#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

**Date Of Driving Pass** 

**Driving Experience** 

- 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 <u>truthful and accurate</u> 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 consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	29/05/2020 10:08
Date Of Accident	28/05/2020 15:10
Exact Location Of Accident	PIONEER RD NORTH TURNING LEFT AT AYE ROUNDABOUT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL7341P
Insured/Policyholder	
Name Of Registered Owner	NG AIK GUAN
NRIC No	S7145469Z
Email Address	IANNGAIKGUAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96873258
Alternative Phone No	Office-NOPHONE
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER-2.0 XT AWD CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
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	2100503054
Cover Note Number	
Driver	
Name of Driver	NG AIK GUAN
NRIC No	S7145469Z
Date Of Birth	16/12/1971
Occupation	OUTDOOR

14/07/1994

25 YEARS AND 10 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-96873258

Fax Number

**Contact Number OFFICE-NOPHONE** 

**EMail Address** IANNGAIKGUAN@GMAIL.COM

Address THE RAINFOREST BLK 343 CHOA CHU KANG AVE 3#03-25

2

NO

NO

YES

NO

1

NO

NO

Postcode 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** DRY Road Surface

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** 

PLEASE REFER ATTACHED

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? **VFS** 

Remarks/ Reasons: VIDEO WITH CUSTOMER

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number **SLK7556S** 

Vehicle Make/Model/Colour **VOLKSWAGEN GOLF** 

**Details Of Properties REAR SIDE Vehicle Category** PRIVATE CAR

WONG TIAN RONG, DANIEL Name of Driver

NRIC/Passport Number S9001271A Contact Number 97971803 Address

\_ . .

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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 to 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 invoive 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

29/5/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time: 29/5/2020

08 50

Reporting Centre Personnel's Signature

Name: |Swan

NRIC/FIN NO.: S&COT 83 P

SANC StatenPlanEstr V3

N Jalan Bursh

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mportant:	- Reporting Only
ou have been advised by the workshop that in the event that you wish to	
term against your own policy (OD CLAIM). There is a FOURTEEN (14)	- Claim OD
AYS CLAUSE WHEREBY MUST BE MADE within the stigulated time frame	- Claim TP
om the day of the occurrence.	- Claim OD/ TP at other workshop

SKETCH PLAN

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

Policyholder's signature Date & Time

29/5/2020

0850

Driver's Signature

(if driver not the policyholder) Date & Time 29/5/2020

Reporting Centre Personnel's Signature

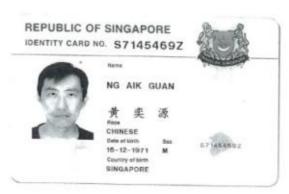
Name: 13mgn

Nric/Fin No. 8 STU1821F











# CERTIFICATE OF INSURANCE

# SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Ng Aik Guan Period of Insurance Engine No.

: 08 Mar 2020 To 07 Mar 2021

: FA20B908297

Chassis No.

: JF1SJGK85GG083469

Vehicle No. Policy No.

: SLL7341P : 2100503054-03

Endorsement No.

Issued Date

: 11 Feb 2020

#### ABOUT THE COVER

Make/Model

: SUBARU NEW FORESTER 2.0XT

Engine Capacity/Tonnage : 1,998.00 CC

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2017

Insuring with COE/PARF : Yes

Driver Restriction : NA 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 higher permission.
This Policy will indemnify the Policyholder or any authorised driver only if he/althe 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 failing, driving fast, racing, pace-making, reliability trial or speed-leating, 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), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

Section 1. Fire - \$0 Own Damage - \$1400 Theft - \$0 Flood Cover - \$1400

Section 2 Property Demage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Ng Aik Guan - \$1400 (Own Damage), \$1400 (Flood Cover)

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

1.Motor Image Enterprises Pte Ltd. Add: 19 Lorong 8 Toa Payof: Singapore 319255 64170100

For other Approved Reporting Centres/AIQ Authorised Repeirers, please contact our 24-hour accident emergency holline at +65 8336 8200, Alternatively, you may refer to AIG website were aig ag or AIG SG Mobile App. Simply search and download "AIG SG" form Tunes or Google Play.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

WWe 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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia).

TAN CHONG CREDIT SUBARU-ALL

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

913 BUKIT TIMAH ROAD

SINGAPORE 589623

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Catts-VV Tast



















