





## 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	05/11/2019 15:41
Date Of Accident	04/11/2019 20:00
Exact Location Of Accident	PIE TOWARDS TUAS BEFORE ENG NEO EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD1967C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PING XIAOFANG
NRIC No	S2755518G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82684922
Alternative Phone No	OTHERS-82684922

### Vehicle Particulars

Manufacturer	JAGUAR
Model	XF-3.0 V6 LUXURY (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	2100322825-07
Cover Note Number	

### Driver

Name of Driver	PING XIAOYUAN
Passport No/FIN	G5076174L
Date Of Birth	23/03/1970
Occupation	INDOOR
Date Of Driving Pass	03/02/2015
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82684922
Fax Number	
Contact Number	OTHERS-82684922
Email Address	NOEMAIL

Address	8 KOVAN RISE KOVAN REGENCY
Postcode	544737
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
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)	2
Passenger 1	NAME: : PANG XUANRONG GENDER: : MALE

#### 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
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJB3298J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLD3326C  
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)

#### DETAILS OF INJURED PERSON 1

Name PING XIAOYUAN  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SKD1967C  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name PANG XUANRONG  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SKD1967C  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



## SKETCH PLAN


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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:

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

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

# SKETCH PLAN

PIE Towards  
Twas Before  
End No Exit



A - SKD 1967C  
B - SJB 3298J  
C - SLD 3326C

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was in lane 3, the front car slowing down  
I followed suit and came to a stop after second.  
I felt a great impact from the rear caused my car  
moved forward and hit the front car.

## 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:

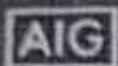
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE:	04/11/2019	TIME:	2000hrs	(hh:mm) 24 hrs Format
LOCATION	P1-E towards Tuas before Eng Neo Exit			
VEHICLE NUMBER	SKD 1967 C			
INSURED NAME	Ping XiaoFang			
NRIC / FIN	S27555186	CONTACT:		
MAKE	Jaguar	MODEL	XF 3.0 V6 LUXURY AT MSJ P1ABH1P2WD	
Are you claiming under your own insurance policy for repair to your vehicle?				
( ) Yes, If No, Pls Select : ( <input checked="" type="checkbox"/> ) Third Party ( ) Reporting Only				
INSURANCE COMPANY	AIG			
TYPE OF POLICY ( <input checked="" type="checkbox"/> ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT				
POLICY NUMBER:	2100322825-07			
NAME DRIVER:	Ping Xiqoyuan	( ) SAME AS INSURED		
NRIC / FIN	G 5076174L	CONTACT:	82684922	
DATE OF BIRTH:	23/3/70			
DRIVING PASS DATE:	3/2/2015			
OCCUPATION:	( <input checked="" type="checkbox"/> ) INDOOR ( ) OUTDOOR			
GENDER:	( <input checked="" type="checkbox"/> ) MALE ( ) FEMALE			
EMAIL ADDRESS:	( ) NO EMAIL			
ADDRESS OF DRIVER:	8 Kovan Rise, Kovan Resenon S (544737)			
Number Of Passenger Include Driver:	Driver only x 1 PAX PANG XUAN RONG (Sam)			
Was driver an employee of the Insured's Company? ( ) YES ( <input checked="" type="checkbox"/> ) NO				
If No, Relationship Of The Driver With The Insured				
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( <input checked="" type="checkbox"/> ) Sibling ( ) Others				
Does The Driver Own Any Other Vehicle? : ( ) YES ( <input checked="" type="checkbox"/> ) NO				
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:				
Insurance Company Of Driver's Own Vehicle				
Weather Conditions: ( <input checked="" type="checkbox"/> ) Clear ( ) Raining ( ) Drizzling ( ) Others				
Road Surface : ( <input checked="" type="checkbox"/> ) Dry ( ) Wet ( ) Others				
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( <input checked="" type="checkbox"/> ) NO				
Was Anybody Injured In The Accident? ( <input checked="" type="checkbox"/> ) YES ( ) NO				
If YES, Injured details :				
Convey By Ambulance: ( ) YES ( <input checked="" type="checkbox"/> ) NO				
Was There Any Video Capture By Car Camera? ( ) YES ( <input checked="" type="checkbox"/> ) NO				
Was There Accident Reported To The Police? ( ) YES ( ) NO If Yes Attach Police Report				
Police Report Number (if any)				
Details Of 3rd Party	Name / NRIC	No. of Paxs (incl' driver)	Contact	
Veh B	SJB 329BJ	( ) / Not Sure ( )	(NTUC)	
Veh C	SLD 3326C	( ) / Not Sure ( )		
Veh D		( ) / Not Sure ( )		
Veh E		( ) / Not Sure ( )		
Veh F		( ) / Not Sure ( )		
Veh G		( ) / Not Sure ( )		





# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Ping Xiaofang  
 Period of Insurance : 25 Oct 2019 To 24 Oct 2020  
 Engine No. : 599575334FC  
 Chassis No. : SAJAC05D6CFS25457

Vehicle No. : SKD1967C  
 Policy No. : 2100322625-07  
 Endorsement No. :  
 Issued Date : 21 Oct 2019

### ABOUT THE COVER

Make/Model : JAGUAR XF 3.0 PREM LUXURY  
 Engine Capacity/Tonnage : 2,967.00 CC  
 Driver Restriction : NA  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2011  
 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 for any authorized driver only if he/she is driving the specified type condition.

You have to pay an additional surch of \$1,500 as "Transported Driver Excess" (TDRE) if You are as Your Authorized Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 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.

Local Use Only: 1500cc - 1800cc Optional

\* Excesses imposed irrespective by Section 6 of the Motor Vehicle (Third Party Risk and Compensation) Act (Cap. 199), Section 56 of the Road Transport Act, 1967 (Malaysia) and Road Transport (Motor Vehicle) Act 2019, are not to be included under these headings.

### EXCESS

Section 1  
 Fire - 30 Own Damage - \$1400 Theft - 30 Flood Cover - 30

Section 2  
 Property Damage - 30

Watermark - \$100

#### Named Driver and Excess (where applicable)

Ping Xiaofang - \$1400 Own Damage

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

Approved Reporting Centres/AIC Authorized Repairers (For claims related repairs)

Any repairs required to the vehicle must be carried out by one of our Authorized Repairers. Within the first 3 years of the first registration of the vehicle in Singapore, You have the option of having the accident repair carried out at the AIC Agent's workshop.  
 For other Approved Reporting Centres/AIC Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 8738 6235. Alternatively, You may refer to AIC website [www.aig.com.sg](http://www.aig.com.sg) or AIC 24-hour hotline. Search and select location, 482 507 from Twitter or Google Plus.

### IMPORTANT NOTES

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

We hereby certify that the policy is issued in accordance with the provisions of the Motor Vehicle (Third Party Risk and Compensation) Act (Cap. 199), Part IV of the Road Transport Act, 1967 (Malaysia), Road Transport (Motor Vehicle) Act 2019 and Motor Vehicle (Third Party Risk) Rules, 1969 (Malaysia).

0607643009

THIRD MING KIAN JAMES

67, ALEXANDRA ROAD #10-01 AIA ALEXANDRA

SINGAPORE 119962 SINGAPORE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*M. N. K.*

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORIZED REPRESENTATIVE

0607643009



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	518G
<b>Vehicle Details</b>	
Vehicle No.:	SKD1967C
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Nov 2019
Vehicle Make:	JAGUAR
Vehicle Model:	XF 3.0 V6 LUXURY AT ABS D\AB HID 2WD 4DR
Primary Colour:	Black
Manufacturing Year:	2011
Engine No.:	599575334FC
Chassis No.:	SAJAC05D6CFS25467
Maximum Power Output:	175.0 kW (234 bhp)
Open Market Value:	\$55,893.00
Original Registration Date:	25 Oct 2011
First Registration Date:	25 Oct 2011
Transfer Count:	0
Actual ARF Paid:	\$55,893.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Oct 2021
PARF Rebate Amount:	\$30,741.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	24 Oct 2021
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$64,889.00
COE Rebate Amount:	\$12,314.00
<b>Total Rebate Amount:</b>	<b>\$43,055.00</b>

The information contained herein is correct as at 05 Nov 2019

OK