





## 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              | 22/06/2022 09:38 (SGT)          |
| Date of Accident                | 17/06/2022 18:58 (SGT)          |
| Exact Location of Accident      | Upper Bukit Timah Rd, Singapore |
| Additional Location Information | TOWARDS BUKIT BATOK             |
| Country/State of Loss           | Singapore                       |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SLP7553Z |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |   |
|--------------------------|---|
| Is company?              | No                                      |
| Name Of Registered Owner | TAN XING YING, CLARENCE (CHEN XINGYING) |
| NRIC No                  | SXXXX134A                               |
| Email Address            | i.clarencetan@gmail.com                 |
| Mobile Phone No          | (Phone) +65-96731700                    |
| Alternative Phone No     | +65-96731700                            |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Subaru                    |
| Model  | Forester                  |
| 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   | 1995                      |

#### INSURANCE COMPANY

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | AIG Asia Pacific Insurance Pte. Ltd. |
| Type of Coverage          | Comprehensive                        |
| Fleet Policy              | No                                   |
| Policy Number             | 1900256828-02                        |
| Cover Note Number         | -                                    |

#### DRIVER

|                |   |
|----------------|---|
| Name of Driver | TAN XING YING, CLARENCE (CHEN XINGYING) |
| NRIC No        | SXXXX134A                               |

|  |                              |
|--|------------------------------|
| Date Of Birth .....  | 14/10/1989                   |
| Occupation .....   | Outdoor                      |
| Date Of Driving Pass .....   | 08/05/2008                   |
| Driving experience .....   | 14 YEARS AND 1 MONTH         |
| Gender .....   | Male                         |
| Mobile Number .....  | (Phone) +65-96731700         |
| Alt. Phone Number .....  | +65-96731700                 |
| Email Address .....  | i.clarencetan@gmail.com      |
| Address .....  | BLK 30 GHIM MOH LINK #13-334 |
| Address complement .....   | -                            |
| Postcode .....   | 272030                       |
| 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 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 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 VEHICLE PROPERTY 1

|                                   |             |
|-----------------------------------|-------------|
| Vehicle Registration Number ..... | SJD8758E    |
| 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) ..... -



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## 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

Witnessed by Reporting Centre Personnel

Sketch Plan

UPPER BUKIT TIMAH RD TOWARDS BUKIT BARU

ASLP 75532

B6JD 8785 E




Bus lane


Describe Circumstances of the Accident

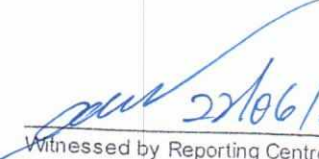
I was driving along upper bulkit Timah at the 4 lane traffic / was on my lane at the 3rd lane in front of my car stopped and I also stop completely behind suddenly I felt a strong impact from my rear so I alighted and saw vehicle B have collided onto my rear portion of my vehicle.

Declaration

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

 18 June 2022 1315  
Policyholder's Signature / Date & Time

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

 22/06/2022  
Witnessed by Reporting Centre Personnel





Email: sm@idac.com.sg Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 17/06/2022 (dd/mm/yy)

Time of Accident: 18:58 (24-HR-FORMAT)

Vehicle No.: SLP7553Z Vehicle Make & Model / Engine (cc): Subaru Forester 2.0 Private Hire: (Y/N) (N)

Exact location of Accident: Upper Bukit Timah toward Bukit Batok

Policyholder's Name / IC No.: Tan Xing Ying, CLARENCE chen xing ying 58937134A ROC/UEN (Company)

Driver's Name / IC No.: Tan Xing Ying, CLARENCE (chen xing ying) 58937134A (As Above) ☐

Driver's Contact No.: 9673 1700 Company Contact No / Owner Contact No:

Driver's Address: APT BLK 30 GHIM MOIT LINK #13-334 sin 272030

Owner Email address: i.clarence.tan@gmail.com Insurance Company: AIK

Driver Email address:

**Relationship between Owner & Driver:** (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:

**What do you wish to claim?** (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle was being used at time of accident?**

☒ Private use / ☐ Work purpose

**Occupation (nature of job)** ☐ Indoor / ☒ Outdoor

**\*No. of Passengers (Including Driver):** 01

\*Passenger Name:

\*Passenger Name:

Gender: Male / Female x( )

Gender: Male / Female x( )

**Weather condition & Road conditions?** (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others:

**Was there any video captured by your Car Camera?** ☒ Yes / ☐ No Remarks:

**Any Injuries:** ☐ Yes / ☒ No (If YES) Injured Person's Name:

Injuries Sustain: Injured Person in Which Vehicle:

**Police Report filed:** ☐ Yes / ☒ No (If YES) Which Police Station:

### The Other Party(s) Details:

1. Driver's Name / IC No: Vehicle No: SJD 8758E

Driver's Contact No: Insurance Company:

2. Driver's Name / IC No (If Any): Vehicle No:

Driver's Contact No: Insurance Company:

\*Independent Witness (If Any): Contact No:

Preferred Workshop Name: Contact No:

## SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Tan Xing Ying, Clarence (Chen XingYing)  
 Period of Insurance : 09 Dec 2021 To 08 Dec 2022  
 Engine No. : FB20YE93282  
 Chassis No. : JF1SK7KL5KG003506

Vehicle No. : SLP7553Z  
 Policy No. : 1900256828-02  
 Endorsement No. :  
 Issued Date : 10 Nov 2021

## ABOUT THE COVER

Make/Model : SUBARU Forester 2.0i-S Eyesight  
 Engine Capacity/Tonnage : 1,995.00 CC  
 Driver Restriction : NA  
 Person or Classes of Persons Entitled to Drive\* :  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2019  
 Insuring with COE/PAFF : Yes

a) The Policyholder  
 b) Any other person who is driving on the Policyholder's order or with his/her permission.  
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of S\$53,000 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 than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use\* :

Mileage Condition : Unlimited Mileage

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

\* 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

Section 2  
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Tan Xing Ying, Clarence (Chen XingYing) - \$800 (Own Damage), \$800 (Flood Cover)

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

1. Motor Image Enterprises Pte Ltd Add: 19 Lorong 8 Toa Payoh Singapore 319255 64170100

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](http://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: 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. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

AIG Asia Pacific Insurance Pte. Ltd.

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0500619235

TAN CHONG CREDIT SUBARU-TGX

913 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE  
 SINGAPORE 589623

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.