#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 1. Please report <u>correctly</u> 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 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 conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	20/02/2020 14:09
Date Of Accident	19/02/2020 18:15
Exact Location Of Accident	TANJONG RHU
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMD7163S
Insured/Policyholder	
Name Of Registered Owner	TAN TECK ENG EDDY
NRIC No	SXXXX688Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96383050
Alternative Phone No	Others-96383050
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO K3-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	180013751
Cover Note Number	
Driver	
Name of Driver	TAN TECK ENG EDDY
NRIC No	SXXXX688Z
Date Of Birth	12/07/1954

**INDOOR** 

05/12/1978

41 YEARS AND 2 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-96383050

Fax Number

**Contact Number** OTHERS-96383050

**EMail Address NOEMAIL** 

Address BLK 502 SERANGOON NORTH AVENUE 4 #04-502

2

NO

NO

YES

NO

1

NO

NO

Postcode 550502 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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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?

#### **Circumstances of Accident**

#### REFER TO ATTACHMENT

## Attachment(s)

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

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

SMR9034U Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category Name of Driver CHEONG ING HUN

NRIC/Passport Number

Contact Number 91121100 Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
  - 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.

Poljevholder's Signature

develor

Date & Time:

20-02-2020

11-55 am

Driver's Signature

(If driver is not the policyholder)

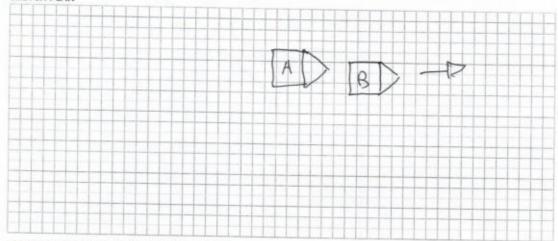
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

#### SKETCH PLAN



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle SMD 71638 unable to Stop in time and hit to the rear of vehicle SMR 90344 accident happen along Tanjong Rhu
time and bid to the rose of the stop in
Carilla hit to the rear of vehicle SMR 90344
accident happen along lanjong thu

DECLARATION

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

Policyholder's Signature

Date & Time:

11-55am -

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

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:







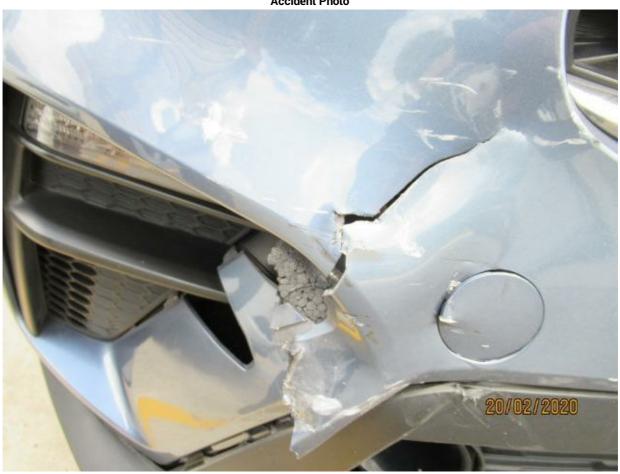












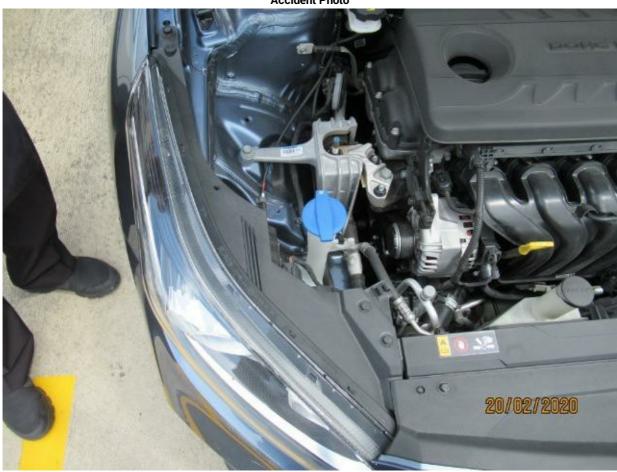


















## CERTIFICATE OF INSURANCE

#### RIDE SHARE PRIVATE VEHICLE

 Name of Policyholder Period of Insurance
 : Tan Tack ting Eddy

 Despite No.
 : 01 Sap 2019 To 31 Aug 2020

 Chapsie No.
 : C4FGJH704873

 KNAF3416MKS014913

Vehicle No. Policy No. Endorsement No. Issued Date

: 1800103751-01

: 08 Aug 2019

#### ABOUT THE COVER

Make/Model : KIA Cerato K3 1.6 EK Engine Capacity/Tennage : 1,591,00 CC Driver Restriction : NA Person or Cleases of Persons Entitled to Drive\* :

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2018 Insuring with COE/PARF : Yes

b) The Policyheide of Any other present also is driving on the Polisia close's order or with his how-permission. This Policy Will believe if your Policyheider or any authorities also early should be access to expended ago consistent.

What the Valvie is need for the comings of percentage for time or reward, such authorized driver inset be revered under the Policy and registered with an internalistary when facilitates the out

You feel to pay an additional outs of \$5,000 as "Young entity independented Office Excess" ("YOR") if You ago or Year Authorized Driver prevent or protected ago on the Plant I protect and protection ago on the Plant I protect and protect and protect ago on the Plant I protect and protect ago on the Plant I protect ago on the Plant

Age Condition

Age Condition: All Age Condition
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\* Underlaw wedged inspective by Seater 5 of the Many Vertices (Third-Purky Hate and Companishers) Act (Day, 189), Seaton 65 of the Road Inscriptor Act, 1967 (Malaysia) and Head Inscriptor Act, 1967 (Ma TIXCESS

Booties 1 Fre-SI Own December \$2000. Traff - 51 Face Cover - 56

Wirelesseen: \$150

Named Driver and Excess (view replicate)

The Took Eng Eddy - 82800 (Dan Demage) \$2000 (Pricely Demage)

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

Approved Property Content And Authoritized Requires (For other included square).

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#### INPORTANT NOTES

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AIG Asia Pacific Insurance Pts. Ltd.
AUTHORISED REPRESENTATIVE

Merile

## **Identification Card**

