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 Submission 03/12/2020 12:43 (SGT) Date of Accident 03/12/2020 07:30 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information PIE EXIT SLIP RD TWDS PAYA LEBAR Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFJ3344P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN SOI MENG NRIC No. S2547557G Email Address tansoimeng8@gmail.com Mobile Phone No (Phone) +65-96915465 Alternative Phone No +65-96915465

VEHICLE PARTICULARS

Manufacturer Suzuki Model S-cross Variant 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 - Reporting only Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy Policy Number 2100446786 Cover Note Number

DRIVER

Name of Driver TAN SOI MENG NRIC No S2547557G Date Of Birth 14/09/1955 Occupation Indoor

Date Of Driving Pass 03/09/1983 Driving experience 37 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-96915465 Alt. Phone Number +65-96915465 Email Address tansoimeng8@gmail.com Address BLK 767 BEDOK RESERVOIR VIEW #12-223 Address complement Postcode 470767 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver 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 the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name TAN SUI PING Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT VEHICLE B IN FRONT MOVE OFF AND SUDDENLY BRAKE. I WAS LOOKING FOR TRAFFIC AT THE SIDE, END UP, MY VEHICLE HIT SLIGHTLY ONTO VEHICLE B REAR PORTION. 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 SLS591T Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Private car

Vehicle Category

Name of Driver

Contact Number	_
Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

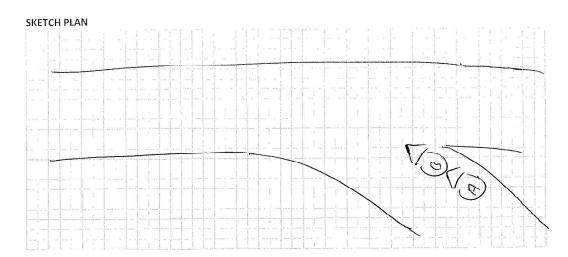
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:

- (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.

· lour		
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

SMESSION FROM



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Velicle B infrart more of and suddenly broke, I was looking for traffic at the site end of my velicle by slightly onto velice B Their partion.

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.:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: \$665S0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		ADDEN	DUM	
.) F	PARTICULARS OF PERSON	MAKINGTHEAMENDMEN	NTS:	
C	Original Report No :	140023000C	Vehicle Registration	No: <u>877</u> 3344 No: <u>8254755</u> 7
ľ	Name(as shownin NRIC):	N 801 MENET	NRIC/FIN/Passport	No: 82547557
	*Vehicle Driver / Vehicle C			
ļ	Address . Ble	-767 BELOC RECIDE	EVOIL VIBN #10.	Singapore(4701
C	Contact (Tel) :		Mobile No.:	9691 5465
E	mail Address			
	Date of Accident :	3/10/20	Time of Accident :	07.20
F	Place of Accident :	PIB BXT1 SLIP	RD TNDS PAY	IN LEBAR
I	nsurance Company :		167	40000000000000000000000000000000000000
	ADDITIONALINFORMATIO			
-	- Aure	END DATE OF 1	B1874	
-				- Company of the Comp
-				
-				· · · · · · · · · · · · · · · · · · ·
-			e	e ()
-				
, -	* > * . * . * . * . * . * . * . * . * .			
SSERVE				
orages.				
	Policyholder / Driver's Sign Date:	ature	Reporting Centre Name: NRIC/FINNo.: Date:	Personnel's Signature



POLICY SCHEDULE

AUTOPLUS PRIVATE VEHICLE

Policy No.

: 2100446786-04

Period of Insurance : 11 Jan 2020 to 10 Jan 2021

Issued Date : 20 Dec 2019

Engine Capacity/Tonnage: 1,586.00 CC

ABOUT THE POLICYHOLDER

Name of Policyholder

: Tan Soi Meng

Address

: 767 Bedok Reservoir View

#12-223 SINGAPORE 470767

Occupation/Nature of Business: Executives

ABOUT THE VEHICLE

Registration No. : SFJ3344P Chassis No.

: TSMJYB22S00404205 Seating Capacity: 5

First Year of Registration : 2016

Engine No.

Body Typo

: M16A1982799 : Sedan

Make/Model : SUZUKI S-CROSS

Hire Purchase Company/Employer's Loan : DBS BANK LTD

ABOUT THE COVER

Sum Insured **Driver Restriction** : Market Value

: NA

Off Peak Car

: No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive:

a) The Foliayillower 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 end/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, demostic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving fullion, 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.

Other Key Policy Benefits:

Act of God, Loss of Use 1500cc - 1600cc Optional, Key Replacement Cover- \$800, In-Car Camera Excess Waiver, NCD Protector, Waiver of Excess. Dealer (First 3 years from original registration) + AIC Authorised Workshops, Strike, Riots and Civil Commotions, PA to Authorised Driver / Unnamed Passengers- \$10000, PA Insured- \$50000

EXCESS

Section 1
Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0 Windscreen: \$100

Named Driver Tan Soi Meng - \$600 (Own Damage), \$600 (Flood Cover)

PREMIUM

Premium : \$

: \$

781.21

GST (7%)

Total

: \$

835.89

54.68

Your Premium includes the following discount(s):

Online Driver Risk Test Disc. 2 - 10.00%, Safe Driver Discount - 5.00%, Group Discount - 10.00%, Loyalty Discount - 5.00%, No Claim Discount - 50%