## 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 conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	27/03/2020 16:44
Date Of Accident	27/03/2020 12:40
Exact Location Of Accident	UPP SERANGOON RD TWD PIE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGP6388A
Insured/Policyholder	
Name Of Registered Owner	YEO GUEK HONG JANET
NRIC No	S0015525Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96207033
Alternative Phone No	Office-96207033
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HARRIER-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	2070010760
Cover Note Number	
Driver	
Name of Driver	YEO GUEK HONG JANET
NRIC No	S0015525Z
Date Of Birth	01/12/1954

**INDOOR** 

25/05/1978

41 YEARS AND 10 MONTHS

Gender **FEMALE** 

Mobile Number (LOCAL) +65-96207033

Fax Number

**Contact Number** OFFICE-96207033

**EMail Address NOEMAIL** 

Address 11 MULBERRY AVE

Postcode 348356 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 - 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

NO

NO

2

NO

NO

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

Passenger 1 : FONG CHIN LOCK Name:

> Gender: : Male

## **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**

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

## Attachment(s)

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

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

SMR3522S Vehicle Registration Number Vehicle Make/Model/Colour **AUDI BLUE** 

**Details Of Properties** FRONT & REAR RIGHT DOOR

PRIVATE CAR Vehicle Category Name of Driver LIM GIM HUAT NRIC/Passport Number Contact Number

S6917081A 98893028

Address

Postcode

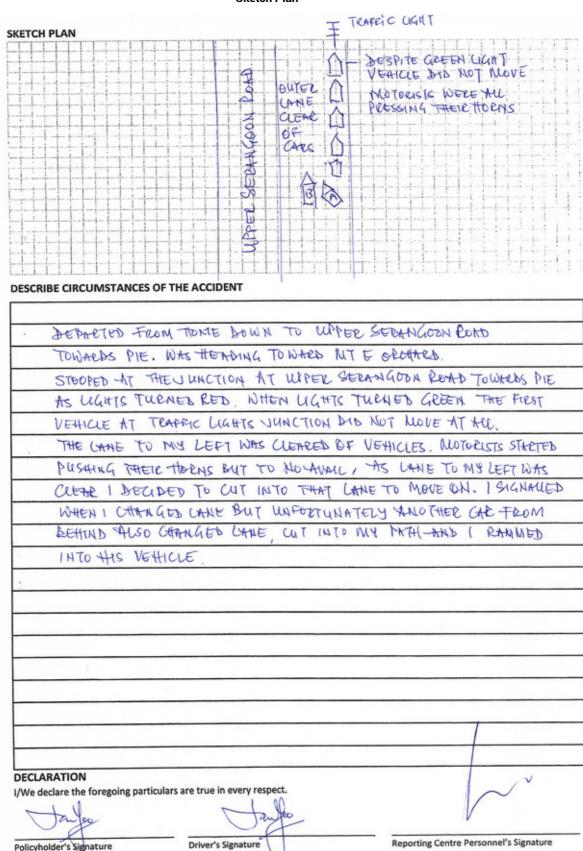
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

### Sketch Plan



4-18PM

(If driver is not the policyholder)

Date & Time: 27 3 20

Date & Time: 27 3 20

4.12PM

Name:

NRIC/FIN No.:

### SKETCH PLAN

## **IMPORTANT NOTICE**

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- 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.
- 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.

Policyholder's Signature Date & Time:

SALVE steres/Bank or

4 12 PM

Oriver's Signature

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:



# MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	JANET SEO GUERTONG	
NAME (DRIVER)	54P 6388 A	
VEHICLE NUMBER	M104.9 05/2/16	
DATE/TIME OF ACCIDENT		
PLACE OF ACCIDENT	: UPPER SERVICEON ROAD	
THIRD PARTY VEHICLE (IF ANY)	SMR 35225	
******	***********	
WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?  FROM HOME TO MI EUZASETH DECHAED		
DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?		
WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?		
WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?		
VANET SED		

I Affirmed The Above Information Is Given To My Best Knowledge.

AIG Asia Pacific Insurance Pte. Ltd. AIG Building 78 Shenton Way #07-16 Singapore 079120 Tel: 6419 3000



## REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0015525Z





YEO GUEK HONG JANET Ote of Birth 01-12-1954





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# CERTIFICATE OF INSURANCE



## TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Endorsement No. 788E0SSFA8: Policy No. : 2070010760 : 05 Feb 2020 To 04 Feb 2022 Period of Insurance Vehicle No. Name of Policyholder : YEO GUEK HONG JANET : SGP6388A

: 06 Feb 2020 Issued Date : 1TEZB3GH00J005770 Chassis No.

# ABOUT THE COVER

Insuring with COE/PARF : Yes Engine Capacity/Tonnage: 1,998.00 CC First Year of Registration : 2020 Sum Insured : Market Value : TOYOT A HARRIER 2.0 Make/Model

Person or Classes of Persons Entitled to Drive": Off Peak Car : No Driver Restriction : NA

a) This Policyholder b) Any o'Ber person who is driving on the Policyholder or any authorised driver only if heathe meets the specified ago condition. This Policy will indemvify the Policyholder or any authorised driver only if heathe meets the specified ago condition.

than 2 years for pay an additional sum of \$5,000 as "Young anoidr inexpensed Driver Excess" ("YIDM") if You are or Your Authorised Driver (named or unnamed) is under the age of 33 and or has been been as age of 33 and or has been been as age of 33 and or has been as age of 35 and or has been as agreement as agreement as agreement as age of 35 and 35

: All Age Condition Age Condition

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\* Unfoldoos sendered inoperative by Section 8 of the Molos Vehicles (Their-Penty fibets and Compensation) Act (Cap. 189). Section 95 of the Road Transport Act. 1867 (Melayas) and Road Transport

Section 1 Fire - \$0 Own Demage - \$900 Theft - \$0 Flood Cover - \$800

001\$ : seensebulW Property Demage - \$0

Named Driver and Excess (whore applicable)

YEO GUEK HONG JANET - \$800 (Own Damage), \$800 (Flood Cover)

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

1 Toyota Bodycare Centre (Fox accident repair & accident reporting). Add 2 Pandan Creacent Bingapore 128457 Tel: 6631 1188 2 Toyota Bodycare Centre (Fox accident repair & accident reporting). Add. 17 Ubi Boart 4 Singapore 408611 Tel: 6631 1888

Y/3 SG Morale Vibrane (Annual and consider Ana SG, your Lituae or Goodle Litik For Open Vibranes (Annual Ana Coursely/1) Yntpopens ynthesear bisses contact on S4-pen recipied aumiteur's page 1930 1930 Vibranes/NO make with 10 Y/3 wopens www. aid ab or

## SETON THATROOM

Hire Purchase Company/Employer's Loan: MayBank

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This computer generaled document does not require a signature. AIG Asia Pacific Insurance Pte. Ltd. INCHCAPE AUTO TOYOTA - BSTU020

SINGAPORE 159102 33 FEND KEE BOYD

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.





