#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

**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 <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.

	ACCIDENT STATEMENT
Date Of Report	13/07/2020 18:51
Date Of Accident	10/07/2020 11:45
Exact Location Of Accident	JURONG WEST ST 41
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKV2201C
Insured/Policyholder	
Name Of Registered Owner	TIAN AH AUN
NRIC No	S0082656A
Email Address	BTIAN@CHUBB.COM
Mobile Phone No	(LOCAL) +65-90093793
Alternative Phone No	Office-90093793
Vehicle Particulars	
Manufacturer	PEUGEOT
Model	308 SW ALLURE PURETECH 1.2 A/T 2WD S/R
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	YES
f 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	1900140984
Cover Note Number	04/09/2019-03/09/2020
Driver	
Name of Driver	TIAN ZU'EN, BRIAN
NRIC No	S8711674C
Date Of Birth	30/04/1987
Occupation	INDOOR
Date Of Driving Pass	23/09/2010

9 YEARS AND 9 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-90093795

Fax Number

**Contact Number** 

**EMail Address** BTIAN@CHUBB.COM

Address BLK 622 BUKIT BATOK CENTRAL #19-500

Postcode 650622

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

Type Of Accident **COLLISION - CROSS JUNCTION** 

**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

Police Station Name JURONG DIVISION HQ

ROAD: 2 JURONG WEST AVENUE 5, POSTCODE: 649482, COUNTRY: **Police Station Address** 

**SINGAPORE** 

**Police Station Contact** TEL NO: 18007910000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

2

YES

YES

YES

NO

1

YES

**Circumstances of Accident** 

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES YES

Was there any video captured by Car Camera?

Remarks/ Reasons: SD CARD WITH TRAFFIC POLICE

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

FBK1799R

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF INJURED PERSON 1**

Name MOTORCYCLE RIDER

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBK1799R

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

#### SKETCH PLAN

#### IMPORTANT NOTICE

. 1.

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- 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
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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
- 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:

- 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)
  - (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
- (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
- 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name: Perlescusion Amand

NRIC/FIN No :

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and a decentering.	

Policyholder's signature Date & Time

Driver's Signature (if driver not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name: Portesucion. Anony

Nric/Fin No.



TIAN ZU'EN, BRIAN

Race CHINESE

Date of birth 30-04-1987 Country/Place of birth SINGAPORE FOR ACCIDENT

\$87116740

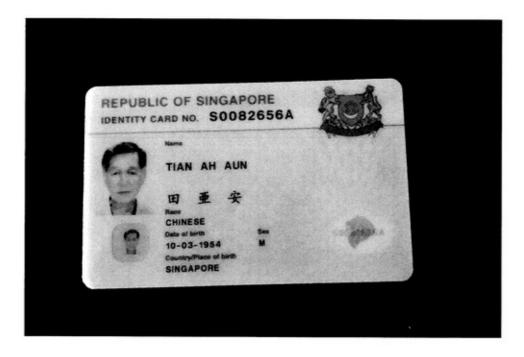




APT BLK 622 BUKIT BATOK CENTRAL #19-500 SINGAPORE 650622











1 of 1

Report No. J/20200712/7040

#### POLICE REPORT (NP299)

Police Station Of Origin Jurong Division HQ 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No:1800-7910000

Date/Time Report Made 12/07/2020 21:03	Vide Report No.			Station Diary No.			
Name Of Informant	Address	Address					
TIAN ZU'EN, BRIAN	APT BLK 622 BUKIT BATOK CENTRAL #19-500 SINGAPORE 650622						
ID Type / ID No. NRIC NO / S8711674C	1	Contact No. Home/Office: Mobile: 90093795					
Nationality SINGAPORE CITIZEN	100000000000000000000000000000000000000	Email Address tian.brian@gmail.com					
Occupation	Sex	Age	Date of Birth	Race			
Insurance underwriter	Male	33	30/04/1987	Chinese			
Institution/School Name	Language English						
Date/Time Of Incident 10/07/2020 23:45 - 10/07/2020 23:50		Location Of Incident NA JURONG WEST STREET 41 NA SINGAPORE					

#### Brief details.

I was turning right into the carpark and had a collision with an oncoming motorcycle. I had noticed the motorcycle that was still before the hump of which i believe he did not slow down. Motorcyclist was a McDelivery Rider and was conveyed to the Hospital immediately

Signature Of Officer Recording The Report:	Signature Of Informant:		
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 12/07/2020 21:03		
Officer In-Charge Of Case:	Classification Of Case:		
Authoritisation Stome			

Authentication Stamp



# SINGAPORE POLICE FORCE

J #237 IO RIJZWA 6547 6311

ACKNOWLEDGEMENT SLIP

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# CERTIFICATE OF INSURANCE

#### **AUTOPLUS PRIVATE VEHICLE**

Name of Policyholder : TIAN AH AUN
Period of Insurance : 04 Sep 2019 To 03 Sep 2020 Period of Insurance

Engine No. Chassis No.

: 10XT180120324 : VF3LRHNYWFS177772 Vehicle No.

: SKV2201C

Policy No. Endorsement No. : 1900140984

**Issued Date** 

: 21 Aug 2019

#### ABOUT THE COVER

Driver Restriction

Make/Model : PEUGEOT 308 TURBO 1.2 [Sedan]

Engine Capacity/Tonnage: 1,199.00 CC

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2015 Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

: NA

Any person other than the Policyholder who is driving on the Policyholder's order or with his/her permission. This Policy will indemnify any authorised driver other than the Policyholder 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 Optional

\* 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, 1997 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

#### EXCESS

Section 1 Fire - \$0 Own Damage - \$500 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

TIAN ZU'EN BRIAN - \$500 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle russ be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/IIG 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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

Wile 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. 1887 (Malaysia). Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rodes, 1959 (Malaysia).

0503972000

9 TEMASEK BOULEVARD 31/F SUNTEC TOWER 2

SINGAPORE 038989

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

78 Shenton Way #07-18 AIG Building \$079120 | T.+65 8419 3000 | www.alg.sg

AIG Asia Pacific Incurance Pre. Ltd.

1874 674 c. to file accident report which happened on provide 10" T-4" at (Location) Through West (St. 41 Segment 149)

Owner's Name : TIAN AH ALM

Signature













