

## 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 Actual 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 .....              | 16/01/2023 18:09 (SGT)   |
| Reported by .....                     | Driver                   |
| Date of Accident .....                | 09/01/2023 07:40 (SGT)   |
| Exact Location of Accident .....      | MacPherson Rd, Singapore |
| Additional Location Information ..... | Towards PIE              |
| Country/State of Loss .....           | Singapore                |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SKW8859K |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                |
|--------------------------------|----------------|
| Is company? .....              | No             |
| Name Of Registered Owner ..... | TAN TZE CHIANG |
| NRIC No .....                  | 1113G          |
| Email Address .....            |                |
| Mobile Phone No .....          |                |
| Alternative Phone No .....     | -              |

#### VEHICLE PARTICULARS

|                                                                                    |                           |
|------------------------------------------------------------------------------------|---------------------------|
| Manufacturer .....                                                                 | Toyota                    |
| Model .....                                                                        | Rav4                      |
| 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 .....                                                                           | 1987                      |

#### INSURANCE COMPANY

|                                         |                                      |
|-----------------------------------------|--------------------------------------|
| Name of Insurance Company .....         | AIG Asia Pacific Insurance Pte. Ltd. |
| Policy Number / Cover Note Number ..... | 2070036409-02                        |

#### DRIVER

|                      |                         |
|----------------------|-------------------------|
| Name of Driver ..... | KOH AI TENG (XU AITING) |
| NRIC No .....        |                         |
| Date Of Birth .....  |                         |
| Occupation .....     | Indoor                  |

|                                                                    |                       |
|--------------------------------------------------------------------|-----------------------|
| Date Of Driving Pass .....                                         | 10/10/2007            |
| Driving experience .....                                           | 15 YEARS AND 3 MONTHS |
| Gender .....                                                       | Female                |
| Mobile Number .....                                                | [REDACTED]            |
| Alt. Phone Number .....                                            | -                     |
| Email Address .....                                                | [REDACTED]            |
| Address .....                                                      | [REDACTED]            |
| Address complement .....                                           | -                     |
| Postcode .....                                                     | [REDACTED]            |
| 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 ..... | -                     |
| Insurance Company of Other Vehicle Owned by Driver .....           | -                     |

#### GENERAL INFORMATION OF THE ACCIDENT

|                          |                               |
|--------------------------|-------------------------------|
| Type of Accident .....   | Collision - Change/cross lane |
| 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  |
| Translator's name .....                                                                                   | -   |
| Translator's ID .....                                                                                     | -   |
| Translator's phone number .....                                                                           | -   |
| Translator's email .....                                                                                  | -   |
| Original language used in the statement .....                                                             | -   |

#### 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 the 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 ..... | The video is with the repair workshop, Yee Auto Pte Ltd. |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SMB1371H |
| Vehicle Manufacturer .....        | -        |
| Vehicle Model .....               | -        |
| Vehicle Variant .....             | -        |
| Vehicle Colour .....              | -        |
| Vehicle Category .....            | Bus      |
| 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**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

