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 ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policyliability 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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	27/11/2017 15:28
Date Of Accident	25/11/2017 12:30
Exact Location Of Accident	CHOA CHU KANG RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGC8399Z
Insured/Policyholder	
Name Of Registered Owner	CHONG LEE CHIN
NRIC No	S0213066A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96223185
Alternative Phone No	Office-96223185
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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	2100485472-01
Cover Note Number	
Driver	
Name of Driver	LEE HOCK SER
NRIC No	S7640196I
Date Of Birth	05/12/1976
Occupation	INDOOR
Date Of Driving Pass	27/10/2009

8 YEARS AND 0 MONTHS **Driving Experience**

Gender MALE

Mobile Number (LOCAL) +65-96223185

Fax Number

Contact Number

EMail Address **NOEMAIL**

Address BLK 82 BEDOK NORTH ROAD #10-322 Postcode Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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 CLEAR
Road Surface DRY

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE

1

Police Station Address ROAD: 30 BEDOK NORTH ROAD, POSTCODE: 469676, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-2449999 - **FAX NO**: 62447258

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20171127/2053.

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 SJG9325Z

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

Name of Driver

NRIC/Passport Number

Contact Number

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 SHD7091A

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

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 LEE HOCK SER

Approximate Age Injuries Sustain

Injured person in which vehicle?

SGC8399Z

VEHICLE C

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address Postcode

DETAILS OF INJURED PERSON 2

Name ALAN WOO

Approximate Age Injuries Sustain

Injured person in which vehicle?

SGC8399Z

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address Postcode

DETALS OF INJURED PERSON 3

Name CHENG TAN CHOW

Approximate Age Injuries Sustain

Injured person in which vehicle?

SGC8399Z

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address Postcode

DETAILS OF INJURED PERSON 4

Name LOH WEE LIANG

Approximate Age Injuries Sustain

Injured person in which vehicle?

SGC8399Z

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address Postcode

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Policyholder's Signature / Date &

Diver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Resonnel

Twis Bukt Panjang

A) SGC 83992

B)SJ G 93252

C) SHD 7091A

Choo Chu Kang Rd

Sketch Plan #2





Police Station Of Origin: Bedok North N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

1 of 4 Report No. T/20171127/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/11/2017 12:46		ade:	Vide Report No.:	Station Diary No.: 46		
Informant	's Particu	lars				
Name of Informant: LEE HOCK SER			Address: APT BLK 82 BEDOK NORTH ROAD #10-322 SINGAPORE 460082			
ID Type / ID No.: NRIC NO / S7640196I Nationality:			Contact No.: Home/Office: 64428629 Mobile: 96223185			
SINGAPO		EN ·				
Sex: Male	Age: 40	Date of Birth: 05/12/1976	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Asst Manager			Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/11/2017 12:30	Type of Location Straight Road	
CHOA CHU K	ng towards Bukit P				
Weather: Clear	,	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	4	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No	

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
SGC8399Z	Car	HONDA	VEZEL	Blue	Seriously Damaged		
SHD7091A	Car	ТОУОТА	PRIUS	Blue	Slightly Damaged	1	
SJG9325Z	Car	TOYOTA		White	Seriously Damaged		





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

2 of 4 Report No. T/20171127/2053

CONTINUATION OF REPORT

Details of Perso	n Involved	Victoria de la companya de la compa					
Any Pedestrian I	nvolved: No						
No. of Pedestrian		Use of Pedestrian Crossing: NA					
Driver				accina.	11 0100	onig. 14/1	
Name	LEE HOCK SER			ID No.		S7640196I	
Related Vehicle	SGC8399Z (Car)			Contact No.		96223185	
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	27/11/2017		Date Disc			1/2017	
No. of Days gran	ted Medical Leave	03 .		Degree of Injury Slight			
Driver		27 / S S S S S S S S S S S S S S S S S S	- Degree of	mjary	Oligit		
Name	WONG GUORONG		ID No.		S8118003B		
Related Vehicle	SHD7091A (Car)			Contact No.		93553669	
Hospital/Clinic	NIL			Class Drivin Licend	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disci		NIL		
	ed Medical Leave	Degree of Injury NIL					
Oriver		NIL	Degree of	injury	INIL		
Name	TAN BING XIAN< BENSON			ID No.		S9511273J	
Related Vehicle	SJG9325Z (Car)			Contact No.		92394211	
Hospital/Clinic	NIL .			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disch				
lo. of Days grante	ed Medical Leave	NIL	Degree of				

Brief Details.

