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 <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.	nereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	05/11/2019 15:58
Date Of Accident	04/11/2019 10:00
Exact Location Of Accident	SERANGOON NORTH AVE 3 BLK 546A CARPARK LVL 2
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN709Z
Insured/Policyholder	
Name Of Registered Owner	TAN KOK SENG AARON
NRIC No	S1294259A
Email Address	AARONTAN8@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97871881
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	

Manufacturer SUBARU

Model FORESTER-2.0 XT (A)

Exact Purpose for which vehicle was being used at

time of accident

PERSONAL

Are you claiming under your own insurance policy

for repair to your vehicle?

YES

If No, Please state action to be taken

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 2100507524-02

Cover Note Number

Driver

Name of Driver TAN KOK SENG AARON

NRIC No S1294259A

Date Of Birth 07/01/1958

Occupation INDOOR

Date Of Driving Pass 10/05/1977

Driving Experience 42 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97871881

Fax Number

Contact Number OFFICE-NOPHONE

EMail Address AARONTAN8@HOTMAIL.COM

BLK 546 SERANGOON NORTH AVE 33 Address

Postcode

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 **COLLIDED INTO PARKED VEHICLE**

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

2

YES 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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

PLEASE REFER ATTACHED

Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

YES

YES NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJF3886R

Vehicle Make/Model/Colour SUBARU WRX WHITE

RIGHT HAND FRONT PORTION **Details Of Properties**

PRIVATE CAR Vehicle Category **BERNARD** Name of Driver

NRIC/Passport Number

Contact Number 90056559

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN		TIME	
		10504	
W ON	TOTEL		1
Jal Joga I		Wall	Doorall
11/0/2	388		1 2000
		1	/ 0
			CAN
			7092
		HILLIA	
DESCRIBE CIRCUMSTAN	CES OF THE ACCIDENT	, ,	
On 4	Nov 2019@10	an / fram	out from
My Corbax 1	of & Min 1914	rear boyor	1 Woor Panel
Anti Robert	o the lost ca	N STOODNEA	as the conford
101 next	for miss con	CW.NO. SJF	- 3886 R
Horst Brems	new Int Cide	+ Mosumos do	A the corner
Front Too	ight Cover	Inmed +	Fox Lift with
cable is	tack without	Laurge.	Fog Light with
		V	
1 le	H My contact	+ No. and 1	are on the
1. dervee	a A the car	- The can	Duner
eventualle	, colled we	at around	6 1030 aug +
7 /	led to che	In stairs	+ My INSUMan
instead	of Privite,	settleweit	at avord
330 pm	.0		
			A
DECLARATION	ping particulars are true in every	respect.	~ //
I/We deciste the foreg	Ding particulars are due mevery		X
(
			The same state in the same than the same in a same
Policyholder's Signatun Date & Time: /	e Driver's Signat	the policyholder)	Reporting Centre Personne Name: DANIEL Ju

Common Statement

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the cizims process.
- 2. This Form must be completed by the Pollcyholder and/or the Authorised Driver.
- information provided must be as inthing and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to republiste 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 take reporting may be referred to the Police for investigation.
- E. 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, adviculedge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore (*GLA*) 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 "Parsonal 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 insure 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'
 - (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;
 - [lv] 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 external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively t "Purposes")
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are perm to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
 - my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service provide agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above P
 - 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 for 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 Sign Name: DANIEL JUDG NRIC/FIN No.:

SIARMC SketchPlanForm_V3

Identification Card











CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Tan Kok Seng Aaron Period of Insurance : 21 Apr 2019 To 20 Apr 2020

Engine No.

: FA20B829205 : JF1SJGK85GG078249 Chassis No.

Vehicle No. : SLN709Z

Policy No. : 2100507524-02 Endorsement No.

Issued Date : 01 Apr 2019

ABOUT THE COVER

Make/Model : SUBARU New Forester 2.0XT

Engine Capacity/Tonnage : 1,998.00 CC Sum Insured : Market Value First Year of Registration : 2017 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

at 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 authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young ansitor Inexperienced Oriver Excess" ("YIOR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than

Age Condition : All Age Condition

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 tutton, driving test, racing, poce-making, reliability this or speed-testing, the confection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

* Limitations rendered insperative by Section 8 of the Notor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1967 (Malaysia), are not to be included under these headings.

EXCESS

Section 1 Fire - \$0 Own Damage - \$0 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised 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 Scie Apent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairs, please contact our 24-hour accident emergency hattine at +86 6338 6200. Alternatively, You may refer to AIG website www.sig 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: United Overseas Bank Limited

I/We hereby centry that the policy or which this Certificate of insurance relates a traced in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 589), Part IV of the Rock Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks, Ruser, 1659 (Malaysia)).

where the property of the property of the contract of the property of the prop

The Policy will be used the west year or mother which has been able to another desire the control of a work has been appropriately and the state of the last and the committee of the commit

6693066000

TAN KOK SENG AARON

371 ALEXANDRA ROAD #11-21 AIA ALEXANDRA

SINGAPORE 159963 SP-JK

Underwritten by AlG Asia Pacific Insurance Pte, Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

78 Shienton Way #07-16 AIG Building S070120 | T +65 6419 3000 | www arg sg

AliG Asia Pacific Insurance Pie Ltd.



