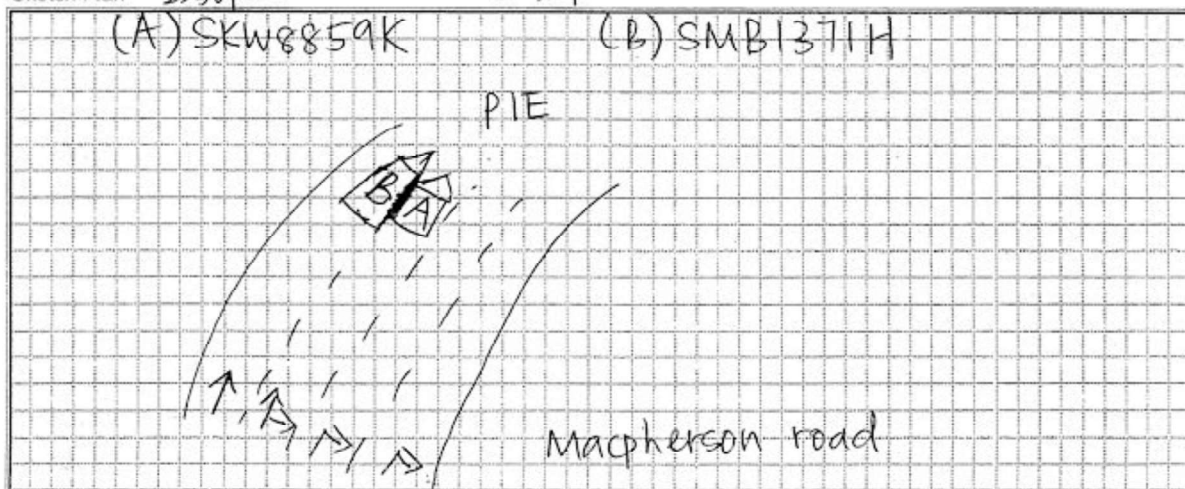
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

|                                                                                                                                                                    |                                                                                                                                                                                   |                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <br>Policyholder's Signature / Date & Time<br>16/11/23<br>2:30pm<br>Sketch Plan | <br>Driver's Signature (if driver is not the policyholder) / Date & Time<br>16/11/23<br>2:30pm | <br>Witnessed by Reporting Centre Personnel<br>(Name as in NRIC/ID card) SOH JUT HOON |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



## Describe Circumstance of the Accident

On 9/1/2023 at 7:40am I was driving my vehicle  
 (A) SKW8859K along Macpherson road towards PIE.  
 As I was going straight on the third lane.  
 Suddenly, I felt an impact from the left side  
 and realised the vehicle (B) SMB1371H over his  
 lane and hit onto my vehicle left portion.

## Declaration

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

  
 Policyholder's Signature / Date & Time  
 16/1/23  
 2:30pm

  
 Driver's Signature (if driver is not the policyholder) / Date  
 & Time  
 16/1/23  
 2:30pm