On the 25/11/2017 at about 12:30pm while I was driving in my vehicle bearing the registration no SGC8399Z along Choa Chu Kang Road towards Bukit Panjang road on the extreme right lane when the vehicle (SHD7091A) that was in front of me slowed down and stop due to heavy traffic ahead . I did the same and stop behind the said vehicle.

After doing so, I heard a loud bang coming from the rear of my vehicle and thereafter my vehicle surge forward and collided into the rear of the vehicle that was in front of me. When I got out of my vehicle I noticed that vehicle (SJG9323Z) had collided into the rear of my vehicle. Damage to my vehicle - the front and rear portions





3 of 4 Report No. T/20171127/2053

Police Station Of Origin: Bedok North N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

CONTINUATION OF REPORT

On the 27/11/2017 I seek medical attention at Changi General Hospital and was given 3 days (27/11/2017 to 29/11/2017) outpatient sick leave.





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

Report No. T/20171127/2053

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

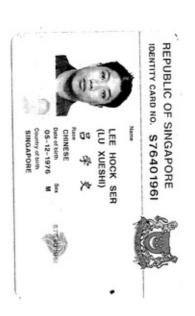
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

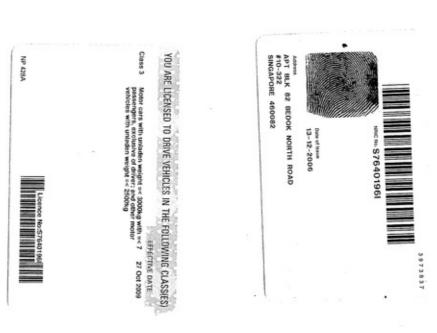
Signature Of Officer Recording The Report: G / SI MOHAMED SHAHARUM B ABDUL JEBAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/11/2017 12:46
Officer In Charge Of Case: TP / AEIT / Sgt 2 YEO KIA HUAT Contact No.: 65476325 SN 103	Classification Of Case:
Authentication Stamp NP168 Singapore Police Force	













CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Chong Lee Chin

: 22 Oct 2017 To 21 Oct 2018 Period of Insurance

: L15B4023300 Engine No.

Chassis No. : RU11103297 Vehicle No.

: SGC8399Z : 2100485472-01

Policy No.

Endorsement No. Issued Date

: 10 Oct 2017

ABOUT THE COVER

Make/Model

: HONDA VEZEL

Engine Capacity/Tonnage: 1,496.00 CC Driver Restriction : NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2015

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Policyholder b) Arry 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 \$3,000 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 liess than 2 years' driving experience.

Age Condition

: All Age Condition

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 last, racing, pace-making, reliability trial or speed-leating, 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 Optional

Limitations rendered inspersitive by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 188) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1 Fire - S0 Own Damage - \$600 Theft - S0 Flood Cover - S0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Cheng Lee Chin - \$600 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle in Singapore, You have the option of having the accident repairs centred out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hodine at +65 6336 6200. Alternatively, You may refer to AIG website wire, also compared accident point and download "AIG SG" from Trunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

While 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 (Csp. 189), Part IV of the Road Transport Act. 1997 (Malaysia) and Motor Vehicles (Third Party Risks) Rules. 1959 (Malaysia).

0350011000

TANG SOO KWANG

BLK 780, PASIR RIS ST, 71 #10-578 SINGAPORE 510780 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

Accident Photo





















