

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	20/10/2020 16:06
Date Of Accident	19/10/2020 16:25
Exact Location Of Accident	PIE TOWARDS TUAS (BEFORE CTE ANG MO KIO EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN2111Y
Insured/Policyholder	
Name Of Registered Owner	CHENG THENG YAM
NRIC No	SXXXX652D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97549078
Alternative Phone No	OTHERS-97549078

Vehicle Particulars

Manufacturer	TOYOTA
Model	RAV4-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	1900130613
Cover Note Number	

Driver

Name of Driver	CHENG THENG YAM
NRIC No	SXXXX652D
Date Of Birth	26/06/1958
Occupation	INDOOR
Date Of Driving Pass	03/07/1978
Driving Experience	42 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97549078
Fax Number	
Contact Number	OTHERS-97549078

Address	BLK 608 YISHUN STREET 61 #03-265 NEE SOON CENTRAL MEADOWS
Postcode	760608
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	2
Was any body injured in the Accident?	YES
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)	1

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

PLEASE REFER TO SKETCH PLAN

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	GBJ3205E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMN2111Y
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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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.

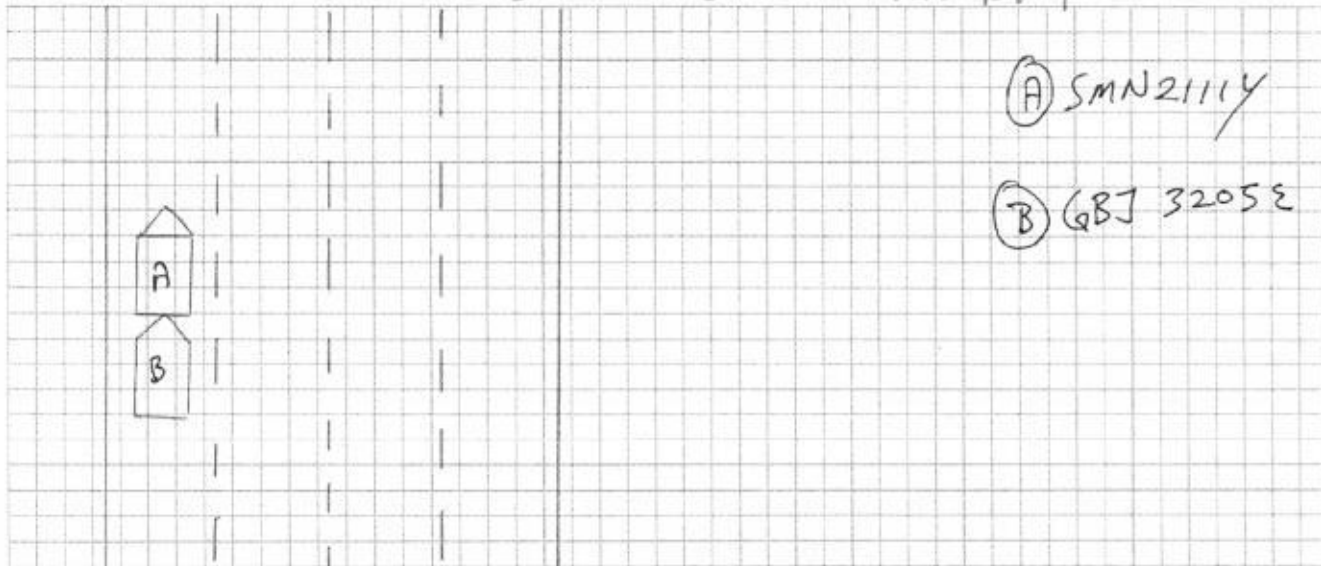
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

P1E TOWARDS TUAS BEFORE CTR ALH MO KLO EXIT.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


ON 19/10/2020 I WAS DRIVING ALONG P1E TOWARDS TUAS.
 WHEN THE FRONT VEHICLE SLOW DOWN, I FOLLOW SUIT.
 SUDDENLY VEHICLE B COLLIDED INTO MY VEHICLE REAR.

DECLARATION

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


 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.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 19-Oct-2020

ACCIDENT TIME: 1625HRS

LOCATION: PIE TWDS TUAS BEFORE CTE ANG MO KIO EXIT

VEHICLE NUMBER: SMN2111Y

INSURED NAME: CHENG THENG YAM

NRIC / FIN: S1308652D

CONTACT: 97549078

MAKE: TOYOTA

MODEL: RAV4 2.0

Are you claiming under your own insurance policy for repair to your vehicle?

() Yes, If No, Pls Select: (☒) Third Party () Reporting Only

INSURANCE COMPANY: AIG

TYPE OF POLICY: Comprehensive

POLICY NUMBER: 1900130613

EXPIRY DATE: 28-Jul-2021

NAME DRIVER: CHENG THENG YAM

NRIC / FIN: S1308652D

CONTACT: 97549078

DATE OF BIRTH: 26-Jun-1958

DRIVING PASS DATE: 03-Jul-1978

OCCUPATION: Indoor

GENDER: Male

EMAIL ADDRESS:

ADDRESS OF DRIVER: 608 YISHUN STREET 61 #03-265 NEE SOON CENTRAL MEADOWS SINGAPORE 760608

Relationship Of The Driver With The Insured: Employee *OWNERS*

Number Of Passenger Include Driver: 1 Driver

NAME	NRIC/FIN/BC	GENDER	INJURED
CHENG THENG YAM	S1308652D	Male	<input checked="" type="checkbox"/>

INJURY DETAILS: 1 Driver, 0 Passenger(s)

Insurance Company Of Driver's Own Vehicle:

Weather Conditions: Clear

Road Surface: Dry

Was Any Foreign Vehicle Involved In This Accident? No

Convey By Ambulance: No

Was There Any Video Capture By Car Camera? No

Was There Accident Reported To The Police? No Police Report Number:

Details Of 3rd Party	Name	NRIC	Contact	No.of Paxs(incl' driver)
Veh B GBJ3205E				Not Sure



CERTIFICATE OF INSURANCE

TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : CHENG THENG YAM
Period of Insurance : 29 Jul 2019 To 28 Jul 2021
Engine No. : M20AV055682
Chassis No. : JTMV43FV70D017642

Vehicle No. : SMN2111Y
Policy No. : 1900130613
Endorsement No. :
Issued Date : 02 Aug 2019

ABOUT THE COVER

Make/Model : TOYOTA RAV 4 2.0
Engine Capacity/Tonnage : 1,987.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2019
Insuring with COE/PARF : Yes

a) The Policyholder
b) Any other person who is driving on the Policyholder's order or with his/her permission.
This Policy will indemnify the Policyholder or any authorised driver 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 - 1800cc

* 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.

EXCESS

Section 1
Fire : \$0 Own Damage : \$1000 Theft : \$0 Flood Cover : \$0

Section 2
Property Damage : \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

CHENG THENG YAM : \$1000 (Own Damage)

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

1. Toyota Bodycare Centre (For accident repair & accident reporting): Add: 17 Ubi Road 4 Singapore 408611 Tel: 6631 1688
2. Toyota Bodycare Centre (For accident repair & accident reporting): Add: 2 Pandan Crescent Singapore 128462 Tel: 6631 1186

For other Approved Reporting Centres/AIG 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: MayBank

We 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, 1959 (Malaysia).

0504667211

INCHCAPE AUTO TOYOTA - BSTL024

33 LENG KEE ROAD

SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.



AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

Liam Deng