	NATIONAL Assessment Centre	Services	[wel 1 Jan'05]	208216600)
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	TP Insurer:		rt by Fax / Hand to	0	
	Preferred Wksp / INC Assign Wksp / QW: (JL	zazzania to		
	TP Particulars: Veh No: V	tH260	. INC(Fax:
-	Owner / Driver: (المارات.		7 Non-INC ().	
1-	Policy No: (.) Perio	d: ()	Cover Type: (
1	Confirmed by: (Date:	Time:)
1	Insured/Driver Liability: (%) [No	te-Est. Status	(WO): N: 0-209	%; P: 21-79%. P: 80-	100%]
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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 oplicy liability

5. Information provided mass be as status 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 ledgement 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 06/04/2021 15:37 (SGT) Date of Accident 02/04/2021 10:20 (SGT) **Exact Location of Accident** 586A Woodlands Drive 16, Singapore 731586 Additional Location Information **MSCP** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

1998

Vehicle Registration Number SLT4774B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TAN CHUEN HUN NRIC No SXXXX451H **Email Address** iamtanchuenhun@gmail.com Mobile Phone No (Phone) +65-92975971 Alternative Phone No +65-92975971

VEHICLE PARTICULARS

Manufacturer Mazda Model 5 Variant Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car

Transmission CC

Auto

INSURANCE COMPANY

Cover Note Number

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy No Policy Number 1700077952-03

DRIVER

Name of Driver TAN CHUEN HUN NRIC No SXXXX451H

Date Of Birth	16/05/1971
Occupation	Indoor
Date Of Driving Pass	12/03/1999
Driving experience	22 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92975971
Alt. Phone Number	+65-92975971
Email Address	iamtanchuenhun@gmail.com
Address	BLK 63 ROSEWOOD DRIVE #04-10
Address complement	-
Postcode	737874
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	W.Y.
	*
Insurance Company of Other Vehicle Owned by Driver	<u>*</u>
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?	8-
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	
PLEASE REPER TO SKETCH FLAN	
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 OTHE	ER VEHICLE PROPERTY 1
Vehicle Registration Number	SLT5826D
Vehicle Manufacturer	
Vehicle Model	-
Vehicle Variant	₹
Vehicle Colour	<i>c</i>
Vehicle Category	Private car
Name of Driver	e sano, Francis (#
Contact Number	

Contact Number Address

Address complement

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

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
- 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) w ho 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 Driver's Signature Reporting Centre Date & Time (If driver's not the policyholder) Date & Time: NRIC/FIN No.:

SKETCH PLAN

Describe Circumstances of the Accident I WAS TRAVELLING STRAIGHT IN THE CARPARK OF BLOCK 586A WOODLANNDS DR 16. VEHICLE (B) SUDDENLY REVERSE				
WAS TRAVELLING STRAIGHT IN THE CARPARK OF BEOCK 300A WOODEANNED BY 10. VEHICLE (B) 995	DEITETTION			
OUT OF THE LOT AND HIT ONTO MY VEHICLE.				
OUT OF THE EUT AND HIT ONTO WIT VEHICLE.				

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) Dale & Time:

Reporting Centre Perso

Name: NRIC/FIN No.:

Date of Accident	: 02 APR 2021 Accident Time: 1020 (24-HR-FORMAT)					
Accident Place	BLOCK 586A WOODLANDS DRIVE 16 MSCP					
Vehicle Reg. No (Car plate No.)	SLT4774B Vehicle Make/Model: MAZDA 5					
Insurance Company	AIG Policy No. 700077952-03					
Name of Registered Owner	: Company / Individual TAN CHUEN HUN					
ID of Registered Owner	: Co Reg No: Owner's NRIC No: _S7180451H					
	: Co Contact No: Owner's Contact No:92975971					
DRIVER'S Name	AS ABOVE DRIVER'S NRIC No:					
DRIVER'S Date of Birth	DRIVER'S License Pass Date 12 MAR 1999					
Relationship bet. Owner & Driver	: Spouse \ Parents \ Children\ Sibling \ Employee\ Others: _SELF					
DRIVER'S Address	: BLOCK 63 ROSEWOOD DRIVE #04-10 SINGAPORE 737874					
DRIVER'S Contact No./ Alt No.	: 1) _92975971 2)					
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)					
Email Address	:_ IAMTANCHUENHUN@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):1Name & Gender; Was the accident reported to the police? \(\frac{YES}{NO} \) Was there any video Captured by car camera: \(\frac{YES}{NO} \) Exact purpose for which vehicle was being used at the time of accident: Private use \(\frac{Work purpose}{NO} \) Any injuries, if yes(name of the injured person)						
Other Party Driver's Particulars (if any)						
Vehicle Reg No: SLT5826D	Vehicle Reg No:					
Vehicle Make\Model:	Vehicle Make\Model:					
Name DRIVER:	Name DRIVER:					
IC No. DRIVER:	IC No. DRIVER:					
DRIVER'S Contact & add:	DRIVER'S Contact & add:					





Policy_Sched...







use Apple or Android smartphone app. Purchase new policies, renew your policies, access claims support or receive emergency assistance for motor and travel, anytime, 24-hours a day. Your AIG Mobile App can be downloaded for free at iTunes or Google Play.

