

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 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 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	20/07/2020 13:38
Date Of Accident	17/07/2020 13:30
Exact Location Of Accident	ALONG CTE TWDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL67C
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Insured/Policyholder

Name Of Registered Owner	TEN & HAN TRADING PTE LTD
Co Reg No	198800049R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-63032400

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 5 5 DOOR WAGON 2.0L SP6EAT SUNROOF
Exact Purpose for which vehicle was being used at time of accident	
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	YES
Policy Number	999994012/100860087-00000
Cover Note Number	

Driver

Name of Driver	KUAN JUN AN JORDAN
NRIC No	T0112205Z
Date Of Birth	24/04/2001
Occupation	INDOOR
Date Of Driving Pass	04/11/2019
Driving Experience	0 YEAR AND 8 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-91864229
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 876 WOODLANDS AVE 9 #08-264
Postcode	730876
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
Was any body injured in the Accident?	NO
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)	2
Passenger 1	Name: : PASSENGER Gender: : Female

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

ON 17/07/2020 AT ABOUT 1330 HRS, I WAS TRAVELLING ALONG CTE TWDS CITY. I WAS IN LANE ONE WHEN VEHICLE B (SLB150Y) BRAKED , I FOLLOW SUIT. MOMENTS LATER HE JAM BRAKE AGAIN , I COULDNT BRAKE IN TIME AND COLLIDED ONTO HIS VEHICLE. I WISH TO STATE THAT IT WAS A 3 CAR COLLISION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB150Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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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:

- (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:
 - (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 "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:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A=SLC7C
B=SLB150Y
C=UNKNOWN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 7/7/2020 at about 1330 HRS, I was travelling along the Tuaru Cr. I was in lane one when vehicle B (SLB150Y) braked I follow suit. Moments later he jam brake again I couldn't brake on time & collided onto his vehicle. I wish to state that it was a 3 car collision.

DECLARATION

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



Policyholder's Signature

Date & Time:

SIARMC SketchPlanForm_V3

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



HOTLINE TEL: (65) 6419-3600

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

KUL4

ENHANCED AUTOPLUS	OWN DAMAGE EXCESS	S\$600.00	(1)
CERTIFICATE NO. 999994012/100860087-0C000	WINDSCREEN EXCESS	S\$100.00	
	<small>(for policies with effect from 1st November 2002)</small>		
	SUM INSURED	S\$1.00	
1) VEHICLE REGISTRATION NO.	INSURING WITH COE/PARF	YES	
2) NAME OF INSURED	SLL67C		
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	Ten & Han Trading Pte Ltd		
4) DATE OF EXPIRY OF INSURANCE	1 Sep 2019		
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *	31 Aug 2020		

Any person who is driving on the Insured's order or with their permission.
An additional Young and Inexperienced Driver (YIDR) Excess of S\$3,000 (unless otherwise stated) applies to any drivers (named and unnamed) who is below age 23 or has less than 2 years driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE *

Use only for social, domestic and pleasure purposes and for the insured's business. The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.
SOLE AGENT'S WORKSHOP: For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop.

AKG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)

- | | |
|--|--|
| 1. Lai Hui Meng Kee Motors - Sin Ming Ind (Tel: 64538110) | 2. Sin Yew Hup Welding - Woodlands (Tel: 67600516) |
| 3. DelGro Engrg Pte Ltd - Braddell Rd (Tel: 63937118) | 4. Kan Fook Sing Motor - Eunos Ave (Tel: 67479550) |
| 5. Ben Choon Motor - Pioneer Rd (Tel: 62641191) | 6. Shu Fatt Auto Works - Bt Merah Lane (Tel: 62730110) |
| 7. STAR Auto Ctr - Portsdown Rd (Tel: 65620000/97189999) | 8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336) |
| 10. Ready Autocare - 10 AMK AutoPoint (Tel: 96506551/64810304) | |

LOSS OF USE NOT INCLUDED

* NAMED DRIVER N/A

HIRE PURCHASE COMPANY HONG LEONG FINANCE LTD

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 1 Oct 2019

AIG ASIA PACIFIC INSURANCE PTE. LTD.

439003-003
HING GEE MONG
3 MOUNT FABER ROAD
#02-07
SINGAPORE 099195
SP-LAWRENCELEE


Authorised Representative

ORIGINAL

SSPK.S



Driving License

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 2000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 04 Nov 2018

NP 428A



Licence No: T01122052

5596311



NRIC No: T01122052



Date of issue
05-05-2018

Address

APT BLK 876 WOODLANDS AVENUE 9
#08-264
SINGAPORE 730876

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



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