





## 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	06/01/2020 16:28
Date Of Accident	05/01/2020 16:35
Exact Location Of Accident	BUKIT TIMAH RD TWDS NEWTON CIRCUS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF8872K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA KENG YONG (CAI JINRONG)
NRIC No	SXXXX289H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90483308
Alternative Phone No	OFFICE-90483308

### Vehicle Particulars

Manufacturer	SUBARU
Model	BRZ RWD 6AT
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	2100307517-07
Cover Note Number	

### Driver

Name of Driver	CHUA KENG YONG (CAI JINRONG)
NRIC No	SXXXX289H
Date Of Birth	10/12/1976
Occupation	INDOOR
Date Of Driving Pass	16/01/2003
Driving Experience	16 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90483308
Fax Number	
Contact Number	OFFICE-90483308
EMail Address	NOEMAIL

Address	BLK 517 SERANGOON NORTH AVENUE 4 #08-230
Postcode	550517
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?	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)	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

REFER TO STATEMENT.

#### 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	SMA9036D
Vehicle Make/Model/Colour	TOYOTA VIOS
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	CHUA KENG YONG (CAI JINRONG)
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SKF8872K

YES

NO



## SKETCH PLAN

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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.:

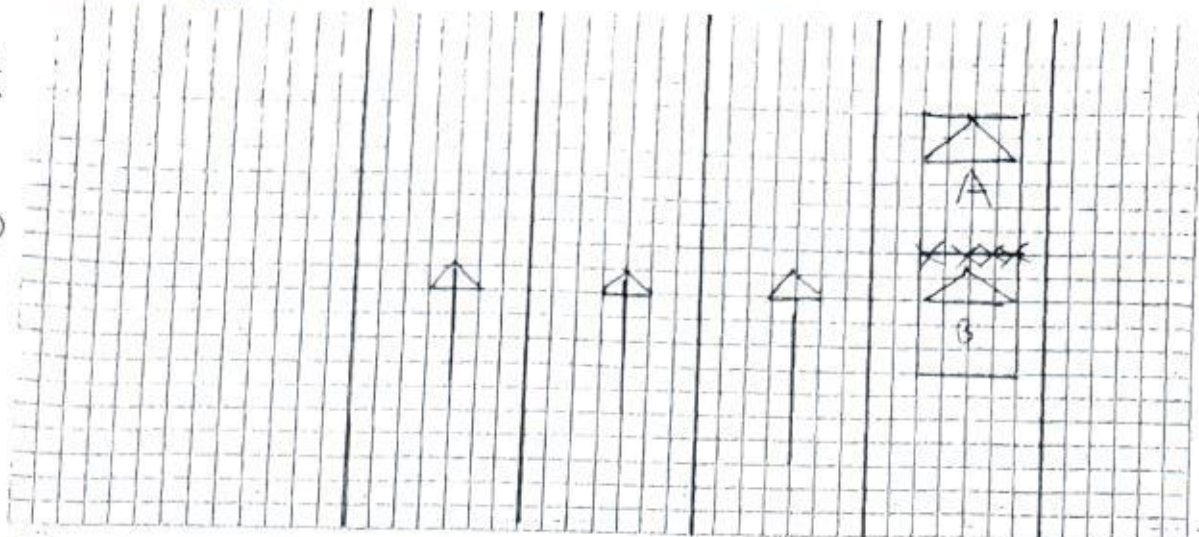
Veh A :

SKETCH PLAN Bukit Timah Road towards Newton Circus

SKF 8872k

Veh B :

SMA 9036D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON The stated time and date

I was travelling <sup>on</sup> my vehicle bearing carplate SKF 8872k along

Bukit Timah Road towards Newton Circus on lane 1.

Suddenly I felt a great Impact from my rear. I alighted and

Realised a vehicle bearing carplate SMA 9036D ~~was~~ collided on my rear.

DECLARATION

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

Policyholder's Signature  
Date & Time:

at the Police Station

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

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



Date of Accident : 5/1/2020 Accident Time: 1635 (24-HR-Format)  
Accident Place : Bukit Timah Road towards Newton Circus  
Vehicle Reg. No. (Car Plate No.) : SkF 8872 K  
Vehicle Make/Model : Subaru BR-Z  
Insurance Company : AIG Policy No. 2100307517-07  
Owner or Company Name / IC No. : Chua Kang Yong  
Owner or Company Contact No. : 90483308 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Chua Kang Yong  
DRIVER'S Date Of Birth : \_\_\_\_\_ DRIVER'S License Pass Date \_\_\_\_\_  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : 517 Serangoon North Ave 4 #08-230 (550517)  
DRIVER'S Contact No. / Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : Admin@mycar.sg  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 01 Driver injured  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SMA 9036 D  
Vehicle Make/Model: Toyota Vios  
Name Driver: \_\_\_\_\_  
IC No. Driver: \_\_\_\_\_  
Driver's Contact & Add: \_\_\_\_\_

Vehicle Reg. No: \_\_\_\_\_  
Vehicle Make/Model: \_\_\_\_\_  
Name Driver: \_\_\_\_\_  
IC No. Driver: \_\_\_\_\_  
Driver's Contact & Add: \_\_\_\_\_



# **PERSONAL MOTOR VEHICLE** **COMPREHENSIVE EOP INSURANCE**

## **SUBARU AUTO PRIVATE FOR PRIVATE VEHICLE**

**Name of Policyholder** : Chua Keng Yong (Car Jinrong)  
**Period of Insurance** : 13 Jul 2019 To 12 Jul 2020  
**Engine No.** : FA20G812889  
**Chassis No.** : JF1ZC6K72DG002058

**Vehicle No.** : SKF8872K  
**Policy No.** : 2100307517-07  
**Endorsement No.** : 00000000283914  
**Issued Date** : 12 Jun 2019

### **ABOUT THE COVER**

Make/Model	SUBARU BRZ PREMIUM 2.0 RWD		
Engine Capacity/Tonnage	1,998.00 CC	Sum Insured	Market Value
Driver Restriction	NA	Off Peak Car	No
Person or Classes of Persons Entitled to Drive*	First Year of Registration : 2012 Insuring with COE/PAFF : Yes		

a) The Policyholder  
 b) Any other person who is driving in 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 "Inexperienced Driver Excess" (IDEX) if You/We or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience

**Age Condition** : 35 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 damage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade

**Loss of Use** : 1500cc - 1600cc

\* Limitations rendered inoperative by Section 4 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 169) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings

### **EXCESS**

**Section 1**  
 Fire : \$0 (Own Damage) : \$1400 (Theft) : \$0 (Flood Cover) : \$0

**Section 2**  
 Property Damage : \$0

**Windscreen** : \$100

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

Chua Keng Yong (Car Jinrong) : \$1400 (Own Damage)

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

1 Motor Image Enterprises Pte Ltd. Add: 19 Lorong 8 Toa Payoh Singapore 319255 64170100

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://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**: DBS BANK 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. 169), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

0500619010

TAN CHONG CREDIT - SUBARU PA  
 911 BUKIT TIMAH ROAD  
 SINGAPORE 589622 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

589622