

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 07/01/2021 16:54 (SGT)
Date of Accident 06/01/2021 22:15 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information PIE TO CTE.
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKN9078M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner YEO XI-MIN TIMOTHY
NRIC No S8314550A
Email Address timzimin@yahoo.com.sg
Mobile Phone No (Phone) +65-97659260
Alternative Phone No +65-97659260

VEHICLE PARTICULARS

Manufacturer Mazda
Model 3
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 2100380680
Cover Note Number -

DRIVER

Name of Driver YEO XI-WEI
NRIC No S8820901Z
Date Of Birth 26/05/1988
Occupation Indoor

Date Of Driving Pass	28/01/2014
Driving experience	7 YEARS
Gender	Male
Mobile Number	(Phone) +65-91375145
Alt. Phone Number	-
Email Address	yeoxiwei@gmail.com
Address	125 ARTHUR ROAD #14-02
Address complement	-
Postcode	439829
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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	WIFE
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

FRONT VEHICLE STOP, I ALSO STOP IN TIME, VEHICLE B CANNOT STOP IN TIME AND HIT MY VEHICLE FROM BEHIND. PUSH MY VEHICLE FORWARD AND HIT VEHICLE C.

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	SJE4986J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMC8670T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

SKETCH PLANIMPORTANT NOTICE

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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.

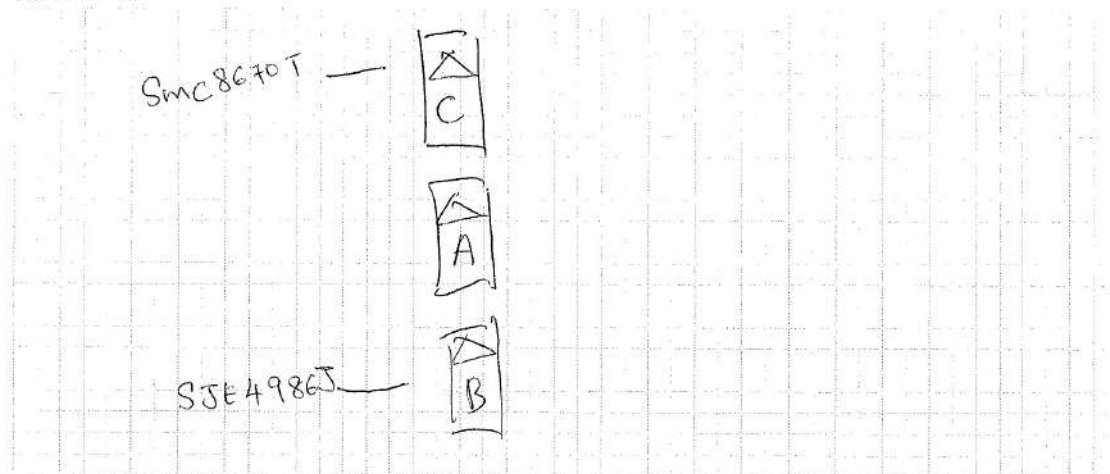
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SMC

SKETCH PLAN

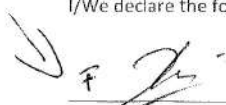


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

front veh stop, & also stop intime, Veh B cannot
 stop intime & hit my veh from behind, push my
 veh ~~for~~ forward & hit veh C.

DECLARATION

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

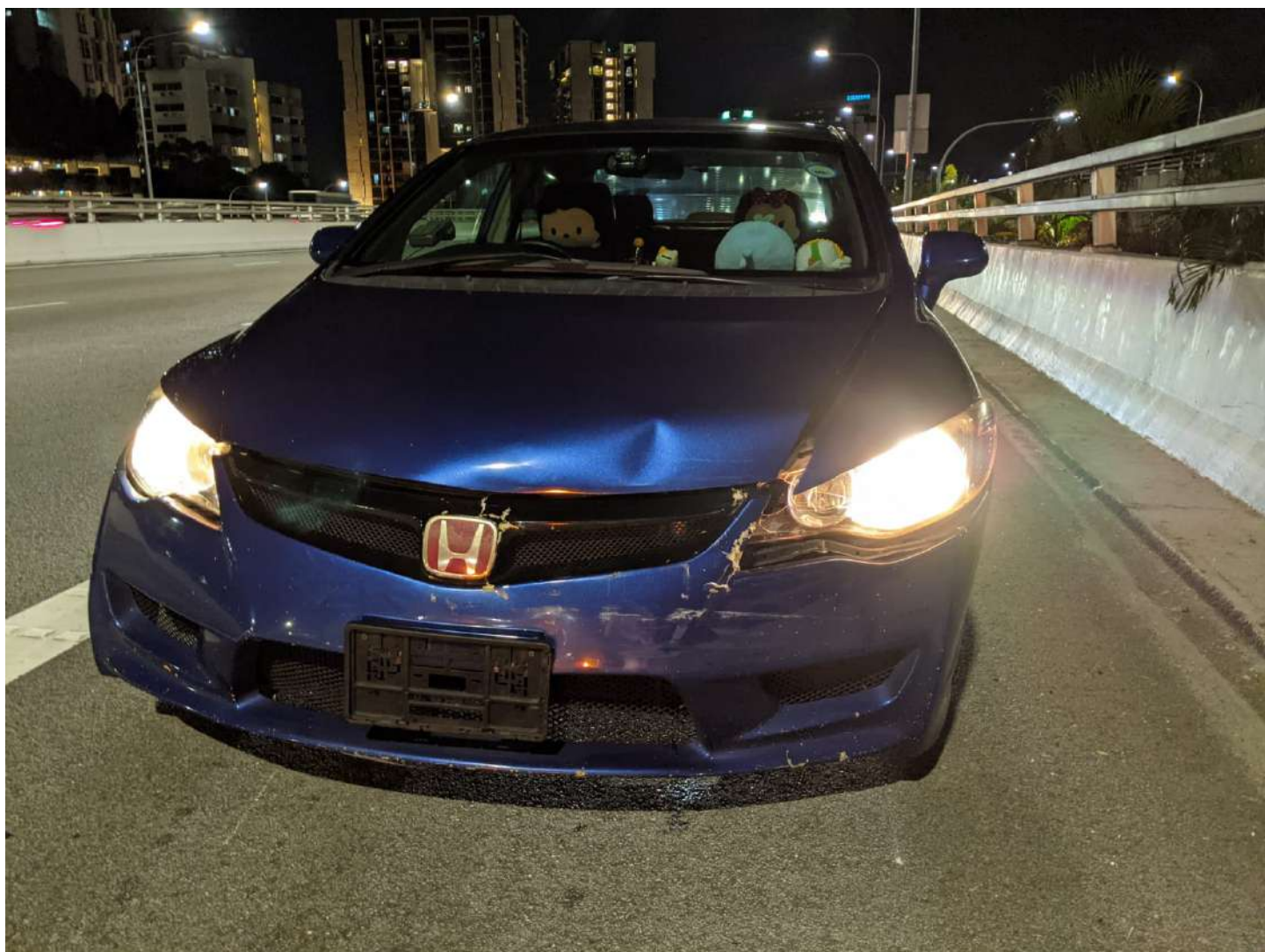


Policyholder's Signature
 Date & Time:



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: S66550020G / 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:

Original Report No : SS1Y2117000C Vehicle Registration No: SKN9078M
Name (as shown in NRIC) : YEO XI-WEI NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 06/01/2021 Time of Accident : 1015PM
Place of Accident : PIE TO CTE
Insurance Company: AIG

(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:

TO AMEND TIMING OF ACCIDENT SHOULD BE AT 1015PM.

Policyholder / Driver's Signature
Date:

YING

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:



HOTLINE TEL: (65) 6419 3000
FAX: (65) 6415-3723

RENEWAL SCHEDULE

TRANS EUROKARS AUTO PROTECTOR

THIS SCHEDULE IS **NOT** MEANT FOR ROAD TAX RENEWAL PURPOSES
PLEASE PRODUCE YOUR ORIGINAL CERTIFICATE OF INSURANCE

PERIOD OF INSURANCE (both dates inclusive) : From : 29 Jul 2017 To : 28 Jul 2018		POLICY NO. : 2100380680 ENDORSEMENT NO. : 03000	
INSURED : Yeo Xi-Min Timothy ADDRESS : 72 Geylang Bahru #07-3000 Singapore 330072		PREMIUM CALCULATION : S\$ After 5% Safe Driving Discount & 30% No Claim Discount Premium \$1,409.66 GST @ 7.00 \$98.68 Premium \$1,508.34	
BUSINESS/PROFESSION : Professional/Executives REGISTRATION NO. : SKN9078M MAKE & TYPE OF BODY : MAZDA 3 1.5 SkyActiv YEAR OF REGISTRATION : 2014 CC/TONNAGE 1,496.00 SEATING CAPACITY : 5 CHASSIS NO. : JM6BM42A8E0133225 ENGINE NO. : P520220654 SUM INSURED : Market Value INSURING WITH COE/PAFF : Yes EXCESS : S\$600.00 (1)		Insurance coverage includes the following benefit(s): Loss Of Use 10 Days (1500 - 1600cc)	
NAMED DRIVERS : 1) The Policyholder		SUBJECT TO ENDORSEMENT(S) : 2(O), 7(a), 15, 25, 57, 72(b), 82(d), 89(a), 94, 130, 140(c)	
SUBJECT TO AGE CONDITION : All Age Condition HIRE PURCHASE OWNERS/EMPLOYER'S LOAN : Standard Chartered Bank (Singapore) Limited			

Person(s) Entitled To Drive :
 a) The Insured.
 b) Any other person who is driving on the Insured's order or with his permission.
 This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions.
 A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00, in addition to the Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

Limitation As To Use :
 Use only for social, domestic and pleasure purposes and for the Insured's business.
 The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)
 1. Trans Eurokars Pte Ltd - No. 5 Ubi Close (Tel: 63958899)
 2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65684501)
 4. Ethoz - 30 Bukit Batok Cres (Tel: 66547777) 5. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only
 6. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 7. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)
 8. Nova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)
 10. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)

503599-190
 ARF (AP) PTE LTD - MAZDA
 7 MAXWELL ROAD #01-100
 ANNEX B MND COMPLEX
 SINGAPORE 069111

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPQCC.

AIG Building, 78 Shenton Way #07-16 Singapore 079120

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Co. Reg. No. 201009404M
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