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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.
- 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	26/11/2020 17:44
Date Of Accident	25/11/2020 18:15
Exact Location Of Accident	AMK AVE 6 TWDS AMK AVE 5
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFJ700P
Insured/Policyholder	
Name Of Registered Owner	TAN NGAN PHAK
NRIC No	SXXXX650E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96349206
Alternative Phone No	OFFICE-96349206
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY
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	2070090677
Cover Note Number	
Driver	
Name of Driver	TAN NGAN PHAK
NRIC No	SXXXX650E

 Name of Driver
 TAN NGAN PHA

 NRIC No
 SXXXX650E

 Date Of Birth
 11/01/1962

 Occupation
 INDOOR

 Date Of Driving Pass
 21/08/1979

Driving Experience 41 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96349206

Fax Number

Contact Number OFFICE-96349206

EMail Address NOEMAIL

Address

BLK 506 AMK AVE 8 #11-2634

Postcode

560506

Was driver an employee of the Insured's Company

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?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? 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

REFER TO STATEMENT.

## Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

**CB7217A** 

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

## 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. 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.
- 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 "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
- 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.
- 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:

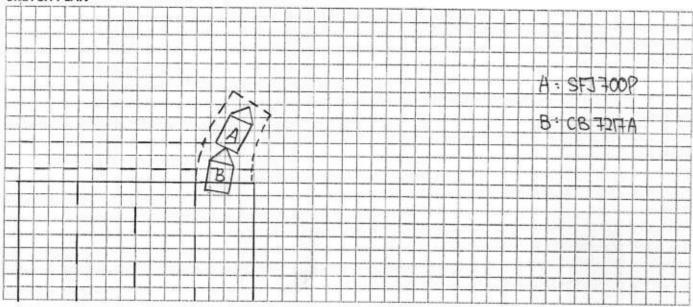
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On 25.11.2020 at about 18:15 pm. I was travelling along Ang Mo Kio Avenue 6
owards Ang Mo Kio Avenue 5. I was slowing down and stopped at the
urning Pocket to check incoming vehicle. Suddenly, vehicle B hit my rear portion

## 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.:



# CERTIFICATE OF INSURANCE

## NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Tan Ngan Phak

Period of Insurance : 06 Jun 2020 To 05 Jun 2022

Engine No.

: HR16951755C

Chassis No.

: MNTBBAB17Z0037357

Vehicle No.

: SF.1700P

Policy No.

: 2070090677

Endorsement No.

**Issued Date** 

: 18 Jun 2020

#### ABOUT THE COVER

Make/Model

: NISSAN SYLPHY 1.6 PREMIUM

Engine Capacity/Tonnage : 1,598.00 CC

Sum Insured : Market Value

First Year of Registration : 2020

Driver Restriction

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

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 heisthe meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or inexpenenced Driver Excess" ("YIOR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less

Age Condition

: All Age Condition

Limitation as to use\* :

Use only for social, domestic and pleasure ; This Policy does not cover use for here or re

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 fulfor, driving test, record, pack-making, reliability that 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, 1967 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

#### EXCESS

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Demage - \$5

Windscreen: \$100

Named Driver and Excess (where applicable)

Tan Ngan Phak - \$600 (Own Damage), \$600 (Flood Cover)

## APPROVED REPORTING CENTRES/AUTHORISED REPAIRES (FOR CLAIMS RELATED REPAIRS

- 1.TC AutoClinic Add: 25 Lang Kee Road Singapore 159097 67036511 67036512 67036513 2.TC AutoClinic Add: No.1, Such Lox Yang Road Singapore 626099 62622212 3 AutoUnion Industrial Add: 19 Uto Road 4 Singapore 426623 64909666 4 Tan Chong Motor Sales Add: 913 Buait Timah Road Singapore 589623 64694091 64694092 64694093 5 Tan Chong Motor Sales Add: 17 Lorong 8 Toa Payoh Singapore 319254 63570753 63570754

For other Approved Reporting Centres/NG Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 6338 6200. Alternatively, you may refer to AIG webste www.nig.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: Standard Charlered Bank (Singapore) Limited

1990 hereby certify that the policy to which this Certificate of insurance relates is insued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cop. 189), Part IV of the Road Transport Act, 1967 (Malaysia), Road Transport (Amendment) Act 2018 and Motor Vehicles (Third Party Risks) Rules, 1969 (Malaysia)

0500610426

TAN CHONG CREDIT PTE LTD-YKM

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE SINGAPORE 589622 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

550255

Date of Accident	: 25.11.2020 Accident Time: 18:15pm (24-HR-Format)
Accident Place	: Ang Mo Kio Avenue 6 Towards Ang Mo Kio Avenue 5
Vehicle. No. (Car Plate No.)	: SFJ 700P Make/Model: Nissan Sylphy 1.6
Insurace Company	: AIG Policy No: 2070090677 ·
Owner or Company Name /IC No.	: Tan Ngan Phak (\$1519650E)
Owner or Company Contact No.	: 9634 9206 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: As above
DRIVER'S Date Of Birth	: 11 Jan 1962 DRIVER'S License Pass Date 11 Aug 1979
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Owner
DRIVER'S Address	:BIK 506 Ang Mo Kio Avenue 8 # 11-2634 Singapore 560500
DRIVER'S Contact No./ Alt No.	:1) 9634 9206 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: nptan@ylac.com.ag
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river):   Driver
Was there any video Captured by ca Exact purpose for which vehicle wa Any Injury (If YES, Pls state):	s being used at the time of accident: Private use \ Work purpose
Other 1	Party Driver's Particular (if any)
Vehicle. No: CB 7217A (Ve	nicle B) Vehicle. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

\* NEW - Passenger's name & gender:

WE.