ONTING U		
-		
DECLARATION	culars are true in every respect.	
	(2.0)	v. Capating
	Driver's Signature	Reporting Centre Personnel's Signature Name:
Policyholder's Signature Date & Time:	(If driver is not the policyholder)  Date & Time:	NRIC/FIN NO.:





Race CHINESE Date of birth 07-08-1999 Country/Place of birth MYANMAR

599752702

6144122

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

EFFECTIVE DATE

Motor cars without clutch pedals (Auto) with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

428A

700 LORONG 1 TOA PAYOH #17-15 SINGAPORE 319773

CI



# CERTIFICATE OF INSURANCE

MINI AUTO CRO LOS CP. PRIVATE VEHICLE

Name of Policyholder : Than Tun Oo

Period of Insurance : 23 Feb 2019 To 22 Feb 2020

: F571H378B38A12A

Engine No. Chassis No.

: WWWXS120502E79845

Vehicle No.

: SLL3929X

Policy No.

: 2100501943-02

Endorsement No. Issued Date

: 24 Jan 2019

ABOUT THE GOVE Make/Model

: MINI ONE 1.2

Engine Capacity/Tonnage: 1,198.00 CC Driver Restriction

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2017

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

: NA

a) The Policyholder b) Any other person who is driving on the Policyholder's order ar with his/her permission. This Policy will indemnify the Policyholder or any authorised driver only if neishe needs 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 years' driving experience

Age Condition

All Age Condition

Limitation as to use\*

Use only for social, duringstic one phasers 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

J. Control of the review is said to (Ferrit Leady Flacks and Compensation) N., (Cup. 180) and Session 65 of the Claratificing part Act. 1987 (Malaysia), are not to be \* Limitations rendered recordings.

## EXCESS: III. THE WINDS ALEXANDED SEED TO THE PROPERTY OF THE P

Section 1 Fire - \$0 Own Damage - \$400 The\* - \$0 Fishe Cover - \$0

Section 2 Property Damage - \$0

Named Driver and Excess (where applicable)

Than Tun Oo - 5000 10 - 0

## APPROVED REPORTING DESCRIPTION HORISED REPAIRERS FOR CLAMS RELATED PERAIRS.

Eurokars Habitat Ple Ltd. Avid. € Johns Centre. 12 Sunger Kndur, Ave., Singapore 729648 63633003.

For other Approved Reporting ContrastASG 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. Sangli, seem and download "AIG SG" from iTunes or Google Play.

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

Hire Purchase Compe | Templeyer's Loan; NA

I/We hereby certify that the policy to tritice has Curtainate 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 (Walanski) and Notor Vehicles (Third Party Risks) Rules, 1999 (Malaysia)

MARKET BELLEVIEW OF LONG OF LANGUAGE AND MULES OF MARKET BELLEVIEW OF THE PROPERTY OF THE PROP

0503599140

ARF (AP) PTE LTD - MINI

7 MAXWELL ROAD #01-103 - - 4% of the displayed

SINGAPORE 069111

Underwritten by AIG 4sta Dec 114 insurance Pro 14d

poile

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE **Accident Photo** 



















## **Accident Photo**



## **Accident Photo**

