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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 willul micrepresentation or witholding of material facts may sillow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 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

Mary State of the	ACCIDENT STATEMENT
Date Of Report	31/01/2020 12:12
Date Of Accident	30/01/2020 10:35
xact Location Of Accident	ORCHARD ROAD TOWARDS BRAS BASAH B/F BUYONG ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SLU5980K
nsured/Policyholder	
Name Of Registered Owner	TAN SIEW KIA
NRIC No	SXXXX007A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96212147
Alternative Phone No	OTHERS-96212147
Vehicle Particulars	
Manufacturer	JAGUAR
Model	XF 2.0 PRESTIGE
Exact Purpose for which vehicle was being used time of accident	at PRIVATE USE
Are you claiming under your own insurance polic for repair to your vehicle?	y 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	1700084952-01
Cover Note Number	
Driver	
Name of Driver	LEE KIM SENG
NRIC No	SXXXX027H
Date Of Birth	13/10/1946
Occupation	INDOOR
Date Of Driving Pass	29/10/1977
Driving Experience	42 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96212147
Fax Number	
Contact Number	OTHERS-96212147
EMail Address	NOEMAIL

Address

BLK 72 BEDOK SOUTH AVENUE 3

#13-444

Postcode

60072

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 - MAJOR/MINOR RD

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMP1969K

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

KONG HOI YING

NRIC/Passport Number

SXXXX1861

Contact Number

96681249

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Page 2 of 13

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

LEE KIM SENG

SLIGHT INJURY

SLU5980K

YES

NO

SKETCH PLAN

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.
- 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.
- 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.
- 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.
- 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:
 - 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.

Date & Time:

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder)

NRIC/FIN No.:

Reporting Centre Personnel's dignature

Date of Accident	: 30/01/2020 Accident Time: 1035 (2+HR-FORMAT)
Accident Place	: Orchard Rd towards Bras Basah before Buyong Rd
Vehicle Reg. No (Car plate No.)	: SLU 5980K Vehicle Make/Model: Jaguar XF 2.0 Prestine
Insurance Company	: AIG Policy No. 1700084952-01
Name of Registered Owner	: Company/Individual Tan Siew Kia
ID of Registered Owner	: Co Reg No: Owner's NRIC No: _50 & 5 4007 A)
	: Co Contact No: Owner's Coutact No: 9601 747
DRIVER'S Name	LEE KIM SENG DRIVER'S NRIC No: SOLTI9027H
DRIVER'S Date of Birth	: 13/10/1946 DRIVER'S License Pass Data 09 JUN 2008
Relationship bet. Owner & Driver	: Spoylse \ Parents \Children\ Sibling \ Employee\ Others:
DRIVER'S Address	BIK 72 BEDOK SOUTH AVENUE 3 413-444
DRIVER'S Contact No./ Alt No.	:1) 9621 2147 2)
DRIVER'S Occupation	: INDOOR (OUTDOOR (eg. working inside or outside of an ofc)
Email Address	
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \AFTER RAIN & WET
Reporting Type .	Reporting Only \ Claim Other Papy \ Claim Own Insurance
Was the accident reported to the po	Oriver): O1 Passenger Name: Gender: M/F Alice? YES \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Exact purpose for which vehicle w	as being used at the time of accident: Private use \ Work purpose
	Other Party Driver's Particulars (if any)
Vehicle Reg No: _ SMP 1969	K Vehicle Rog No:
Vehicle MakelModel:	Vehicle Make Model:
Name DRIVER KONG HOI	YING Name DRIVER:
IC No. DRIVER 52603181	IC No. DRIVER:
DRIVER'S Contact & add 9669	DRIVER'S Contact & add
<u>Ot</u>	her Party Driver's Particulars (if any)
Vehicle Reg No:	Vehicle Reg No.
Vehicle Make Model:	Vehicle Make Model:
Name DRIVER.	
IC No. DRIVER	
	DRIVER & Contain & add



CERTIFICATE OF INSURANCE

WEARNES AUTO PROTECTOR (JAGUAR) PRIVATE VEHICLE

Name of Policyholder : TAN SIEW KIA

Period of Insurance

: 30 Nov 2019 To 29 Nov 2021

Engine No. Chassis No. : 170403Y0007PT204 : SAJBB4AX5JCY56840 Vehicle No.

: SLU5980K

Policy No.

: 1700084952-01

Endorsement No. Issued Date

: 13 Nov 2019

ABOUT THE COVER

Make/Model

: JAGUAR XF 2.0 Prestige

Engine Capacity/Tonnage : 1,999.00 CC

Sum Insured : Market Value

First Year of Registration : 2017

Driver Restriction

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 ordy if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as. "Inexperienced Driver Excess" (TDR") if You are or Your Authorised Driver (married or untramed) has less than 2 years' driving experience.

Age Condition

: 40 years old and above

Limitation as to use*

Use only for social, downellic and pleasure purposes and for the Policyholder's business.
This Policy does not cover use for hire or reward, driving luttion, driving lest, lacing, pace-making, reliability that or speed-lesting, 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 2000cc

* Linstations rendered inoperative by Section B of the Motor Verticles (Third-Party Risks and Compensation) Act (Cap. 189). Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Fire - \$0 Own Damage - \$1400 Theft - \$0 Flood Cover - \$1400

Section 2

Property Damage - 50

Windscreen: \$100

Named Driver and Excess (where applicable)

TAN SIEW KIA , LEE KIM SENG - \$1400 (Own Demage), \$1400 (Flood Cover)

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

Weames Automotive Pte Ltd. Add. 45 Leng Kee Road. Singapore 156103 63789333.

For other: Approved Reporting Centres/AIG Authorised Repaires, please contact our 24-hour accident emergency hotine of +85 6338 6200, Alternatively, you may refer to AIG website www.eig.sg or AIG Mobile App. Simply search and download "AIG SG" from (Tunes or Geogle Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

(We hereby certify that the policy to which this Carificete 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, (Saff (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503486600

WEARNES AUTOMOTIVE - DAP (J)

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

SSPLIC

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.