

# 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 ..... 29/04/2022 20:21 (SGT)  
Date of Accident ..... 29/04/2022 12:49 (SGT)  
Exact Location of Accident ..... AYE, Singapore  
Additional Location Information ..... AYE TOWARDS CITY  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SDK2205H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KOH MARY ANNE NEE SIM  
NRIC No ..... S0118833Z  
Email Address ..... maryannekoh49@gmail.com  
Mobile Phone No ..... (Phone) +65-97610501  
Alternative Phone No ..... +65-97610501

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
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? ..... No - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1500

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2100072837-14  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KOH MARY ANNE NEE SIM  
NRIC No ..... S0118833Z

Date Of Birth .....	05/01/1949
Occupation .....	Indoor
Date Of Driving Pass .....	26/08/1975
Driving experience .....	46 YEARS AND 8 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97610501
Alt. Phone Number .....	+65-97610501
Email Address .....	maryannekoh49@gmail.com
Address .....	25 WEST COAST CRESCENT #21-15
Address complement .....	-
Postcode .....	S(128047)
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	KOH KWANG POH
Gender .....	Female

#### 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

KINDLY 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 .....	SGW8717J
Vehicle Manufacturer .....	Honda
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	CHUA ZHI HONG
NRIC No .....	S8617696C
Contact Number .....	(Phone) +65-81151551
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SLG3480Z
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
Name of Driver .....	CHUA RODNEY
NRIC No .....	S7702931A
Contact Number .....	(Phone) +65-81883312
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.
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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature

Date & Time:

29/4/22



Driver's Signature

(If driver is not the policyholder)

Date & Time:

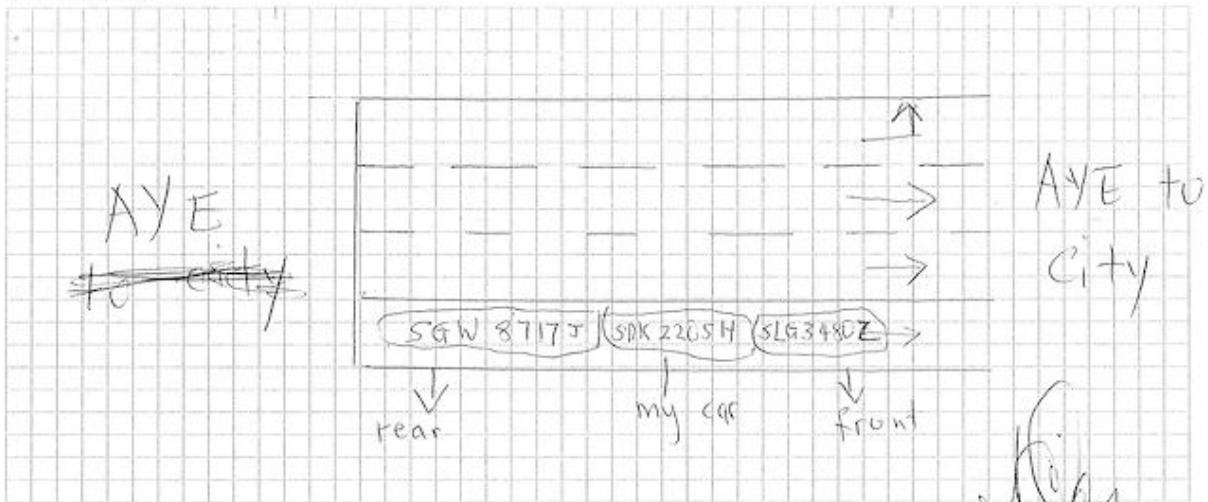


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29 April 2022, I was driving with my daughter, Joanne Koh Kwang Poh along AYE towards the city. The car, SLG 3480Z suddenly jammed brake and I was behind I managed to brake in time. The car behind me SGW 8717J crashed into my car forcefully, causing me to hit SLG 3480Z. Thus I was sandwiched in between the 2 cars. SLG 3480Z in front and SGW 8717J at the rear. The rear car immediately reversed and came out to see me. Upon checking my rear Toyota SPK 2205H was severely damaged with such great impact that I hit the car in front of me it dented on my right

*[Signature]*

<p>You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a <b>Fourteen (14) days clause</b> whereby the claim must be made within the stipulated timeframe from the day of occurrence.</p>	Reporting Only
	Claim OD
	<input checked="" type="checkbox"/> Claim TP
	Claim OD / TP at other workshop

DECLARATION

I/We declare the foregoing particulars are true in every respect.

*[Signature]*  
 Policyholder's Signature  
 Date & Time:  
 29/4/2022  
GIARMC SketchPlanForm\_V3

*[Signature]*  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:  
 29/4/2022

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

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# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

<b>Name of Policyholder</b>	: Koh Mary Anne Nee Sim	<b>Vehicle No.</b>	: S0K2205H
<b>Period of Insurance</b>	: 17 Apr 2022 To 16 Apr 2023	<b>Policy No.</b>	: 2100072837-14
<b>Engine No.</b>	: 1NZX720104	<b>Endorsement No.</b>	:
<b>Chassis No.</b>	: MR053HY9305055945	<b>Issued Date</b>	: 01 Mar 2022

### ABOUT THE COVER

<b>Make/Model</b>	: TOYOTA VIOS	<b>Sum Insured</b>	: Market Value	<b>First Year of Registration</b>	: 2008
<b>Engine Capacity/Tonnage</b>	: 1,497.00 CC	<b>Off Peak Car</b>	: No	<b>Insuring with COE/PARF</b>	: No
<b>Driver Restriction</b>	: NA				
<b>Person or Classes of Persons Entitled to Drive*</b>					
As The Policyholder Or Any other person who is driving in the Policyholder's name or with his/her permission This Policy will indemnify the Policyholder or his authorised driver only if he/she meets the specified age condition: You have to pay an additional sum of \$351,000 as "Inexperienced Driver Excess" (IBD) if You are an Inexperienced Driver (named or unnamed) for less than 2 years driving experience.					
<b>Age Condition</b>	: 30 years old and above	<b>Mileage Condition</b>	: Unlimited Mileage		
<b>Limitation as to use*</b>					
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, track making, weather trial or speed testing. The coverage of goods other than samples or control lots with any state of business or use for any purpose in connection with Motor Trade.					
* Limitations rendered operative by Section 9 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 199), Section 96 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.					

### EXCESS

<b>Section 1</b>	Fire - \$0 (Over Damage), \$1100 (Theft) - \$0 (Breed Cover) - \$1100	
<b>Section 2</b>	Property Damage - \$0	
<b>Windscreen</b>	: \$100	
<b>Named Driver and Excess (where applicable)</b>		
Koh Mary Anne Nee Sim - \$1100 (Over Damage), \$1100 (Road Cover)		

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

Approved Reporting Centres, AIG Authorized Repairers (For claims related repairs):  
Any accident repairs to the vehicle must be carried out by one of our Authorized 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 Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 9318 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: DBS BANK LTD

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. 199), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0030210040  
AIG - AUTO DIRECT

**AIG Asia Pacific Insurance Pte. Ltd.**  
This computer generated document does not require a signature.

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

ISSUCC

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AIG Asia Pacific Insurance Pte. Ltd.















































