

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 ability.
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 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 Report	21/11/2017 11:11
Date Of Accident	20/11/2017 16:45
Exact Location Of Accident	ANCHORVALE STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDA5313L
Insured/Policyholder	
Name Of Registered Owner	YANG LIANG SENG (YIN LIANGCHENG)
NRIC No	S7313247I
Email Address	KENNETHYANG73@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96710421
Alternative Phone No	Others-96710421

Vehicle Particulars

Manufacturer	HONDA
Model	CROSSROAD-1.8 (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100606185-00000
Cover Note Number	30/03/2017 TO 29/03/2018

Driver

Name of Driver	YANG LIANG SENG (YIN LIANGCHENG)
NRIC No	S7313247I
Date Of Birth	17/04/1973
Occupation	INDOOR
Date Of Driving Pass	26/11/1996
Driving Experience	20 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96710421
Fax Number	
Contact Number	OTHERS-96710421
E-Mail Address	KENNETHYANG73@GMAIL.COM
Address	APT BLK 430C FERNVALE LINK #12-233 (S) 793430

Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer with attach.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJE8765D
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Name of Driver	RAY
NRIC/Passport Number	
Contact Number	91459553
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLF7531P
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Name of Driver	ONG BENG JIN
NRIC/Passport Number	
Contact Number	93830356

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF INJURED PERSON 1

Name	YANG LIANG SENG (YIN LIANGCHENG) / 73132471
Approximate Age	
Injuries Sustain	KHOO TECK PUAT HOSPITAL - 4 DAYS OF MC
Injured person in which vehicle?	SDA5313L
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	
Address	APT BLK 430C FERNVALE LINK #12-233 (S) 793430
Postcode	

Accident Sketch Plan


SKETCH PLAN


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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:

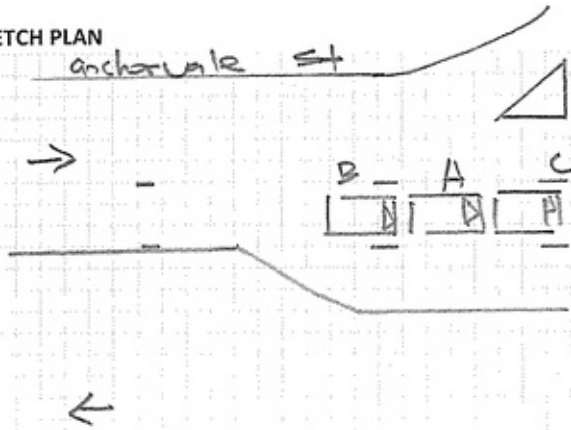
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


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


Reporting Centre Personnel's Signature
Name: _____
NRIC/PIN No.: 21/11/2017

SKETCH PLAN



A: SDA5313L

B: SJE 8765D

C: SLF 7531P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/11/17, 1445 pm I was driving my own car SDA5313L toward Anchorvale St, in front of me have two car one of them is Honda & another vehicle was Toyota SLF 7531P, but during we proceed to the anchorvale st traffic junction & the traffic light was green during upon the time but in front of us the Honda was stop at the junction while I was during the traffic was green than follow at the Toyota SLF 7531P was also stop & I also stop behind the SLF 7531P because before hand I already know the front Honda had stop, so behind hand I already prepared to stop, after our both car was stop (SLF 7531P) & we start to horn the front car to indicate him (the Honda driver) to move because he was stopping at the junction during the traffic was green, so when we are going to move our car suddenly behind was a car SJE 8765D crash & knock directly to car from behind than because of the impact of the force, my car was been knock forward & crash against the front car (SLF 7531P)

DECLARATION

I/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:

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



AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Yang Liang Song (Yin Liang Cheng)
VEHICLE NUMBER : SDA5313L
DATE/TIME OF ACCIDENT : 20/11/2017 @ 1645hrs
PLACE OF ACCIDENT : Anchorvale Street
THIRD PARTY VEHICLE (IF ANY) : SLF7531P, SJE8765D

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

From paya lebar to anchorvale

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NO

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

chain collision

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

yes. I went to Edo-tek post Hospital
for medical check up & award 14 days
of me.

