# **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 11/01/2022 15:18 (SGT) Date of Accident 11/01/2022 08:30 (SGT) Exact Location of Accident Singapore Additional Location Information WEST COAST CRESCENT Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SK72932F

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **TEO CHEE ANN** NRIC No. S0245133F Email Address alfteo@singnet.com.sg Mobile Phone No (Phone) +65-90230328 Alternative Phone No +65-90230328

# VEHICLE PARTICULARS

Manufacturer Model SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Private car Transmission Auto CC 1598

#### **INSURANCE COMPANY**

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 2100447428-06 Cover Note Number 18/01/2022 TO 17/01/2023

#### DRIVER

Name of Driver TEO CHEE ANN NRIC No. S0245133F

Date Of Birth 08/06/1950 Occupation Indoor Date Of Driving Pass 12/06/1972 Driving experience 49 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-90230328 Alt. Phone Number +65-90230328 Email Address alfteo@singnet.com.sg Address 52 WEST COAST CRESCENT #07-10 (S) 128036 Address complement Postcode 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 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER WITH ATTACHED. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Valeiala Danistustian Novelean

Vehicle Registration Number	SLE429D
Vehicle Manufacturer	_
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Cotegory	D
Vehicle Category	Private car
Name of Driver	Private car
3 ,	Private car - -
Name of Driver	Private car - -
Name of Driver Contact Number	Private car - - -

Postcode	_
nsurance Company Name	_
lature Of Damage	_
Details of property damaged in accident	_
lo. Of Passenger (Including Driver)	_

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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>.
- 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.
- 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)

Lunderstand, acknowledge, agree and consent that:

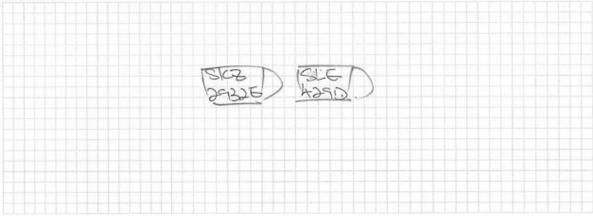
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 & Time

Witnessed by Reporting Centre Personnel

#### Sketch Plan



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									1717	
				F-2011/06/20						
				L.						
				nay have 14 da	ys time frame	for you to su	bmit an own	damage claim	under your c	wn policy,
please o	heck you	r policy f	or more inf	formation.						

