

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	29/11/2019 17:23
Date Of Accident	28/11/2019 08:30
Exact Location Of Accident	TPE TOWARDS ECP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK4410H
Insured/Policyholder	
Name Of Registered Owner	TAN TOR MENG JEFFREY
NRIC No	S6926033J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91088195
Alternative Phone No	OTHERS-91088195

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	2100499216-02
Cover Note Number	

Driver

Name of Driver	TAN TOR MENG JEFFREY
NRIC No	S6926033J
Date Of Birth	21/07/1969
Occupation	INDOOR
Date Of Driving Pass	23/05/1989
Driving Experience	30 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91088195
Fax Number	
Contact Number	OTHERS-91088195
Email Address	NOEMAIL

Address	BLK 323C SENGKANG EAST WAY #11-599
Postcode	543323
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	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)	4
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER GENDER: : FEMALE

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	SH6625R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJU6421A
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 TAN TOR MENG JEFFREY
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SGK4410H
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

IMPORTANT NOTICE

- 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.

28/11/19 6-45pm

Date & Time: 28/11/19 6:45pm

NRIC/FIN No. _____

SKETCH PLAN

TPE Towards ECP

S61K4410H (A)

SH6625R (B)

SJU6421A (C)

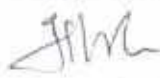


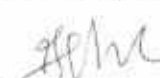
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'S61K4410H' was travelling on the stated venue. I was travelling straight in my lane, suddenly the vehicle 'SJU6421A' slowed down, as such I slowed down too. I came to a complete stop, the next moment I felt a huge impact on my vehicle rear, the impact caused my vehicle to propelled forward and collided onto SJU6421A. I got out of my vehicle and realised I was involved in a 3 car chain collision. It was SH6625R collided onto my vehicle rear and I then collide onto the front car.

DECLARATION

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


Policyholder's Signature
Date & Time: 28/11/19 @ 6:45pm


Driver's Signature
(If driver is not the policyholder)
Date & Time: 28/11/19 6:45pm

29/11/2019

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

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 28/11/19 (dd/mm/yy) Time of Accident: 08:30 (24-HR-FORMAT)
Vehicle No.: SGK4410H Vehicle Make & Model: Toyota VIOS 1.5E M
Exact location of Accident: TPE TOWARDS ECP
Policyholder's Name / IC No.: Tan Tor Meng Jeffrey / 569260333
Driver's Name / IC No.: Tan Tor Meng Jeffrey / 569260333 (As Above) ☒
Driver's Contact No.: 91088195 Company Contact No.:
Driver's Address: APT BIK 323C Sengkang East way #11-599, S(543523)
Insurance Company: AIG Email address (if any):

Relationship between Owner & Driver:

owner

or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle Was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

No. of Passengers (Including Driver): 4

Passenger Name: UNKNOWN Female
Passenger Name: UNKNOWN Female

Gender: UNKNOWN Female
Gender: UNKNOWN Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Tan Tor Meng Jeffrey (2 days MC)

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: SH 6625R (B)

Driver's Contact No.: _____ Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No: SJU 6421A (C)

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

PRIVATE AUTO THIRD PARTY FIRE AND THEFT PRIVATE VEHICLE

Name of Policyholder : Tan Tor Meng Jeffrey
 Period of Insurance : 14 Feb 2019 To 13 Feb 2020
 Engine No. : 1NZX461901
 Chassis No. : MR053HY4204199156

Vehicle No. : SGK4410H
 Policy No. : 2100499216-02
 Endorsement No. :
 Issued Date : 01 Feb 2019

ABOUT THE COVER

Make/Model : TOYOTA VIOS

Engine Capacity/Tonnage : 1,497.00 CC

Driver Restriction : NA

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 or any authorized driver only if he/she meets the specified age condition.

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.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 186) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0 Theft - \$0

Section 2
 Property Damage - \$0

Windscreen : NA

Named Driver and Excess (where applicable)

Tan Tor Meng Jeffrey

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 can be carried out at the repairer of Your choice (unless specifically excluded by Us)

For Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65-6338 6200. Alternatively, you may refer to AIG website 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: TOKYO CENTURY LEASING (SINGAPORE) PTE 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 Risks and Compensation) Act (Cap. 186), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third-Party Risks) Rules, 1989 (Malaysia).

0692381000

TAN TOR KEAT DENNIS

371 ALEXANDRA ROAD #10-08 AIA ALEXANDRA

SINGAPORE 159963 SP-GD GROUP

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Monik

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : 2 MAY 19/157805 Vehicle Registration No: SGK 4410H
Name (as shown in NRIC) : TOA TOR MANU JAFFRAY NRIC/FIN/Passport No : 86926033J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____
Contact (Tel) : _____ Singapore ()
Email Address : _____ Mobile No.: 9108895
Date of Accident : 28/4/2019 Time of Accident: 08:30
Place of Accident : TPE TOWARDS ECP
Insurance Company: AIK

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INVESTED UNDER AIG AND NOT MSIG

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Red
NRIC/FIN No.: 123456789
Date: 29/4/2019