Name: 

I Affirmed The Above Information Is Given To My Best Knowledge.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S73132471**

Name: **YANG LIANG SENG (YIN LIANGCHENG)**

Birth Date: **17 Apr 1973**

Issue Date: **12 Jun 2017**

0026926268

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S73132471

Name: **YANG LIANG SENG (YIN LIANGCHENG)**
殷良誠

Race: **CHINESE**

Date of birth: **17-04-1973**

Country/Place of birth: **SINGAPORE**

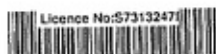
Sex: **M**

S73132471

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 2B	Motorcycles ≤ 200 cc	20 May 1994
Class 3	Motor cars with unladen weight ≤ 3000 kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500 kg	26 Nov 1996
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500 kg	28 Sep 1998
	Motor vehicles which are not constructed to carry load or passengers and the unladen weight ≤ 7250 kg	

NP 428A



5275339

Barcode

NRIC No: **S73132471**

Date of issue: **04-03-2014**

Address: **APT BLK 430C FERNVALE LINK #12-233 SINGAPORE 793430**

certificate of insurance



HOTLINE TBL: (65) 6419-3000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969
ROAD TRANSPORT ACT, 1967 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1969 (MALAYSIA)

MX.1

<p>AUTOPOLIS</p> <p>CERTIFICATE NO. 2100606185-00000</p> <p>1) VEHICLE REGISTRATION NO. SD6838L</p> <p>2) NAME OF INSURED Yang Jilang Seng Y. N. L. Seng</p> <p>3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 30 Mar 2017</p> <p>4) DATE OF EXPIRY OF INSURANCE 29 Mar 2018</p> <p>5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE</p> <p>SUBJECT TO AGE CONDITION: All Ages up to 18th</p> <p>6) LIMITATION AS TO USE</p> <p>Loss of Use: (Loss of Use 10 Days) (1500 - 180000) Refer to page 2 of the policy data sheet</p> <p>NAMED DRIVER: NA</p> <p>HIRE PURCHASE COMPANY: NA</p> <p>EMPLOYER'S LOAN</p>	<p>OWN DAMAGE EXCESS: S\$800.00</p> <p>WINDSCREEN EXCESS: S\$100.00</p> <p>SUM INSURED: Market Value</p> <p>INSURING WITH COE PART: YES</p>
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We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1967 (Malaysia).

I / We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1967 (Malaysia).

Issued in Singapore 30 Mar 2017

AIG Asia Pacific Insurance Pte. Ltd.

000084-000
DIRECT CLIENTS 01.4.95
AIG BUILDING
78 SHENTON WAY #07-18
SINGAPORE 079120

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPNEA

MEDICAL CERTIFICATE

ORIGINAL

KHANE171236390

NAME : YANG LIANG SENG
NRIC : S7313247I

Type of Medical Leave granted : OUTPATIENT SICK LEAVE

The above named attended Examination/Treatment from 20 Nov 2017 20:50 to 20 Nov 2017 23:14

The above named is unfit for duty for a period of 4 day(s), from 20 Nov 2017 to 23 Nov 2017 inclusive.

The Certificate is not valid for absence from court attendance.

Remarks :

20 Nov 2017 Dr Rajangam, Minu (63590A)
Date Issuing Doctor

A&E
Location

Doctor's Signature

Reg No : 200717564H

----- Tear Along Here -----

MEDICAL CERTIFICATE

DUPLICATE

KHANE171236390

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IC : S7313247I

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Date Issuing Doctor

A&E
Location

Doctor's Signature

Reg No. : 200717564H

TAX INVOICE as at 20.11.2017

Admiralty Medical Centre
 Khoo Teck Puat Hospital
 Yishun Community Hospital

TO: MR. YANG LIANG SENG
 BLK 430C #12-233
 FERNVALE LINK
 SINGAPORE - 793430

Tax Invoice GST REG NO M90370246G

VISIT DATE : 20.11.2017 20:50
 LOCATION : KCANEP3

This Tax Invoice is for charges incurred at **Khoo Teck Puat Hospital (UEN 200717564H)**

Case/Invoice No	Invoice Date	Outstanding Amount
57180524821-00001	20.11.2017	Nil

Patient Name: YANG LIANG SENG

Patient ID: S73132471

Services

	Amount(\$)
A&E Facility/Service Fee	240.00
Less Government Subsidy	-120.00
	120.00
Total Amount Payable	120.00

Total amount payable after GST is \$128.40 .

GST at 7% is absorbed by the Singapore Government: \$8.40

Payer	Adjustment	Payment	Amount Due
YANG LIANG SENG	0.00	120.00	0.00

(MASTER CARD - 20.11.2017 , RECEIPT #: K002842433)

citibank

KTPH-A & E
 KHOO TECK PUAT HOSPITAL
 90 YISHUN CENTRAL
 SINGAPORE 768828

DATE/TIME: 20/11/17 20:51:59
 MID: 000888500064178
 TID: 31214349 INV: 030919
 BATCH: 001499 TRACE: 060009
 ORDER: 030919-001499060009
 APR/AUTH CODE: 058158

SALE

MASTER
 ENT: Chip REF: 000031060009
 CARD NAME: UOB MasterCard TSI: E800
 TVR: 0000000000 AID: A0000000041010
 APP CRYPT: 51FCC1F041874957

BASE : S\$ 120.00
 TOTAL : S\$ 120.00

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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