

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	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

Vehicle Registration Number	SLT4774B
INSURED/POLICYHOLDER	
Is company?	No
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 accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

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

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	-
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	SLT5826D
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) -

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 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' 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:

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

SKETCH PLAN

A: SGT 4774B

B: SGT 5826D

MSCP Block 586A

Woodlands Dr 16



2000

[illegible]

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:

06/04/2021

Reporting Centre Personnel's Signature

Name: Roshni Wadhwa

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 : 16 MAY 1971 **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): 1 Name & Gender; _____
 Was the accident reported to the police? YES \ NO
 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 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

Product underwritten by AIG Asia Pacific Insurance Pte. Ltd. Copyright © 2019 AIG Asia Pacific Insurance Pte. Ltd.



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

Vehicle No. : SLT4774B
Policy No. : 1700077952-03
Endorsement No. :
Issued Date : 22 Sep 2020

ABOUT THE COVER

Make/Model : MAZDA 5 2.0 SKYACTIV
Engine Capacity/Tonnage : 1.998.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
Insuring with COE/PAFF : Yes

Person or Classes of Persons Entitled to Drive*

At the Policyholder's discretion, any other person who is driving on the Policyholder's order of written permission. This Policy will indemnify the Policyholder or any authorized driver only if the driver meets the specified age condition.

You have to pay an additional sum of \$2,000 as "Young and Inexperienced Driver Excess" (YIDEX) if you are a Young and Inexperienced Driver (defined as a driver who is below the age of 25 and 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 for hire, driving for sale, racing, pace making, security 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 1500hrs - 1600hrs Optional

* Limitations restricted inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 150), Section 55 of the Road Transport Act 1967 (Malaysia) and Road Transport (Amendment) Act 2019, and to be included under these headings.

EXCESS

Section 1

Fire : \$0 (Own Damage) : \$500 (Theft) : \$0 (Flood Cover) : \$500

Section 2

Property Damage : \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

TAN CHUEN HUN : \$500 (Own Damage) : \$500 (Flood Cover)

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

1 Trans Eureka Pte Ltd 27A Tanjong Pagar, Singapore 05142 8311 8608

For other Approved Reporting Centres/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 Google or Google Play.

IMPORTANT NOTES

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

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. 150), Section 55 of the Road Transport Act 1967 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1993 (Malaysia).

0503599190

ARF (AP) PTE LTD - MAZDA

7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX
SINGAPORE 069111

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIG0000000000

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 Hotline provide for you?

- Immediate assistance after an accident
- Emergency breakdown service
- Towing service (accident or non-accident related)
- Advice on Motor Claims procedures
- Medical Referral Assistance

If no one is injured in the accident:

- You are not required to make any police report
- Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s)
- Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorized repairers within 24 hours of the accident.

If the accident involves injuries or damage to government property or vehicles, foreign registered vehicles or non-injury hit & run cases:

- Report the accident to the police, provide full details of the circumstances of the accident
- Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s), if applicable
- Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorized repairers within 24 hours of the accident.

What should I do in the event of an accident?

- Keep calm and move your car to a safe place
- Do not admit or discuss fault or blame with the other party
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorized repairers within 24 hours of the accident.
- Submit all relevant documents (from third parties) to us immediately

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

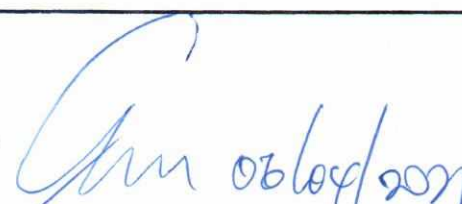
Original Report No: SN0821460002 Vehicle Registration No: 8L7 4774B
Name (as shown in NRIC): Tan Chuan Hui NRIC/FIN/Passport No: Sxxxx4574
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 92975971
Email Address: _____
Date of Accident: 02/04/2021 Time of Accident: 10:20
Place of Accident: 586A Woodman Drive
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:

DATE OF ACCIDENT TO 02/04/2021

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: Reli. 02/04/2021