

## 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             | 20/01/2020 17:43    |
| Date Of Accident           | 15/01/2020 10:00    |
| Exact Location Of Accident | NOVOTEL LIANG COURT |
| Country/State of Loss      | SINGAPORE           |

### DETAILS OF OWN VEHICLE

|                             |                         |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SML4757G                |
| <b>Insured/Policyholder</b> |                         |
| Name Of Registered Owner    | TAN LEE CHENG           |
| NRIC No                     | SXXXX369F               |
| Email Address               | BLACKMULBERRY@YAHOO.COM |
| Mobile Phone No             | (LOCAL) +65-96853354    |
| Alternative Phone No        | OFFICE-96853354         |

### Vehicle Particulars

|  |                                 |
|--|---------------------------------|
| Manufacturer   | SUBARU                          |
| Model  | XV-2.0 I-S EYESIGHT AWD CVT (A) |
| 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                                       | 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             | 1900100713                           |
| Cover Note Number         |                                      |

### Driver

|                      |                         |
|----------------------|-------------------------|
| Name of Driver       | TAN LEE CHENG           |
| NRIC No              | SXXXX369F               |
| Date Of Birth        | 17/02/1966              |
| Occupation           | OUTDOOR                 |
| Date Of Driving Pass | 16/02/1990              |
| Driving Experience   | 29 YEARS AND 10 MONTHS  |
| Gender               | FEMALE                  |
| Mobile Number        | (LOCAL) +65-96853354    |
| Fax Number           |                         |
| Contact Number       | OFFICE-96853354         |
| Email Address        | BLACKMULBERRY@YAHOO.COM |

|   |  |
|---|--|
| Address   | APT BLK 470B UPPER SERANGOON CRESCENT<br>#11-332 |
| Postcode  | 532470   |
| 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 | -<br>-<br>-                                      |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                                      |

#### General Information of the Accident

|                    |                                     |
|--------------------|-------------------------------------|
| Type Of Accident   | COLLISION - OPENING DOOR OF 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                         | 2  |
| Was any body injured in the Accident?   | NO |
| Was any injured conveyed to hospital by ambulance?  |    |
| Was any other material or property damaged?   | NO |
| 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?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | ORCHARD NEIGHBOURHOOD POLICE CENTRE   |
| Police Station Address                    | <b>ROAD:</b> 51 KILLINEY ROAD , <b>POSTCODE:</b> 239572 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-7359999 - <b>FAX NO:</b> 67331934                               |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO E/20200115/0046 (OFFICER JAMIT LIM)

#### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | YES |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

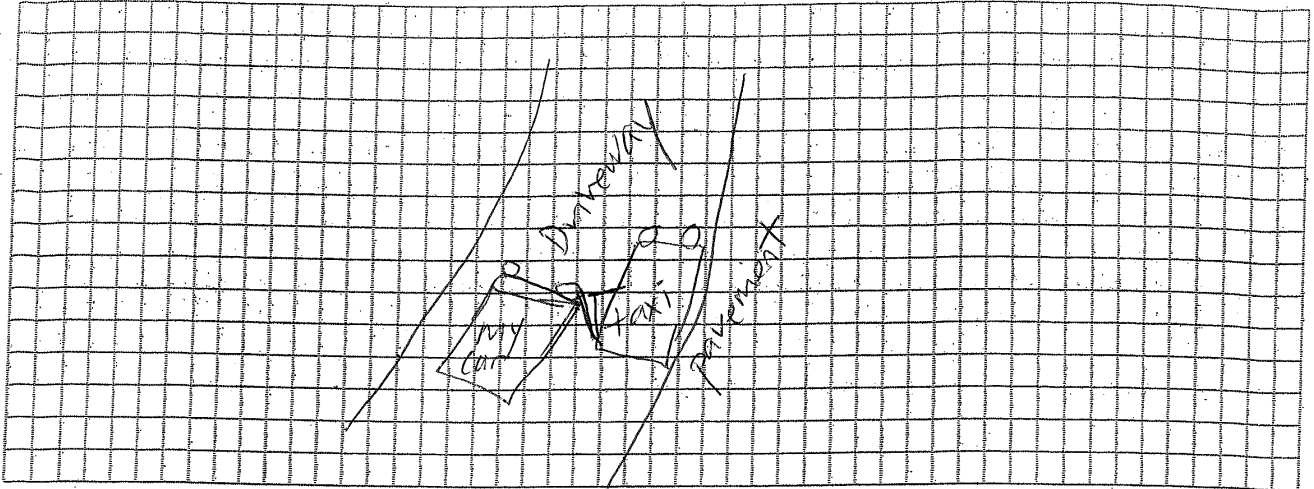
|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SHD3405E    |
| Vehicle Make/Model/Colour   | HYUNDAI I40 |
| Details Of Properties       |             |
| Vehicle Category            | TAXI        |
| Name of Driver              |             |
| NRIC/Passport Number        |             |
| Contact Number              | 93651168    |
| Address                     |             |
| Postcode                    |             |
| Insurance Company Name      |             |

