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 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 conseaforesaid. | ent to the archiving of this report at the centre and to copies of the report being made available | |
|--|--|--|
| | ACCIDENT STATEMENT | |
| Date Of Report | 27/09/2019 16:05 | |
| Date Of Accident | 26/09/2019 15:50 | |
| Exact Location Of Accident | SCOTTS ROAD | |
| Country/State of Loss | SINGAPORE | |
| DETAILS OF OWN VEHICLE | | |
| Vehicle Registration Number | SMN4524B | |
| Insured/Policyholder | | |
| Name Of Registered Owner | FRANSISCA PRASETYA | |
| NRIC No | S9474771F | |
| Email Address | FRANSISCA.PRASETYA@GMAIL.COM | |
| Mobile Phone No | (LOCAL) +65-97924987 | |
| Alternative Phone No | Office-97924987 | |
| Vehicle Particulars | | |
| Manufacturer | ТОУОТА | |
| Model | VIOS-1.5 E GRADE (A) | |
| 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 | 1900143006 | |
| Cover Note Number | | |
| Driver | | |
| Name of Driver | FRANSISCA PRASETYA | |
| NRIC No | S9474771F | |
| Date Of Birth | 16/08/1994 | |

INDOOR

06/05/2018

1 YEAR AND 4 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-97924987

Fax Number

Contact Number OFFICE-97924987

EMail Address FRANSISCA.PRASETYA@GMAIL.COM

Address 100 ROBERTSON QUAY #08-15

Postcode 238250 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 1

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?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SLT9907C Vehicle Registration Number Vehicle Make/Model/Colour TOYOTA CHR

Details Of Properties

PRIVATE HIRE Vehicle Category

Name of Driver **STANLEY**

NRIC/Passport Number

Contact Number 87884024 Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 Name: :

Gender: :

2

Accident Sketch Plan

| SKETCH PLAN | |
|---------------------------|---|
| Sco | offs Rd |
| SMNA | DID 1524B SLT9907C |
| DESCRIBE CIRCUMSTANCES OF | OF THE ACCIDENT |
| - 0 | hathe junction and the red light came on. |
| V | stop, but because I saw the front car more, I accelerates |
| and hit the back of | |
| | + my show number & pictures, before tellighten meth |
| | saw that both our case were not damaged and told |
| hat that he will | send the passenger backfirst as showns in aruch |
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| DECLARATION | |

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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 Signature

Date & Time: 71 09 19

Driver's Signature

(If driver is not the policyholder)

Date & Time:)7[09]10

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No :



MOTOR ACCIDENT INTERVIEW FORM

| NAME (DRIVER) | : Fransicca Pracetya |
|--|--|
| VEHICLE NUMBER | : SMN 4524B. |
| DATE/TIME OF ACCIDENT | : 26/09/2019 |
| PLACE OF ACCIDENT | : Scotts Read |
| THIRD PARTY VEHICLE (IF ANY) | : SLT 9907C |
| ************ | ************ |
| WHERE DID YOU START YOUR DESTINATION BEFORE THE ACCI | |
| | C DRINKS BEFORE YOU DRIVE ON THE DAY OF IE TRAFFIC POLICE CONDUCT ANY BREATHE, WHAT IS THE RESULT? |
| TO ALL VEHICLES INVOLVED? | on and the extensiveness of the damages ar like car. Notmuch damages. |
| | ER/S INJURED? IF INJURED, WHICH HOSPITAL? FIC POLICE FOR INVESTIGATION? |
| | |

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 MALLE

COVER NOTE

TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

The following day described on this Collect ractio is neighborhood COVERED on the leaves as

Name of Policyholder : FRANSISCA PRASETYA

Period of Insurance : 07 Aug 2019 to 06 Aug 2020 Engine No. : 2NR5381197 Chasis No. : MR2823F3501184084

Vehicle No.

Cover Note No.

1 1900143006

Endorsement No. Issued Date

: 07 Aug 2019

ABOUT THE COVER

Make/Model

TOYOTA VIOS 1.5

Engine Capacity/Tonnage 1,496,00 CC Oriver Restriction NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration 2019 Insuring with COE/PARF Yes

Person or Classes of Persons Entitled to Drive*:

a) The Protopholose to key other person who is driving on the Pythopholosis order or with his/her permission. The Public will indemnify the Protopholose or any authorised driver only if heights media the possible age condition.

You have to pay an assistant sum of \$1,000 as "Young antile becomes of Direct Event" (VENT) if Yet are or Your Auth 1981's during experience.

Limitation as to use*

Case tray for social, dismensic and placescere purposes and for the Prologhabor's buspapes.
This Prologhabor has been been used for the excised discense which only less, having patients along relatedly still or speed beautigs or use for any purposes in connection with Mater Trade.

Loss of Use 1500cc - 1600cc

Hosp Air (Cap. 189) and Section 95 of the Road Tra

EXCESS

Section 1 Fire - \$5: Clun Damage - \$1200 Theft - \$3: Flood Cover - \$0.

Section 2 Properly Damage - 55 Windstreen: \$100

Named Driver and Excess (www.autouto)

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

L'Iniciae Bolguese Cerce (Fic accident sepois à excellent equiring). Add 17 (As Franci à Singapore 4(561) Tel. 663 1 666. 2. Trenta Bolguese Castre (Ficz accident repuit à accident equiring). Add 2 Paintier Cession Engapore 126462 Tel. 6631 1148

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

If you do not related your Confidence of Encourage and pulsey documents with 30 days from the propriets risks shall as Pin to to the pulses contact ASS considerable.

With Investig partly field that Clear Rose in squared in contract a both the policitates of the Monte Minister (Total Part), and Conspicuous ASS Clear Total Part No. of the Rose Transport Ass, 1967

Additional or and the Clear Rose of the Contract of the Monte Minister of the Contract Rose of the Contra

5504687237

ENCHCAPE AUTO TOYOTA - BSTLESO

DO LENG KEE ROAD

DESIGNATIONE 159102

Underwrition by AIG Asia Pacific Insurance Plat. Ltd.

2 Joseph

AIG Asia Pacific Insurance Pte. Ltd.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Motor cars without clutch pedais (Auto) with unladen. 96 May 2019 weight =< \$5000kg with << 7 passengers, exclusive of drivert and other motor vehicles without olutch pedais with unladen weight << 2500kg

NF 429A







Accident Photo



Accident Photo













