





# 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 Submission	08/01/2021 13:05 (SGT)
Date of Accident	07/01/2021 08:40 (SGT)
Exact Location of Accident	Braddell Rd, Singapore
Additional Location Information	TOWARDS CTE (CITY)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR17P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN TIAN CHYE
NRIC No	SXXXX187B
Email Address	tanchye17@gmail.com
Mobile Phone No	(Phone) +65-96411661
Alternative Phone No	+65-96411661

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	LEXUS RX270
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 - Claiming third party
Vehicle Category	Private car

## INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	210041591-05
Cover Note Number	-

## DRIVER

Name of Driver	TAN TIAN CHYE
NRIC No	SXXXX187B

Date Of Driving Pass	22/06/2004
Driving experience	16 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96411661
Alt. Phone Number	+65-96411661
Email Address	tanchye17@gmail.com
Address	BLK 867A TAMPINES STREET 83 #08-261
Address complement	-
Postcode	521867
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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	TAY BENG YAN
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

#### 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	SJT5395D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Address	-
Address complement	-
Postcode	-
Insurance Company Name	Direct Asia
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	TAN TIAN CHYE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJR17P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	TAY BENG YAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJR17P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## SKETCH PLAN

### IMPORTANT NOTICE

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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:

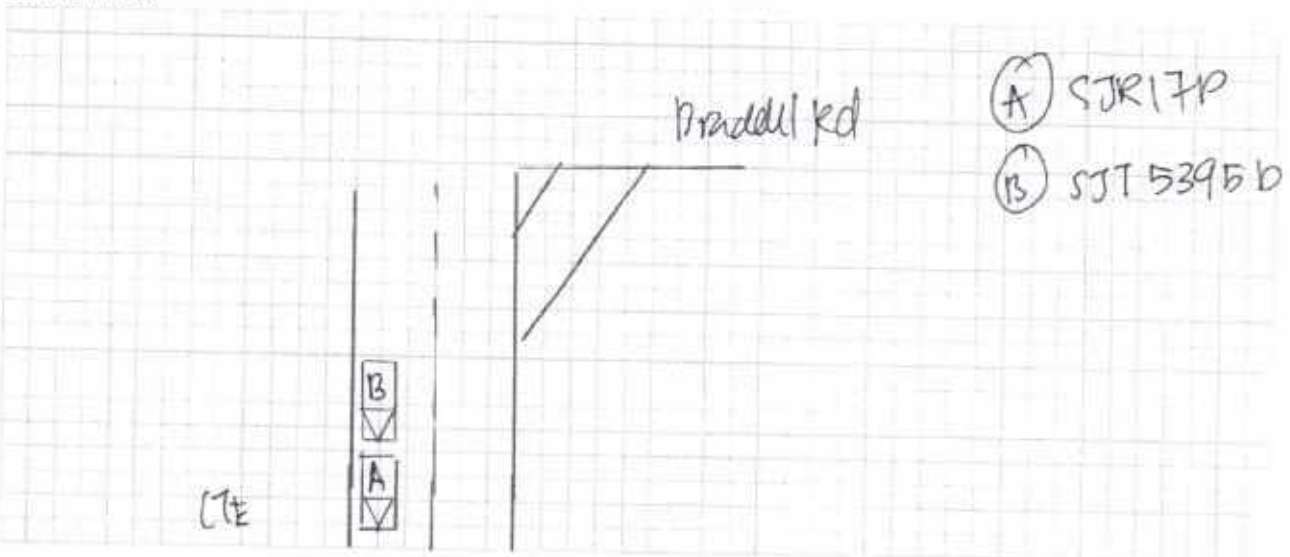
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07-01-2021 at about 08:40hrs, I was travelling from Braddell Rd Tnds CIE (CIN). As I was heading straight, ahead of me, there's a vehicle slow down and stop. I follow suit. All of a sudden, I felt an hard impact from the rear. Then I realised SJI 5395D had collided onto my rear. That's all.

