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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	05/02/2021 09:20 (SGT)
Date of Accident	04/02/2021 13:48 (SGT)
Exact Location of Accident	Anson Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR2031Y
INSURED/POLICYHOLDER	
INCOMEST CERTIFICATION	
Is company?	NO NIGEL TAN SOON EU

Name Of Registered Owner NIGEL TAN SOON FU SXXXX797E NRIC No NIGELTSF1996@GMAIL.COM Email Address (Phone) +65-91144722 Mobile Phone No

+65-91144722 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer S60 Model Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car Vehicle Category

INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy Policy Number 7210009854 Cover Note Number

DRIVER

NIGEL TAN SOON FU Name of Driver SXXXX797E NRIC No 12/02/1996 Date Of Birth Indoor

Date Of Driving Pass	28/09/2015
Driving experience	5 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91144722
Alt. Phone Number	+65-91144722
Email Address	NIGELTSF1996@GMAIL.COM
Address	BLK 672A EDGEFIELD PLAINS #10-539
Address complement	BEK 0/24 EDGELIEED I EAINO #10-555
	- 001070
Postcode	821672 Yes
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	N.
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	
insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Toda of Assistant	Cido Curino
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
	A 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	1.
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
DETAILS OF BOLLOT ACTION	
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was the accident reported to the police?	17
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
	VEHICLE PROPERTY 1
DETAILS OF OTHER	R VEHICLE PROPERTY 1
ALL DE LEGISLANIA NO. 1	OL KOOOAV
Vehicle Registration Number	SLK2924X
Vehicle Manufacturer	•
Vehicle Model	=
Vehicle Variant	₩
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	
Contact Number	_
Address	-
Address complement	*
Postcode	5
Insurance Company Name	•

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 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A-) StR 2031 Y

B) SLK 2924X

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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

H

Witnessed by Reporting Centre Personnel



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: NIGEL TAN SOON FU

Period of Insurance

: 29 Jan 2021 To 28 Jan 2022

Engine No.

: D4162T3126742

Chassis No.

: YV1FS84ABF2354122

Vehicle No.

: SKR2031Y

Policy No.

: 7210009854

Endorsement No.

Issued Date

: 29 Jan 2021

ABOUT THE COVER

Make/Model

: VOLVO S60 D2

Engine Capacity/Tonnage: 1,560.00 CC **Driver Restriction**

: NA

Off Peak Car : No

Sum Insured: Market Value

First Year of Registration : 2015

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder

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 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 - 1600cc Optional

* Limitations rendered inoperative 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)

NIGEL TAN SOON FU - \$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 must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop. For other 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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Maybank Singapore Limited

I/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, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504650000

ALL INS AGENCY PTE LTD

22 SIN MING LANE #05-78 MIDVIEW CITY

SINGAPORE 573969

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

All Ins Agency Pie Ltd

Date of Accident	: 14.02.202 Accident Time: 1.48 1M (24-HR-Format)				
Accident Place	: Anson Road Towards teppel Road.				
Vehicle. No. (Car Plate No.)	: SKR 2031 Y Make/Model: Yolvo S60				
Insurace Company	: AIG Policy No: 72 1000 9 854.				
Owner or Company Name /IC No.	: Nigel Tan Soon Fy (S9604797E)				
Owner or Company Contact No.	: 9114 4722 Owner's Hp Company Tel				
DRIVER'S Name / IC No.	: as above				
DRIVER'S Date Of Birth	: 11.02 . 1996 DRIVER'S License Pass Date 28.09.2015				
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: WMQf.				
DRIVER'S Address	: BIK 672 A Edgefield Plains # 10-539 (5) 82				
DRIVER'S Contact No./ Alt No.	:1)				
DRIVER'S Occupation	INDOOR \ OUTDOOR (e.g. working inside or outside office)				
Email Address	: Nigeltsf 1996 @ 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):					
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): \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
Other Party Driver's Particular (if any)					
Vehicle. No: SLK 2924 X	Vehicle. No:				
Vehicle Make\Model:	Vehicle Make\Model:				
Name Driver:	Name Driver:				
IC No. Driver/Contact:	IC No. Driver/Contact:				

* NEW - Passenger's name & gender:

Non