#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

Occupation

Date Of Driving Pass

**Driving Experience** 

- 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 <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.
- 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
Date Of Report	23/11/2020 13:22
Date Of Accident	22/11/2020 11:00
Exact Location Of Accident	CTE EXIT RAMP MEYER AT MOULMEIN ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SMV7346L
Insured/Policyholder	
Name Of Registered Owner	REITER STEPHEN VICTOR
NRIC No	S8464226F
Email Address	REITER.STEPHEN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87220903
Alternative Phone No	Office-96787065
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HARRIER-2.0 (A)
Exact Purpose for which vehicle was being used at ime of accident	NORMAL USAGE
Are you claiming under your own insurance policy or repair to your vehicle?	YES
f No, Please state action to be taken	
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2070146532
Cover Note Number	
Driver	
Name of Driver	REITER STEPHEN VICTOR
NRIC No	S8464226F
Date Of Birth	29/06/1984

**INDOOR** 

15/06/2013

7 YEARS AND 5 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-87220903

Fax Number

**Contact Number** OFFICE-96787065

**EMail Address** REITER.STEPHEN@GMAIL.COM

Address 1 KHIANG GUAN AVE #10-01

Postcode 308380

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? 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) 4

Passenger 1 : XIAODI ZHU Name:

> Gender: : Female

Passenger 2 Name: : LILY AGNES YI NUO REITER

> Gender: : Female

Passenger 3 : OLIVIA HANNAH YI AN REITER Name:

> 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** 

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SGS7617S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode 530212

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

MERCEDES GLC250 BLUE

REAR BUMPER

PRIVATE CAR

WONG KOK LIANG

98176917

BLK 212 #04-343 HOUGANG ST21

1

#### Accident Sketch Plan

#### 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.
- 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.
- 5. 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:
  - (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: 23 Nov 2020

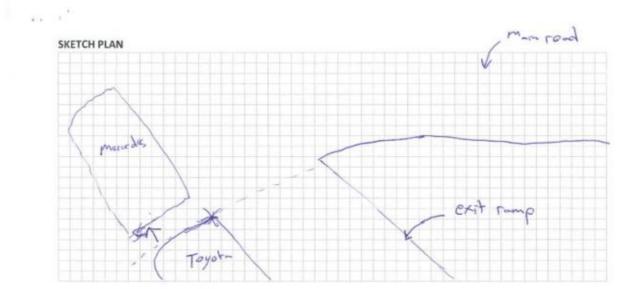
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I sow	- gop, I moved	forward,	but 4	Morades ha	
shopped show					
	so my frank	right	hunder	Transition in the	
				collidad ,	with
rear of	mercades				

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

Policyholder's Signature
Date & Time: 23 Nov 2020 (If driver is not the policyholder)
Date & Time: 9:2500

Reporting Centre Personnel's Signature

NRIC/FIN No.:



#### MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: REITER Stephen Victor				
VEHICLE NUMBER	:_ 5mv73466				
DATE/TIME OF ACCIDENT	: 11:00am 22 Noy 2020				
PLACE OF ACCIDENT	: Moulmern Rd. at CTF Exit ramp				
THIRD PARTY VEHICLE (IF ANY) : 565 76175					
*****************	***************				
DESTINATION BEFORE THE ACCI	JOURNEY AND WHERE WAS THE INTENDED DENT?				
	C DRINKS BEFORE YOU DRIVE ON THE DAY OF HE TRAFFIC POLICE CONDUCT ANY BREATHE-				
ANALYSER TEST ON YOU? IF YES					
TO ALL VEHICLES INVOLVED?	ON AND THE EXTENSIVENESS OF THE DAMAGES  C-1. Dents to 3rd proty Care Damage  my cor.				
To treat purper and grill of	only roc.				
	ER/S INJURED? IF INJURED, WHICH HOSPITAL? FIC POLICE FOR INVESTIGATION?				
No injuries					

Name: Stephen Victor REPTER

1 Affirmed The Above Information Is Given To My Best Knowledge.

AIG Asia Pacific Insurance Pte. Ltd. AIG Building 78 Shenton Way #07-16 Singapore 079120 Tel: 6419 3000



# CERTIFICATE OF INSURANCE

#### TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : REITER STEPHEN VICTOR Vehicle No. : SMV7346L Period of Insurance : 19 Oct 2020 To 18 Oct 2021 Policy No. : 2070146532

: 8ARZ205838 Engine No. Endorsement No.

Chassis No. : JTEZB3GH40J005805 Issued Date : 20 Oct 2020

ABOUT THE COVER Make/Model : TOYOTA HARRIER 2.0

Engine Capacity/Tonnage: 1,998.00 CC Sum Insured : Market Value First Year of Registration : 2020 Driver Restriction : NA Off Peak Car : No 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 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 Mileage Condition : Unlimited Mileage

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 hise or reward, driving tables, driving tests, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with that yirade or business or use for any purpose in comerciation with Motor Trade.

Loss of Use 1500cc - 1600cc

\* Limitations rendered insperative 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 - \$800 Theft - \$0 Flood Cover - \$800

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

REITER STEPHEN VICTOR - \$800 (Own Damage), \$800 (Flood Cover)

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

1.Toyota Bodycare Centre (For accident repair & accident reporting). Add: 2 Pandan Crescent Singapore 128462 Tel: 6831 1188 2.Toyota Bodycare Centre (For accident repair & accident reporting). Add: 17 Ubi Road 4 Singapore 408611 Tel: 6631 1688

For other. Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency holline at +85 6338 6200. Alternatively, you may refer to AIG website www.aig.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

IWe 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),

0504667237 INCHCAPE AUTO TOYOTA - BSTL090

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.



