Nature Of Damage  
No. Of Passenger (Including Driver)

## SINGAPORE ACCIDENT STATEMENT

|  |  |                    |
|--|--|--------------------|
| Accident Date & Time: 15/1/20 Around 10am  |  |                    |
| Accident Location: Novotel Lang Court  |  |                    |
| Vehicle Number: SML 4757 G   | Make/Model: XV   |                    |
| Policy Holder Name: Tan Lee Cheng  |  |                    |
| NRIC/ROC: S1734369F  | Mobile: 96853354   |                    |
| Email: blackmulberry@yahoo.com   |  |                    |
| Insurance Company: AIG   |  |                    |
| Policy Number: 1900100713  | Policy Period: 23/5/19 - 22/5/20                                   |                    |
| Policy Coverage: Comprehensive <input checked="" type="checkbox"/>   | Third Party ( ) Third Party Fire & Theft ( )                       |                    |
| State Action Taken: Claim Own Policy ( ) Claim Third Party <input checked="" type="checkbox"/>                         |  | Reporting Only ( ) |
| Driver Name: Tan Lee Cheng   |  |                    |
| NRIC: S1734369F  | Mobile: 96853354   |                    |
| Date Of Birth: 17/02/66  | Driving Pass Date: 16/02/1990                                      |                    |
| Gender: Male ( ) Female <input checked="" type="checkbox"/>  | Occupation: Indoor ( ) Outdoor <input checked="" type="checkbox"/> |                    |
| Address: Blk 470B Upper Serangoon Crescent #11-332 S170532470  |  |                    |
| Is driver an employee of the insured's company: Yes ( ) No ( )   |  |                    |
| If No, Relationship of the driver with the insured:  |  |                    |
| Owner <input checked="" type="checkbox"/> Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Hirer ( )        |  |                    |
| Weather Conditions: Clear <input checked="" type="checkbox"/> Raining ( ) Others ( )                                   |  |                    |
| Road Surface: Dry <input checked="" type="checkbox"/> Wet ( ) Others ( )   |  |                    |
| Was any foreign vehicle involved in this accident? Yes ( ) No <input checked="" type="checkbox"/>                      |  |                    |
| Was anybody injured in the Accident? Yes ( ) No <input checked="" type="checkbox"/>                                    |  |                    |
| Was there any video captured by Car Camera? Yes <input checked="" type="checkbox"/> No ( )                             |  |                    |
| Number of Passenger (Including Driver): 01   |  |                    |
| 1)   | 2)   | 3) 4)              |
| Was the accident reported to the police? Yes <input checked="" type="checkbox"/> No ( ) "attach Police Report, if any" |  |                    |
| 3rd Party Name:  |  |                    |
| Vehicle Number: SHD 3405 E   | Make & Model:  |                    |
| NRIC:  | Mobile No: 93651168  |                    |
| Witness Details (if any):  |  |                    |
| NAME:  | NRIC:  | Mobile No:         |
| Other remark: if any   |  |                    |
| - Police Report No. E/20200115/0046 (Officer Jamie Lim from Orchard Police station)                                    |  |                    |
| - AIG Ref No. WSV20000149  |  |                    |

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving very slowly into the driveway of Novotel Lang  
court hotel to pick up a client.  
A taxi was on the right and I was driving on the left.  
Suddenly the passenger door on the right of taxi opened and  
knocked into my vehicle headlight. The headlight cover  
is smashed and broke

**Important:**

You have been advised by the workshop that in the event that you wish to  
claim against your own policy (OD CLAIM), There is a **FOURTEEN (14)**  
**DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame  
from the day of the occurrence.

|   |                                  |
|---|----------------------------------|
|   | - Reporting Only                 |
|   | - Claim OD                       |
| ✓ | - Claim TP                       |
|   | - Claim OD/ TP at other workshop |

DECLARATION

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

Policyholder's signature  
Date & Time 20/1/20

Driver's Signature  
(if driver not the policyholder)  
Date & Time

Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.