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AIG

CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

 Name of Policyholder
 : TAN CHUEN HUN

 Period of Insurance
 : 30 Oct 2020 To 29 Oct 2021

 Engine No.
 : PE10520690

 Chassis No.
 : JM6CW1071H0126168

Policy No.

: 1700077952-03

Endorsement No. Issued Date

: 22 Sep 2020

ABOUT THE COVER

Make/Model : MAZDA 9 2 0 0 CC
Engine Capacity/Tonnage : 1,998 00 CC
: NA : MAZDA 5 2.0 SKYACTIV

Sum Insured : Market Value Off Peak Car : No

First Year of Registration 2017

Insuring with COE/PARF . Yes

Person or Classes of Persons Entitled to Drive" .

all the inserviouse.

16 Any title gramment is directly on the Molophisher's order of with his her previouser.

This Moloy will indemnity the Molophisher or any authorised diversions, this size inverts the specified age constitution.

You have to pay an additional sum of \$1,000 as "Young and or transportance Driver Element" ("FER") it You are or Your historiest Element content of other manes of other amounts in under the age of \$2 and/or has easily and the pay of \$2 and/or has easily and \$2 and \$2

Mleage Condition Unimited Mileage

- ye Condition All Age Condition Limitation as to use*

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*Emissions rendered inspectable by Section 6 of the Motor Vetocal Chief Party Rose and Companyatives Act (Ca). Uses Section 65 of the Rose François Act. First Management and Rose Party Colors (Act. 2015), are not to and account reserve regards.

Section 1 Fire - \$0 Chan Comage - \$600 Theft - \$0 Flood Cover - \$600

Bectton 2 Property Danuage 50

Windscreen \$150

Named Driver and Excess return accounts

TAN CHURSHINN - \$600 (Own Damage), \$600 (Flows Govern

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

1 frame Eurokara Phe 155 Add 27A Tanjong Person, Songapore 600142 8111 0006

For this Approximativiting Contractal Authorised Requests please contact our 24 hours accept enoughtly busine at 465 6206 5205. Administrative, you may have be applying ASD BOOM ACC Strong search and Sourcest ASD BOY from Guine or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

Whe hereby routhy that the policy to which this Continues of insurance realises is insured in accurate and the provisions of the Misser Vehicles Their Party Routs and Companishers Ad IClas. Nats, Part In of the Rout Transport Ad. 1987 (Mass, 1982) (Mas

0503530190

ARF (AP) PTE LTD - WAZDA

AIG Asia Pacific Insurance Pte. Ltd.

What should I do in the event of an accident?

Keep cam and more your car to a safe place
 Do not about or discuss that or safes place
 Do not about or observe with the other paid.
 Report the accident is an exhibit your accident vehicle place.
 Vision or opproved reporting termine or authorised registery
 and recording days of the accident termine and recording days of the accident.
 Submit Vision of the accident termine and the accident termine accident termine.

7 MAXWELL ROAD #01-100 ANNEX B MIND COMPLEX SINGAPORE 059111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

NUMBER OF THE

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24-HOUR AIG AUTO HOTLINE: +65 6338 6200 IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.

What can the 24-hour AIG Auto Emergency Hottine provide for you?

- Immediate assistance after an accident Emergency broaddown service Trisking service (accident or non-accident related) Advice on Mahar Claims pricedures Medical Reterral Assistance

- You are not required to make any proce report

- If the accident involves injuries or "arise to government property 8 vahio, as, foreign registered vehic as or non-unjury hit 8 run case:

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IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: Sulla 146000 2 Vehicle Registration No: 80 Name (as shown in NRIC): (Ou WWW) __NRIC/FIN/Passport No: (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: __ Singapore (Contact (Tel): Mobile No.1 Email Address: Date of Accident: ___ Time of Accident: Place of Accident: __ Insurance Company: __ (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:

Policyholder / Driver's Signature Date:

Reporting Centre Personnel's Signature

Name: