SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Address

Mobile Number

Fax Number Contact Number EMail Address

- 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	01/12/2017 17:36
Date Of Accident	30/11/2017 14:30
Exact Location Of Accident	HOLLAND RD & QUEENSWAY (SLIP ROAD).
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFS7188A
Insured/Policyholder	
Name Of Registered Owner	NG AH GEOK
NRIC No	S1775464E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96382511
Alternative Phone No	Office-96382511
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESTIMA
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	REPORTING ONLY
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	2100189891
Cover Note Number	
Driver	
Name of Driver	SHAWN HO MENG CHER
NRIC No	S9735088D
Date Of Birth	02/10/1997
Occupation	INDOOR
Date Of Driving Pass	29/12/2015
Driving Experience	1 YEAR AND 11 MONTHS

MALE

NOEMAIL

(LOCAL) +65-91523505

20D TEMBELING ROAD

Postcode Was driver an employee of the Insured's Company NC

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 COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Was any body injured in the Accident?

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name JOO CHIAT NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: 267 ONAN ROAD, POSTCODE: 424773, COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-3459999 - **FAX NO**: 64474181

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT NO.T/20171130/2116.

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 SHC7439L

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) 3

Details of Witness

Name

Phone Number Email Address

DETAILS OF INJURED PERSON 1

Name PASSENGER

Approximate Age Injuries Sustain Injured person in which vehicle?
Were seat belts worn?
Was injured conveyed to hospital by ambulance?
Address

Postcode

SHC7439L

Accident Sketch Plan

SKETCH PLAN

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.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- 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:
 - 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/FIN No.:

SKETCH PLAN	THE T	. [[] []			1	
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DESCRIBE CIRCUMSTAN	ICES OF THE ACCIE	DENT				
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		-				
	iculars are true in ev	ery respect				
CLARATION e declare the foregoing part	iculars are true in ev	ery respect.				
	iculars are true in ev	ery respect.				
e declare the foregoing part		1				
	Driver's Sign.	ature		Reporti	ng Centre Perso	nnel's Signature
declare the foregoing part	Driver's Sign.	ature	r)	Reportii Name:		nnel's Signature





Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999 1 of 3 Report No. T/20171130/2116

REPORT OF A TRAFFIC ACCIDENT

	ne Report N)17 17:13	flade:	Vide Report No.: E/20171130/0108	Station Diary No.: 23
Informa	nt's Partic	ulars		
	Informant: HO MENG		Address: 20D TEMBELING ROAD SIN	GAPORE 423560
	/ ID No.: D / S973508	38D	Contact No.: Home/Office:	Mobile: 91523505
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 20	Date of Birth: 02/10/1997	Type of Informant: Driver	
Race: Chinese		-	Language: English	Institution / School Name:
Occupati NSF	ion:	,	Driving Licence Information: Class: 2B,3	Date of Expiry:

Type of Accident:	Injury Conveyed By Ambula	Drink Drive: No	Date/Time of Accident: 30/11/2017 14:30	Type of Location: X-Junction
Location: Junction of Re HOLLAND RO QUEENSWA' SLIP ROAD	- 1 - 1 - 1			
Weather: Clear	1	Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Wo		Traffic Volume: Light
Type of Collis Between Mov	ion: ing Vehicles - Head To Rea	ar		Anyone conveyed by ambulance: No

Details of V	ehicle Invo	lved			100 124 PM	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SFS7188A	Car				Slightly Damaged	1
SHC7439L	TAXÍ				Slightly Damaged	2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Joo Chiat NPP

267 Onan Road SINGAPORE 424773

Tel No: 1800-3459999

2 of 3 Report No. T/20171130/2116

CONTINUATION OF REPORT

Driver		A DESCRIPTION OF THE PARTY OF T	ale and the strategy	888 4 Day	Semi	
Name	SHAWN HO MENG CHER		ID No.		S9735088D	
Related Vehicle	SFS7188A (Car)			Contact No.		91523505
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL Date		Date Disc	harge	NIL	
No. of Days gran	of Days granted Medical Leave NIL		Degree of	Degree of Injury NIL		
Driver						
Name	WONG MEI KHUM		ID No		S0032599F	
Related Vehicle	SHC7439L (TAXI)		Contact No.		NIL	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Dis			harge	NIL	
No. of Days gran	of Days granted Medical Leave NIL			f Injury	NIL	

Brief Details.

On 30/11/2017 at about 2.30pm, I was driving my car, SFS7188A, along Holland Road and at the slip road turning left onto Queensway. I was behind a taxi and there is no other vehicles in front. The taxi was slowing down at slip road before the give way line. I was at the same time looking out for traffic on Queensway. The traffic was clear and I moved forward. I then realised the taxi had stopped at the give way line and I tried to brake in time but to no avail. As such I collided onto the rear of the taxi. Both of us moved forward to the side and exchanged particulars. The male passenger of the taxi informed he requires medical attention and thus the taxi driver called for ambulance and he was conveyed to hospital. Both me and my passenger are not injured. The Traffic Police attending the accident informed to lodge a report vide incident E/20171130/0108 under TP IO Sufiyan Tel: 65476390.





Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999 3 of 3 Report No. T/20171130/2116

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Informant:

Date/Time:
30/11/2017 17:13

Classification Of Case:

Staff Sgt MAZLAN BIN MIAT

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt SHAHRUI NIZAM BIN SAMARRI
Contact No.: 65476904

Authentication Stamp

Signature Of Officer Recording The Report:

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.

Date: 30/11/17

To: Whom it may concern

RE: Letter of authorization

Dear Sir/Madam,

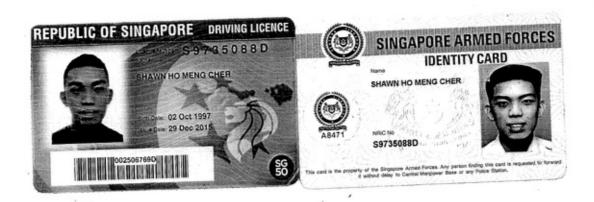
I, Ng Ah Geok (NRIC: S1775464E) hereby authorize, the driver, Shawn Ho Meng Cher (NRIC: S9735088D) to report the accident on 30/11/2017 involving vehicles SFS 7188 A and SHC 7439 L.

Best Regards,

..











CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT(CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.X.1

TOYOTA AUTO PROTECTOR

OWN DAMAGE EXCESS

INSURING WITH COE/PARF

S\$1000.00(1)

CERTIFICATE NO. 2100189891-07000

WINDSCREEN EXCESS \$\$100.00

SUM INSURED Market Value

SFS7188A

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

Ng Ah Geok

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 28 Jan 2017

4) DATE OF EXPIRY OF INSURANCE

27 Jan 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE * SUBJECT TO AGE CONDITION : All Age Condition

a) The Insured.

b) Any other person who is driving on the Insured's order or with his permission: This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions. A Young and/or Inexperienced Driver Excess ("YIDR") of \$\$3,000.00, in additional to the

Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE *

Use only for social, domestic and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or rewards, tuition, driving test, racing, pacemaking, reliability trial speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

APPROVED REPORTING CENTRES / TOYOTA AUTHORISED REPAIRERS

1. Borneo Motors (S) Pte Ltd - 2 Pandan Crescent (Tel : 6631 1188)
APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)
APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)
2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65684501)
4. Ethoz - 30 Bukit Batok Cres(Tel:66547777) 5. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only
6. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 7. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)
8. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)
10. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)

LOSS OF USE Loss of Use 15 Days (1500 - 1600cc) - Refer to policy wordings for details

NAMED DRIVER

NA

HIRE PURCHASE COMPANY DBS BANK LTD / EMPLOYER'S LOAN

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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, 1987 (Malaysia).

Issued At Singapore

AIG Asia Pacific Insurance Pte. Ltd.

030210-212

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPEMC.

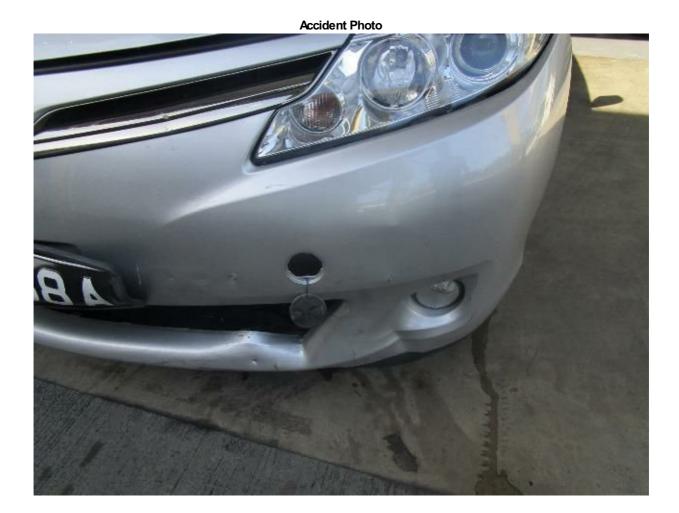












Accident Photo