  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card) BOH JIT HOON  
 2







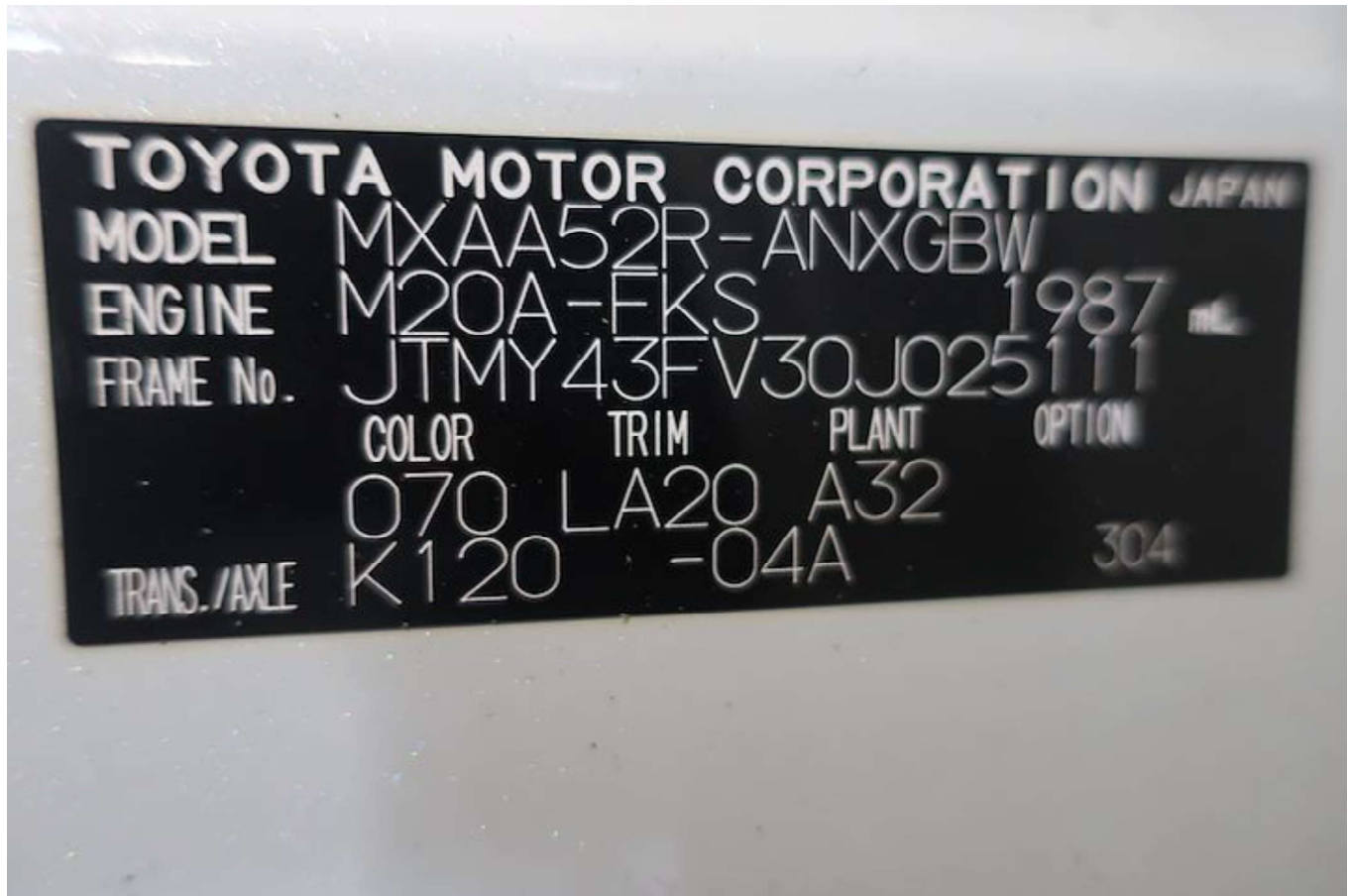














## CERTIFICATE OF INSURANCE

### TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : TAN TZE CHIANG  
**Period of Insurance** : 12 Mar 2022 To 11 Mar 2023  
**Engine No.** : M20AV134774  
**Chassis No.** : JTMV43FV30J025111

**Vehicle No.** : SKW8859K  
**Policy No.** : 2070036409-02  
**Endorsement No.** :  
**Issued Date** : 18 Feb 2022

#### ABOUT THE COVER

**Make/Model** : TOYOTA RAV 4 2.0  
**Engine Capacity/Tonnage** : 1,987.00 CC  
**Driver Restriction** : NA  
**Person or Classes of Persons Entitled to Drive\*** :

- 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 "Inexperienced Driver Excess" ("IDR") if You are or 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\*** :

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

tion 1

Own Damage - \$1000 Theft - \$0 Flood Cover - \$1000

tion 2

erty Damage - \$0

idscreen : \$100

imed Driver and Excess (where applicable)

√ TZE CHIANG - \$1000 (Own Damage), \$1000 (Flood Cover)

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

toyota Bodycare Centre (For accident repair & accident reporting) Add: 2 Pandan Crescent Singapore 128462 Tel: 6631 1188

toyota Bodycare Centre (For accident repair & accident reporting) Add: 17 Ubi Road 4 Singapore 408611 Tel: 6631 1688

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 SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

#### IMPORTANT NOTES

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

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

port Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504667270

INCHCAPE AUTO TOYOTA - BSTU058

33 LENG KEE ROAD

SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**

This computer generated document does not require a signature.

SSPMLU

78 Shenton Way #09-16 AIG Building S079120 | T +65 6419 3000 | [www.aig.sg](http://www.aig.sg)  
 Ltd.

AIG Asia Pacific Insurance P