

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	27/11/2019 13:47
Date Of Accident	27/11/2019 09:50
Exact Location Of Accident	JALAN EUNOS TWDS NEW UPP CHANGI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML5755E
Insured/Policyholder	
Name Of Registered Owner	TAN KOK BOON
NRIC No	S1398620G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96611959
Alternative Phone No	Office-96611959

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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	1700034233
Cover Note Number	

Driver

Name of Driver	TAN SI YING DELIA
NRIC No	S9547031I
Date Of Birth	12/12/1995
Occupation	INDOOR
Date Of Driving Pass	22/08/2014
Driving Experience	5 YEARS AND 3 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-96456567
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	9 JALAN SINGA
Postcode	418096
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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

ON 27/11/2019 AT ABOUT 9.50AM, WHILST TRAVELLING ALONG JALAN EUNOS TOWARDS NEW UPPER CHANGI ROAD AT THE SLIP ROAD, VEHICLE B (SH7226C) IN FRONT WAS STATIONARY. I BRAKE BUT COULDN'T STOP IN TIME THUS COLLIDED ONTO THE REAR PORTION OF VEHICLE B. IT WAS ONLY SLIGHT TOUCH.

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	SH7226C
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
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

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. 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:

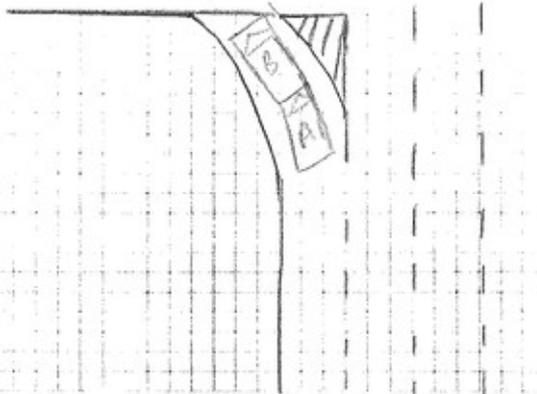
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

27/11/2019
12:15pm

PREMIUM CAREZ

SKETCH PLAN

Vehicle A: SML5755E
B: SH7226C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/11/2019 at about 9.50am, whilst travelling along Jalan Eunos towards New Upper Changi Road at the slip road, vehicle B (SH7226C) in front was stationary. I brake but couldn't stop in time thus collided into the rear portion of vehicle B. It was only slight touch.

DECLARATION

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

Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3

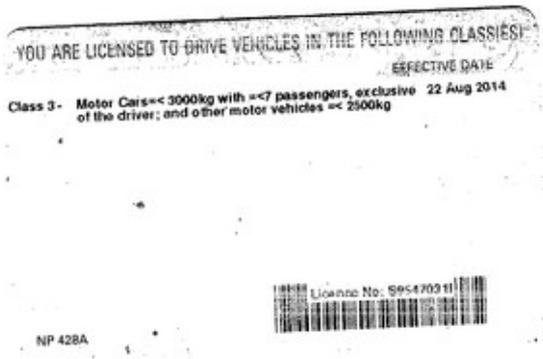
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature]
27/11/2019
12:15pm

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



0-3000kg with <=7 passengers





CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Tan Kok Boon
Period of Insurance : 01 Jul 2019 To 31 Jul 2020
Engine No. : 7749103085681
Chassis No. : WDD2040312A877699

Vehicle No. : SML5755E
Policy No. : 1700094233-02
Endorsement No. :
Issued Date : 19 Jul 2019

ABOUT THE COVER

Make/Model : MERCEDES BENZ C180 CDI SE 1.6 (STYLE)
Engine Capacity/Tonnage : 1,995.00 CC
Sum Insured : Market Value
First Year of Registration : 2013
Driver Restriction : NA
Off Peak Car : No
Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*

at the Policyholder's discretion and at the discretion of the Insurer under the terms and conditions of the Policy.
 *No need to pay an additional sum of \$3,000 for Young and Inexperienced Driver Excess if the Driver or your Authorized Driver 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. The Policy does not cover use for hire or reward, driving tuition, driving test, racing, advertising, motor trials, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

LINKS TO LMA 1100094 - T30000101094

*Limitations outlined hereunder by Section 8 of the Motor Vehicles (Third Party Risk and Compensation) Act (Cap. 193), 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 & Theft - \$500 (Theft - \$0, Flood Cover - \$0)

Section 2
 Property Damage - \$0

Workscreen : \$100

Named Driver and Excess (where applicable)

Tan Kok Boon - \$500 (Own Damage)

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

Approved Reporting Centres/AIG Authorized Repairers (for claims related repairs). Any accident repairs 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 repairs carried out at the Sole Agent's workshop. To view the list of Approved Reporting Centres/AIG Authorized Repairers, please refer to the AIG website, call 65 6338 6200, or refer to the AIG website, call 65 6338 6200, or refer to the AIG website, call 65 6338 6200.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan, Daimler Financial Services Africa & Asia Pacific Ltd

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 Risk and Compensation) Act (Cap. 193), Section 95 of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risk) Rules, 1999 (Malaysia).

0071004000

LIM HUI LIN
 371 ALEXANDRA ROAD #10-08/09 AXIA ALEXANDRA

SINGAPORE 159993 SINGAPORE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORIZED REPRESENTATIVE

95029

28, Serangoon Way #02-16 AIG Building 2079100 | T: +65 64 19 3000 | www.aig.sg

AIG Asia Pacific Insurance Pte. Ltd.

24-HOUR AIG AUTO HOTLINE: +65 6338 6200

IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.

What can the 24-hour AIG Auto Emergency Hotline provide for you?

- Immediate assistance after an accident
- Emergency breakdown service

What should I do in the event of an accident?

- Keep calm and move your car to a safe place
- Do not admit or discuss fault or blame with the other party(ies)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

