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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the datails 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 truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- 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.
- 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 Date of Accident Exact Location of Accident

Additional Location Information Country/State of Loss

08/01/2021 13:05 (SGT) 07/01/2021 08:40 (SGT) Braddell Rd, Singapore TOWARDS CTE (CITY) Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJR17P

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

TAN TIAN CHYE

SXXXX187B

tanchye17@gmail.com

(Phone) +65-96411661

+65-96411661

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Toyota

LEXUS RX270

Private use

No - Claiming third party

Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

AIG

Comprehensive

210041591-05

DRIVER

Name of Driver

NRIC No

TAN TIAN CHYE SXXXX187B

Date Of Driving Pass 22/06/2004 Driving experience 16 YEARS AND 7 MONTHS Gender 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) 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

Private car

Vehicle Category

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	Louis Annaise In
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	##W55115 (21)

Name of injured person	TAY BENG YAN
Address	Jack N. H. Hart M. George St. William
Address Complement	tite W.
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

- 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 aforesald.
- 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)
 - (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:

		1/	praddlyd	(A) SJR17P (B) SJT 5395 b
(TE	B			

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCONSTANCES OF THE ACCIDENT
On 07-01-2021 at about 08:40hrs, I was facelling
from Braddell Rd Twas CIE (apr). As I was hading
evalor, ahead of me, there's a vehicle slow down and stop. I
follow buit. All of a sudden, I felt an hard impact Ron
the rear. Then of realised (JI 5395D had collided onto
my hear. 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	: Andaul kd	Towards CTE ((Hy)
Vehicle. No. (Car Plate No.)	SJRITP	Make/Model:	OFEXA CUXULAH
Insurace Company	: A16	Policy No:	Aut
Owner or Company Name /IC No.	: Tan Tian C	ny e	(S123218718)
Owner or Company Contact No.	96411661	Owner's Hp	Company Tel
DRIVER'S Name / IC No.	: Salmy as	owner	- T- Washi Taring Fa Lidensii
DRIVER'S Date Of Birth	:17-11-1957	DRIVER'S License Pas	ss Date 22-06-2004
Relationship of Owner & Driver	: Spouse \ Parents \ (Children \ Sibling \ Emp	loyee\Others:6\WVLF
DRIVER'S Address	The state of the s	es St 83 #08-	
DRIVER'S Contact No./ Alt No.	:1)	2)	
DRIVER'S Occupation	: INDOOR \ DUTDO	OOR (e.g. working insid	e or outside office)
Email Address	: tanchyelte		
Weather & Road Surface	CLEAR & DRY	AINING & WET \ AFT	ER RAIN & WET
Reporting Type	: Reporting Only \ Cl	aim Other Party \ Claim	Own Insurance
Number of Passengers (Including D	river): 2pax		
Was there any video Captured by ca Exact purpose for which vehicle wa Any Injury (If YES, PIs state): 16	s being used at the time	e of accident: Private us	e \ Work purpose
Other F	arty Driver's Particu	dar (if any)	
Vehicle, No: SJ7 539	1A 1 7	Vehicle, No:	
Vehicle Make\Model:	Hya)	Vehicle Make\Model:	
Name Drivert		020 HEN	
IC No. Driver/Contact:		IC No. Driver/Contact	
W NIFTEN W	demonstration to		
* NEW - Passenger's name &	gender:		



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

: 2100415691-05 Policy No.

Endorsement No.

Issued Date

: 27 May 2020

ABOUT THE COVER

Make/Model

LEXUS RX270

Engine Capacity/Tonnage: 2,672.00 CC

Sum Insured : Market Value

First Year of Registration : 2015

Driver Restriction

: NA

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 of with his/her parmission.
The 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 or \$3,000 as "Young endor 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 accisi, domestic and pleasure purposes and for the Policyholder's business. This Policy does not gover use for hire or reward, driving tuitor, deving test, racing, pace-making, reliability initi 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 Optional

* Landations 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 Theit - \$0 Flood Cover - \$800

Saction 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (wiere applicable)

Tan Tien 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 applicant repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).
For Approved Reporting Centrus/AIG Authorised Repairers, please contact our 24-hour accident smergency hotiline at 485 6338 5200. Alternatively, you may relier 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: DBS BANK LTD

I/We hereby certify that the policy to which this Certificate of Insurance relates is leasted in accordance with the provisions of the Motor Vehicles (Third Party Risks and Computation) Act (Cap. 189). Part IV of The Road Transport Act, 1967 (Malaysia). Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks).

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.

REPLIC

> 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



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: 566550020G / GST Reg. No.: M400017735

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: ______Vehicle Registration No: STR 17P Original Report No : NO 2/1080008 Name(as shownin NRIC): TIP THAN ONLY NRIC/FIN/Passport No : SXXXX (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Contact (Tel) Email Address Date of Accident Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: VAMICLE LUMBER TO STR 171 Reporting Centre Bersophel's S Policyholder / Driver's Signature Name: Date: