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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 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.
- 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		
20/10/2020 16:06		
19/10/2020 16:25		
PIE TOWARDS TUAS (BEFORE CTE ANG MO KIO EXIT)		
SINGAPORE		
ETAILS OF OWN VEHICLE		
SMN2111Y		
CHENG THENG YAM		
SXXXX652D		
NOEMAIL		
(LOCAL) +65-97549078		
OTHERS-97549078		
TOYOTA		
RAV4-2.0 (A)		
PRIVATE USE		
NO		
THIRD PARTY		
PRIVATE CAR		
AIG ASIA PACIFIC INSURANCE PTE. LTD.		
COMPREHENSIVE		
NO		
1900130613		
CHENG THENG YAM		
SXXXX652D		

26/06/1958 Date Of Birth INDOOR Occupation 03/07/1978 Date Of Driving Pass

42 YEARS AND 3 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-97549078 Mobile Number

Fax Number

OTHERS-075/0078 Contact Number

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)

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

0.0065.57

ambulance?

involved in the accident

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 INJUDED DEDCON

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT INJURY

SMN2111Y

NO

YES

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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:
 - 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 drive is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN PIK DOWDROS THAS BREFORK CTK ANCH MO KID EXIT B DESCRIBE CIRCUMSTANCES OF THE ACCIDENT WAS DRIVING ALONG 19/10/2020 PIE ON TWOS TUAS. WHEN THE FRONT VEHICLE SLOW DOWN FOLLOW SNIT. B COLLIDED INTO my VEHICLE REAR. SUDDENLY VEHIC LE DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature Driver's Signature Policyholder's Signature Name: (If driver is not the policyholder) Date & Time: NRIC/FIN No.: Date & Time:

GIARMC SketchPlanForm_V3

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: \$1308652D

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: (\(\sqrt{} \) 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 PINULE

Number Of Passenger Include Driver:

1 Driver

NRIC/FIN/BC

GENDER

INJURED

CHENG THENG YAM

NAME

S1308652D

Male

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? Was There Accident Reported To The Police?

No

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.

: JTMY43FV70D017642

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

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2019

Insuring with COE/PARF : Yes

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 his/her permission.
 This Policy will indemnify the Policyholder or any authorised order only if helishe 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 buildor, driving best, 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

* 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 - \$1000 Theft - \$0. Flood Cover - \$0.

Section 2

roperty 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 Bedycare Centre (For accident repair & accident reporting). Add: 17 Ubi Road 4 Singapore 408811 Tel: 8631 1688. 2 Toyota Bodycare Centre (For accident repair & accident reporting). Add: 2 Pandan Crescent Singapore 128462 Tel: 8631 1188.

For other: Approved Reporting Centres/AlG Authorised Repairers, please contact our 24-hour accident emergency horizon at +65-6338-6200. Alternatively, you may refer to AlG website www.alg.com.sg or AlG SG Mobile App. Simply search and download "AlG SG" from (Tunes 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 (Cop. 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