## 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.:

Date of Accident : 07-01-2021 Accident Time: 08:40hr (24-HR-Format)  
Accident Place : Pradell Rd Towards TE (City)  
Vehicle No. (Car Plate No.) : SJR17P Make/Model: Toyota Lexus RX270 Sport  
Insurance Company : AIG Policy No: Auto  
Owner or Company Name / IC No. : Tan Tian Chye (S123218712)  
Owner or Company Contact No. : 96411661 Owner's Hp Company Tel  
DRIVER'S Name / IC No. : Same as owner  
DRIVER'S Date Of Birth : 17-11-1957 DRIVER'S License Pass Date 22-06-2004  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Spouse  
DRIVER'S Address : 867A Tampines St 83 #08-261 S(521807)  
DRIVER'S Contact No. / Alt No. : 1) 2)  
DRIVER'S Occupation : ☒ INDOOR ☐ OUTDOOR (e.g. working inside or outside office)  
Email Address : tanchye17@gmail.com  
Weather & Road Surface : ☒ CLEAR & DRY ☐ RAINING & WET ☐ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 2 Pax  
Was there any video Captured by car camera: YES ☒ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): Both Injured

Other Party Driver's Particular (if any)

Vehicle No: SJT 5395D Chinet	Vehicle No: _____
Vehicle Make/Model: Axiu	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

① Tay Beng Yan (F)





# CERTIFICATE OF INSURANCE

## AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Tan Tian Chye  
Period of Insurance : 05 Jun 2020 To 04 Jun 2021  
Engine No. : 1AR1233052  
Chassis No. : JTJZA11A302477850

Vehicle No. : SJR17P  
Policy No. : 2100415691-05  
Endorsement No. :  
Issued Date : 27 May 2020

### ABOUT THE COVER

Make/Model : LEXUS RX270

Engine Capacity/Tonnage : 2,672.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2015

Insuring with COE/PAFF : 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" ("YIDER") 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 - 1500cc Optional

\* Limitations rendered inoperative by Section 6 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

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)

Tan Tian Chye - \$800 (Own Damage), \$800 (Flood Cover)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For 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.sg](http://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: DBS BANK LTD

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, 1967 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0030211301  
AIG - AUTO DIRECT

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

85PL1C



> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

### Vehicle Owner Particulars

Owner ID Type: Singapore NRIC  
Owner ID: 187B

### Vehicle Details

Vehicle No.: SJR17P  
Vehicle to be Exported: No  
Intended Deregistration Date: 31 Jan 2021  
Vehicle Make: TOYOTA  
Vehicle Model: LEXUS RX270 SPORT AUTO  
Primary Colour: Silver  
Manufacturing Year: 2015  
Engine No.: 1AR1233052  
Chassis No.: JTJZA11A302477850  
Maximum Power Output: 138.0 kW (185 bhp)  
Open Market Value: \$48,622.00  
Original Registration Date: 05 Jun 2015  
First Registration Date: 05 Jun 2015  
Transfer Count: 0  
Actual ARF Paid: \$60,071.00

### Intended PARF Rebate Details

PARF Eligibility: Yes  
PARF Eligibility Expiry Date: 04 Jun 2025  
PARF Rebate Amount: \$42,049.00

### Intended COE Rebate Details

COE Expiry Date: 04 Jun 2025  
COE Category: E - Open Category  
COE Period(Years): 10  
QP Paid: \$78,004.00  
COE Rebate Amount: \$33,712.00  
**Total Rebate Amount: \$75,761.00**

The information contained herein is correct as at 07 Jan 2021

OK

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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : NA211080008 Vehicle Registration No: SJR 17P  
Name (as shown in NRIC) : TIA TAN OUYA NRIC/FIN/Passport No : SXXXX 187B  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 96411661  
Email Address : \_\_\_\_\_  
Date of Accident : 27/01/2021 Time of Accident : 08:40  
Place of Accident : BROADHILL ROAD  
Insurance Company : MLW

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TRANSFERRED VEHICLE NUMBER TO SJR 17P

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: 1002 10002