**SKETCH PLAN**

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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: 20/1/20

Driver's Signature

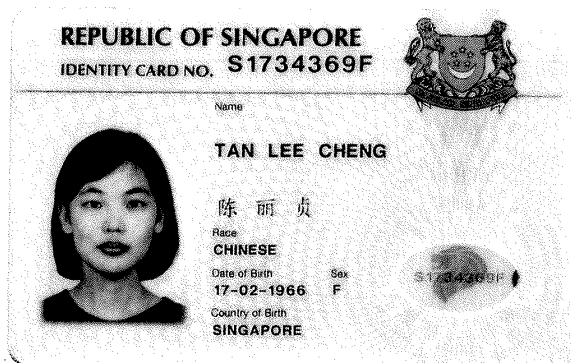
(If driver is not the policyholder)

Date & Time:

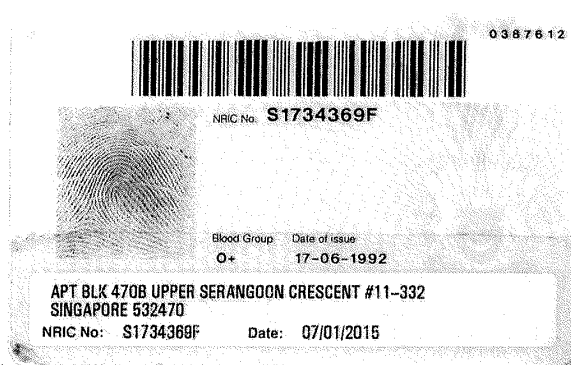
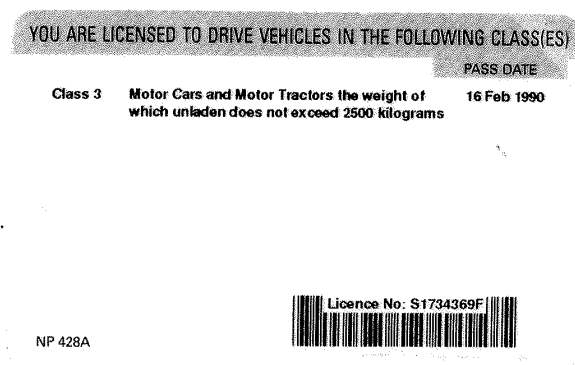
Reporting Centre Personel's Signature

Name:

NRIC/FIN No.:



For Accident Claim Use only







# CERTIFICATE OF INSURANCE

## SUBARU AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : Tan Lee Cheng  
**Period of Insurance** : 23 May 2019 To 22 May 2020  
**Engine No.** : FB20CE20703  
**Chassis No.** : JF1GT7KL5KG062709

**Vehicle No.** : SML4757G  
**Policy No.** : 1900100713  
**Endorsement No.** :  
**Issued Date** : 11 Jun 2019

### ABOUT THE COVER

**Make/Model** : SUBARU XV 2.0I-S EYESIGHT AWD CVT  
**Engine Capacity/Tonnage** : 1,995.00 CC  
**Sum Insured** : Market Value  
**First Year of Registration** : 2019  
**Driver Restriction** : NA  
**Off Peak Car** : No  
**Insuring with COE/PARF** : Yes

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

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) 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

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

Loss of Use 1500cc - 1600cc

\* 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 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreen : \$100

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

Tan Lee Cheng - \$800 (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: MayBank

(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).)

0500619220

TAN CHONG CREDIT SUBARU-LPK  
 911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE  
 SINGAPORE 589622

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

SSCHMD

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Accident Photo



Accident Photo



Accident Photo



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