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TP Insurer:	Ass't Report by Fax	/ Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No:	194DC	INC()/Non-INC()		
Owner / Driver: (Tel:			
Policy No: () Perio			Cover Type: (
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Frynch Car

SN08216P0005-01 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 25/06/2021 16:19 (SGT)
SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 2 (25/06/2021 16:56 (SGT))



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 25/06/2021 16:19 (SGT) Date of Accident 24/06/2021 14:50 (SGT) Exact Location of Accident Yishun Ave 1, Singapore Additional Location Information BEFORE LENTOR AVENUE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private car

Auto

1997

Vehicle Registration Number SFM7575Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner PATRICK TAN KIM YEW NRIC No SXXXX467I Email Address diionaw@gmail.com Mobile Phone No (Phone) +65-82000939 Alternative Phone No +65-82685050

VEHICLE PARTICULARS

Manufacturer BMW Model 328i Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to No - Claiming third party

vour vehicle?

Vehicle Category Transmission

CC

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1700067826-03 Cover Note Number

DRIVER

Name of Driver POH WEE LING, PRISSY NRIC No SXXXX062G

Date Of Birth	20/11/1992
Occupation	Outdoor
Date Of Driving Pass	01/09/2012
Driving experience	8 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-82685050
Alt. Phone Number	** Commence of the Commence of
Email Address	diionaw@gmail.com
Address	12 JALAN KECHUBONG
Address complement	
Postcode	799371
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
1 Other Webide Council by Deliver	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
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?	4€
Was any other vehicle 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 assidant reported to the police?	No
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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SJQ9412C
Vehicle Manufacturer	00 Q0 T12 O
Vehicle Madul	

Private car

Address		
€ Acci	dent report SN08216P0005	

Vehicle Variant

Contact Number

Vehicle Model

Vehicle Colour Vehicle Category

Name of Driver

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

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be <u>completed by the Policyholder and/or the Authorised Driver</u>.
- 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)

l 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 Signal Time Sketch Plan	ture / Date & Driver's Signal & Time 18thum AVE	ture (If driver is not the	ne policyholder) / Date	Witnessed by Reporting Centre Personnel Whitnessed by Reporting Centre Personnel
Sketch Plan	113(101441790			
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		16		
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scribe Circumstances of the Accident
Venicle A, Was travelling Straight in My lane. The Vehicle in front brake so I also brake. Suddenly I Vehicle B, Bang anto me the rear portion of My Vehicle.
The Vehicle in front brake so I also brake.
Suddenly , Vehicle B, Bang anto me the rear portion
of my vehicle.
I Did not charge to alight because it was my first time.
accident and the other party also wasn't wearing
I Did not days to alight because it was my first time. accident and the other party also wasn't wearing any mask in his vehicle.
a I drain to the newest carpark to check on my
ar and realised there was derts and damages on
so I drove to the newest carpark to check on my our and realised there was derts and damages on my vericle.
T live to State that, After I checked on My
ar, I also receive notification in my car that
I Like to State that, After I Checked on My car, I also receive notification in My car that my rear spoiler was market majfunction.

Declaration

Time

VWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

24/6/21 Accident Time: 1450 (24-HR-Format)
: Yishon Ave 1 bef Lentor Ave
: 112000 11061
: SFM7575Y Make/Model: BMW 3281 GT
: AIGI Policy No: 170067826-03
PATRICK TAN KIMYEW /S8470467I
:82000939 Owner's Hp Company Tel
POH WEELING PRISSY S924506
20/11/1992 DRIVER'S License Pass Date / 109/2012
: Spouse \ Perents \ Children \ Sibling \ Employee \ Others:
12 JALAN KECHUBONG
:1) 8268 5050
: INDOOR OUTDOOR (e.g. working inside or outside office)
: Diion Awagmain.com
: CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
: Reporting Only Claim Other Party \ Claim Own Insurance
Oriver):
ar camera: YES\NO as being used at the time of accident: Private use\Work purpose \$\lambda \cdot
Party Driver's Particular (if any)
Vehicle. No:
Vehicle Make\Model:
Name Driver:
IC No. Driver/Contact:

* NEW - Passenger's name & gender:



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: Patrick Tan Kim Yew

Period of Insurance

: 21 Aug 2020 To 20 Aug 2021

Engine No.

: B0640861N20B20A

Chassis No.

: WBA3X32080D444577

Vehicle No.

: SFM7575Y

Policy No.

: 1700067826-03

Endorsement No.

Issued Date

: 06 Aug 2020

ABOUT THE COVER

Make/Model

: BMW 328I 2.0 [Sedan]

Engine Capacity/Tonnage: 1,997.00 CC Driver Restriction

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2014

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder

· NA

b) Any other person who is driving on the Policyholder's order or with his/her permission.
This Policy will indennify 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

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

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Patrick Tan Kim Yew - \$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: 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 (Melaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Mataysia).

0329010000 HO SENG YOK

BLK 309 CANBERRA ROAD #13-113 SINGAPORE 750309

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	4671
Vehicle No.:	SFM7575Y
Vehicle to be Exported:	No
ntended Deregistration Date:	31 Jul 2021
Vehicle Make:	B.M.W.
Vehicle Model:	3281 GT 5DR SR HUD HID DSC NAV
Primary Colour:	White
Manufacturing Year:	2014
Engine No.:	B0640861N20B20A
Chassis No.:	WBA3X32080D444577
Maximum Power Output:	180.0 kW (241 bhp)
Open Market Value:	\$51,049.00
Original Registration Date:	21 Aug 2014
First Registration Date:	21 Aug 2014
Transfer Count:	2
Actual ARF Paid: Intended PARF Rebate Details	\$58,889.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Aug 2024
PARF Rebate Amount: Intended COE Rebate Details	\$38,277.00
COE Expiry Date:	20 Aug 2024
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$65,002.00
COE Rebate Amount:	\$19,849.00
Total Rebate Amount:	\$58,126.00

The information contained herein is correct as at 25 Jun 2021



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: Sulfally Vehicle Registration No: _NRIC/FIN/Passport Not Name (as shown in NRIC): (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Singapore (Address: ___ Contact (Tel):____ Email Address: _ Time of Accident: Date 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: To PATRICK TAME KIM Reporting Centre Policyholder / Driver's Signature Name:

Date: