

## 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	18/01/2020 12:21
Date Of Accident	17/01/2020 14:00
Exact Location Of Accident	ALONG KPE (NEAR BUANGKOK EXIT)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD847K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN AH KEONG
Passport No/FIN	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96365683
Alternative Phone No	OFFICE-96365683

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PICNIC
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	2100474357-03
Cover Note Number	

### Driver

Name of Driver	KHAW HWEE JU
Passport No/FIN	S7207965E
Date Of Birth	16/03/1972
Occupation	INDOOR
Date Of Driving Pass	05/08/1996
Driving Experience	23 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96365683
Fax Number	
Contact Number	OFFICE-96365683
EEmail Address	NOEMAIL

Address	BLK 52 SENGKANG SQUARE #04-06
Postcode	544831
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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

I WAS DRIVING ALONG KPE. VEHICLE B FROM LEFT SUDDENLY CUT INTO MY LANE AND HIT ONTO MY REAR LEFT.

#### 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	SLR3315K
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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)	

## Sketch Plan

### SKETCH PLAN


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1. Please report **correctly** the details of the accident to speed up the claims process.
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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)**

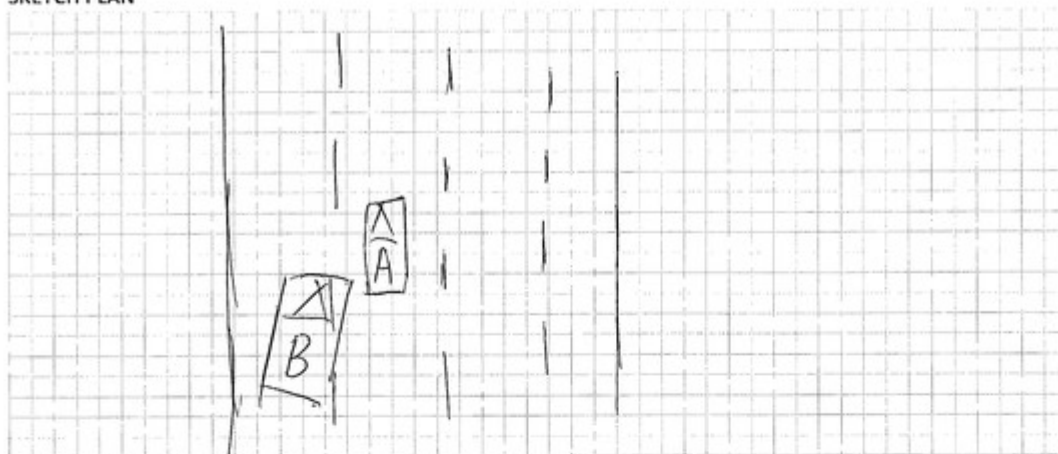
I understand, acknowledge, agree and consent that:

- (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****DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

WAS DRIVING ALONG KPE, VEHICLE B FROM LEFT SUDDENLY  
CUT INTO MY LANE AND HIT ONTO MY REAR LEFT.

**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.:

**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number: **S7207965E**  
 Name: **KHAW HWEE JU (XU HUIYU)**  
 Birth Date: **16 Mar 1972**  
 Issue Date: **15 Aug 2003**

000748912F


**REPUBLIC OF SINGAPORE**


 IDENTITY CARD NO. **S7207965E**


 Name: **KHAW HWEE JU (XU HUIYU)**  
 許慧瑜  
 Race: **CHINESE**  
 Date of Birth: **16-03-1972** Sex: **F**  
 Country of Birth: **SINGAPORE**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	05 Aug 1998


 Licence No: **S7207965E**

IP 428A

1389855


 NRIC No. **S7207965E**


 Blood Group: **B+** Date of issue: **30-10-1993**

**52 SENGKANG SQUARE #04-08**  
**SINGAPORE 544831**  
 NRIC No: **S7207965E** Date: **31/01/2017**

## CERTIFICATE OF INSURANCE

## PRIVATE AUTO THIRD PARTY FIRE AND THEFT PRIVATE VEHICLE

**Name of Policyholder** : Tan Ah Keong  
**Period of Insurance** : 07 Jun 2019 To 06 Jun 2020  
**Engine No.** : 1AZ5418881  
**Chassis No.** : JTEGH23B200021914

Vehicle No. : SLD847K  
Policy No. : 2100474357-03  
Endorsement No. :  
Issued Date : 29 Apr 2019

## ABOUT THE COVER

Make/Model	: TOYOTA PICNIC 2.0		
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	: 2006
		Insuring with COE/PARF	: Yes

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

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 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. 189) 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 Ah Keong

**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 can be carried out at the repairer of Your choice (unless specifically excluded by Us) .  
For 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: NA

I/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. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0502054000

TAN BOON WAH PETER  
371 ALEXANDRA ROAD #12-10 AIA ALEXANDRA  
SINGAPORE 159963 SP-KAREN  
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**  
AUTHORISED REPRESENTATIVE

SSCNEY

Accident Photo





Accident Photo





**Accident Photo**



Accident Photo



Accident Photo



**Accident Photo**



**Addendum Sheet**

**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 : MSME20008709 Vehicle Registration No: SLD 877R  
Name (as shown in NRIC) : KHAN TINEE JU NRIC/FIN/Passport No : 27207965E  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 50 SENGKANG SQUARE # 04-06 Singapore (54483)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 96365683  
Email Address : \_\_\_\_\_  
Date of Accident : 17/01/2020 Time of Accident : 14:00  
Place of Accident : ACOLLA BPE (NEAR LUNAR COR EXIT)  
Insurance Company : ACQ

**(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:

- AMEND INSURED'S NAME

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

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