# 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

NOTON HOTON

Witnessed by Reporting Centre Personnel







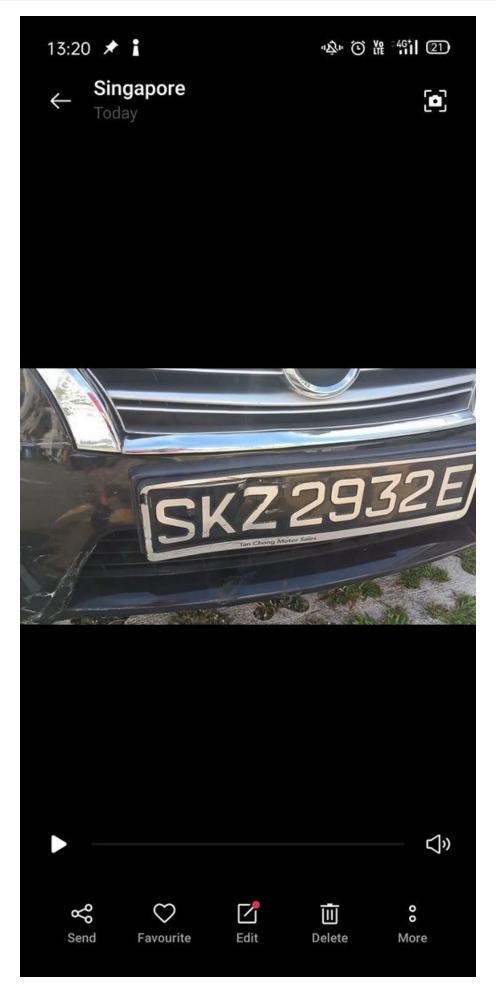






















AIG Asia Pacific Insurance Pte. Ltd AIG Building 78 Shenton Way #07-16

# MOTOR ACCIDENT INTERVIEW FORM

NAME	: Teo chae Am
VEHICLE NUMBER	St23732E
DATE/ TIME OF ACCIDENT	11/1/222 (2) 0234
PLACE OF ACCIDENT	West coart crescent
THIRD PARTY VEHICLE (IF ANY)	SLE H DOID
	Y AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?
POLICE CONDUCT ANY BREATHE-ANAL	NKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC YSER TEST ON YOU? IF YES, WHAT WAS THE RESULTS?
WHAT IS THE TYPE OF COLLISION AND	THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?
WERE YOU OR YOUR PASSENGER/S IN FOR INVESTIGATION?	JURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE
NAME:	
I AFFIRMED THE ABOVE INFORMATIO	N IS GIVEN TO MY BEST KNOWLEDGE



# CERTIFICATE OF INSURANCE

# AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Teo Chee Ann

Period of Insurance : 18 Jan 2022 To 17 Jan 2023

Engine No. : HR16978358B

Chassis No. : MNTBBAB17Z0025571 Vehicle No.

: SKZ2932E

Policy No.

: 2100447428-06

Endorsement No.

: 06 Jan 2022 Issued Date

ABOUT THE COVER

Make/Model ' ' : NISSAN SYLPHY 1.6 PREMIUM

Engine Capacity/Tonnage : 1,598.00 CC Driver Restriction

Sum Insured : Market Value : NA

First Year of Registration : 2016

Off Peak Car. : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

a) The Poscyholder his Arry other person who is growing on the Policyholder's order or with his/her permit This Patricy will indexinify the Policyholder or any authorised driver only if heiste m

You have to play in modificinal sum of \$\$\$1,000 as "Inexperienced Driver Excess" ("DR") if You are of Your Authorised Driver (named or unnamed) has less than 2 years' driving experience

Age Condition

: 40 years old and above

Mileage Condition

: Unlimited Mileage

Limitation as to use\* :

for any by social investic and pleasure purposes and for the Policyholder's business.

This Philos are useful and cover use for him or neward, driving bation, driving test racing, pace-making, reliability that or speed-testing, the carriage of goods other than sarryles in connection business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

\*\* Limitations rendered incognative 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 Act. 1987

#### EXCESS

Section 2

Windscreen: \$100

Named Driver and Excess (where applicable)

Teo Chee Ann - \$1100 (Own Damage) \$1100 (Flood Cover)

# APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS FOR CLAIMS RELATED REPAIRS.

Approved Reporting Centres: AxX Authorised Reparers (For claims related reparts).
Any accelerate pairs to the Vehicle in Singapore. You have the option of have accelerate pairs to the Vehicle in Singapore. You have the option of have accelerate pairs to the Vehicle in Singapore. You have the option of have accelerate requires carried out at the Sole Agent's workshop.
For other Advanced Reporting Centres AVX Authorised Reparers: please contact our 24-hour accelerate recognition at +65-6336-6200. Alternatively. You may refer to AVX website www.aig. AVX Singapore. AVX Authorised Reparers: please contact our 24-hour accelerate recognition at +65-6336-6200. Alternatively. You may refer to AVX website www.aig. AVX Singapore.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

LWe hereby certify that the policy to which this Certificate of Instrume relates is request 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).

0691262000

TAN SHENG MENG

3 TAMPINES GRANDE #06-16 AIA TAMPINES SINGAPORE 528799 SP-TIMOTHY-BRIANTAN

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

SHENG MENG TAN

78 Sherton Way #09-16 AIG B. siding \$679120 | T +65 6419 3000 | www.aig.sg