

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	18/02/2021 11:05 (SGT)
Date of Accident	16/02/2021 16:00 (SGT)
Exact Location of Accident	Senoko S Rd, Singapore
Additional Location Information	TOWARDS WOODLANDS AVENUE 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ5795A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	PAULLYN TAN YAN XIN
NRIC No	SXXXX137H
Email Address	genewro90@gmail.com
Mobile Phone No	(Phone) +65-91527899
Alternative Phone No	+65-90473456

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
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	No
Policy Number	1700031591-03
Cover Note Number	-

DRIVER

Name of Driver	EUGENE ONG WEI QIANG
NRIC No	SXXXX700B

Date Of Driving Pass	15/07/2013
Driving experience	7 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90473456
Alt. Phone Number	-
Email Address	genewro90@gmail.com
Address	BLK 780A WOODLANDS CRESCENT #14-11
Address complement	-
Postcode	731780
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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?	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 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	SFK288H
Vehicle Manufacturer	Lexus
Vehicle Model	Nx200t
Vehicle Variant	-
Vehicle Colour	Brown
Vehicle Category	Private car
Name of Driver	KER BAN HING
NRIC No	SXXXX184E
Contact Number	(Phone) +65-96852301
Address	-
Address complement	-

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

SKETCH PLAN

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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.

Policyholder's Signature / Date & Time

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

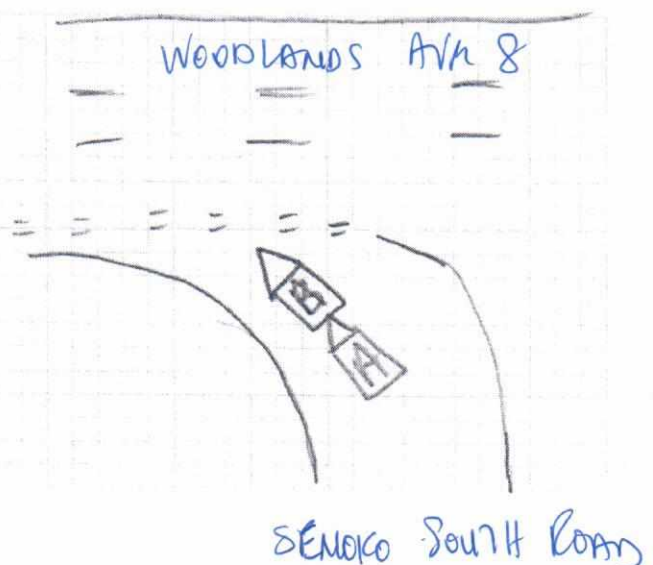
18/02/2021

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A SLQ 5795 A

Vehicle B SFK 288H



Describe Circumstances of the Accident

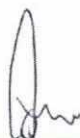
16/02/2021 about 16.00pm. I was driving towards Woodlands Ave 8 and making left turn at Seloko South Road. When reaching Slip road I look at right side oncoming vehicles confirm clear and I ~~not~~ look back to the front and vehicle B "SFK 288H" stopped not moving and I cannot brake in time and collided into vehicle B "SFK 288H" rear car portion.

Declaration

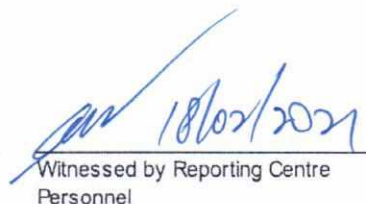
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



18/02/2021
Witnessed by Reporting Centre Personnel

ACCIDENT DATE & LOCATION	
Date & Time of Accident *	Date: 16/02/2021 Time: 16:00pm (24 hr format)
Exact Location of Accident *	SENUKO South Road towards Woodlands Ave 8
INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE	
Vehicle Registration Number *	SLQ 5795A Make & Type *: TOYOTA Alphard
Name of Registered Owner *	Paullyn TAN YAN XIN
NRIC / FIN / Passport / Co Regn No. *	S 7514137H
Contact Number *	9152 7899 Email/Fax No: Genevra90@gmail.com
Exact Purpose for which vehicle was being used at Time of Accident	<input checked="" type="checkbox"/> Private Usage / <input type="checkbox"/> Commercial or Company's Usage
Are you claiming under your own insurance policy for repair to your vehicle? *	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No If No, Please state action to be taken
	<input type="checkbox"/> Third Party Claim (SYH / Other workshop?) / <input checked="" type="checkbox"/> Reporting Only
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	China / EQ / Etiqa / MSIG / Tokio Marine / Great American AIG
Type of Policy *	Comprehensive / Third Party / Third Party Fire & Theft
Policy No. (Certificate No.) / Cover Note No.	1700031591-03
DRIVER	
Name of Driver *	Eugene ONG WEI QIANG Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
NRIC / FIN / Passport Number *	S 9019700B
Date of Birth *	12/06/1990 (dd/mm/yyyy)
Occupation *	<input type="checkbox"/> Indoor / <input checked="" type="checkbox"/> Outdoor
Date of Driving Pass (Pass Date) *	15/07/2023
Contact Number *	9047 3456
Address	Blk 780A Woodlands (rescent #14-11 S(731780)
Email Address / Fax Number *	Email: Genevra90@gmail.com Fax: —
Relationship of the Driver with the Insured *	Owner / Employee / Spouse / Friend / Others:
Does Driver Own any Vehicle, if YES pls indicate Vehicle Number & Insurance Company *	Veh No: 1) _____ 2) _____ 3) _____ Ins Co: 1) _____ 2) _____ 3) _____
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision	Chain Collision / Side-Swipe / Front to Rear / Others:
Weather Conditions *	Clear / Raining / Others:
Road Surface *	Wet / (Dry) / Others:
OTHER INFORMATION	
Was anybody Injured in the accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes (Police Report required)
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any foreign vehicle involved in this accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: _____ Veh Category: _____
Number of vehicles involved in the accident	(02)
Was there any witness?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any other VEHICLE / Property involve / damage? *	<input type="checkbox"/> No / <input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
DETAILS OF POLICE ACTION	
Was the Accident Reported to the Police? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, Please state which Police Station _____
Was Notice of Intended Prosecution given? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, against whom? _____
Number of Passengers (Including DRIVER)? *	(01)
Passengers	Name: _____ Gender: Male / Female
	Name: _____ Gender: Male / Female
Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / No	

DETAILS OF OTHER VEHICLE(S) / PROPERTIES		
Vehicle Registration Number *	1) SFK 288 H	2)
Vehicle Make / Model / Colour	Lexus NX 200T / Brown	
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver	Ker BAN HING	
NRIC/Passport Number	S1535184E	
Contact Number	9685 2301	
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		



CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Paullyn Tan Yan Xin
Period of Insurance : 14 Jul 2020 To 13 Jul 2021
Engine No. : 2ARH538388
Chassis No. : AGH300004524

Vehicle No. : SLQ5795A
Policy No. : 1700031591-03
Endorsement No. :
Issued Date : 06 Jul 2020

ABOUT THE COVER

Make/Model : TOYOTA ALPHARD 2.5 [MPV]
Engine Capacity/Tonnage : 2,494.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
Insuring with COE/PARF : Yes

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

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 to/ton, 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 - \$1000 Theft - \$0 Flood Cover - \$1000

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Paullyn Tan Yan Xin - \$1000 (Own Damage), \$1000 (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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

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).

0030305000
G&M PTE LTD

8 SHENTON WAY #13-03 AXA TOWER
SINGAPORE 068811

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

g&m Pte Ltd