

## 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	02/12/2017 12:47
Date Of Accident	30/11/2017 18:05
Exact Location Of Accident	YIO CHU KANG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBU188H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW KHEE WEE BERNARD
NRIC No	S1318953F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96650772
Alternative Phone No	Office-96650772

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
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	2100471709
Cover Note Number	

### Driver

Name of Driver	LOW KHEE WEE BERNARD
NRIC No	S1318953F
Date Of Birth	18/08/1958
Occupation	INDOOR
Date Of Driving Pass	05/11/1977
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96650772
Fax Number	
Contact Number	OFFICE-96650772
Email Address	NOEMAIL
Address	37 CARDIFF GROVE

Postcode	558903
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	NO 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?	NO
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)	2

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT: T/20171130/2166.

#### 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	FT8184Z
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	

## Sketch Plan

### SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. 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.
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/FIN No.:

SKETCH PLAN

NO ATTACHED ON SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

DECLARATION

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

*[Signature]*  
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.:



**SINGAPORE  
POLICE FORCE**



T/20171130/2166

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20171130/2166

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/11/2017 21:08		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LOW KHEE WEE, BERNARD			Address: 37 CARDIFF GR SERANGOON GARDEN ESTATE SINGAPORE 558903		
ID Type / ID No.: NRIC NO / S1318953F			Contact No.: Home/Office: Mobile: 96650772		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 18/08/1958	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: BANK MANAGER			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/11/2017 18:05	Type of Location: Straight Road
Location: Along Road 1 YIO CHU KANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: NO COLLISION			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
FT8184Z	Motorcycle				Slightly Damaged	0
SBU188H	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Red	No Damage	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Exp
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Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20171130/2166

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20171130/2166

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBU188H	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100471709	22/06/2016	21/06/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOW KHEE WEE, BERNARD		ID No. S1318953F
Related Vehicle	NIL		Contact No. 96650772
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

**Brief Details.**

ON THE ABOVE MENTIONED DATE AND TIME

I WAS GOING OUT OF MY FIANCE'S HOUSE AND OBSERVED THAT THERE WAS NO CAR. WHEN I WAS ABOUT TO DO A U-TURN, I LOOKED AT MY REAR-VIEW MIRROR AND SAW THE MOTORCYCLIST TUMBLING DOWN THE ROAD EVEN THOUGH THERE WAS NO CONTACT WITH MY CAR AND I NOTICED HE WAS TUMBLING WHEN HE WAS FAR AWAY FROM MY CAR. I STOPPED MY CAR AND GOT OUT TO SEE IF THE MOTORCYCLIST WAS ALRIGHT. I CALLED THE POLICE AT 06:05 PM AS I SAW THE MOTORCYCLIST WAS INJURED. THE AMBULANCE WAS DEPLOYED TO THE SCENE. WAITED FOR FURTHER INSTRUCTIONS FROM THE POLICE.

**Sketch Plan #5**



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20171130/2166

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Report No. T/20171130/2166

**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:  
TP /  
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Interpreter:  
Not applicable

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

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
30/11/2017 21:08

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature:

**Sketch Plan #6**

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1318953F

 Name  
LOW KHEE WEE BERNARD

 Race  
CHINESE

Date of birth  
18-08-1958

Sex  
M

Country/Place of birth  
SINGAPORE

S1318953F

5189244



NRIC No. S1318953F



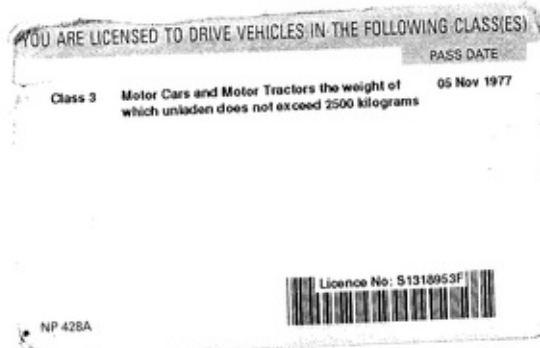
Date of issue  
04-07-2013

37 CARDIFF GROVE  
SINGAPORE 558903

NRIC No: S1318953F

Date: 16/08/2014





Accident Sketch Plan



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HOTLINE TEL: (65) 6419-3000  
FAX: (65) 6415-3723**COVER NOTE**

<b>Cover Note No.</b> 2100471709		<b>Date</b> 20 Jun 2016	
The following risk described in the Schedule is hereby HELD COVERED in the terms of the applicable Company's policy issued to the Policyholder.			
<b>SCHEDULE</b>			
<b>Policyholder</b>	Low Khee Wee Bernard		
<b>Age Condition</b>	All Age Condition	<b>Registration No.</b>	SBU188H
<b>Policy Type</b>	TOYOTA AUTO PROTECTOR (2-YEAR)	<b>Make/Model</b>	TOYOTA New Prius
<b>Effective Date</b>	20 Jun 2016	<b>CC/Tonnage</b>	1,798.00
<b>Expiry Date</b>	19 Jun 2018	<b>Engine No</b>	2ZRR887064
<b>Excess</b>	S\$1000.00	<b>Chassis No</b>	JTDKB3FU703523478
		<b>Year of Registration</b>	2016
		<b>Hire Purchase Company</b>	CENTURY TOKYO LEASING (S) PTE LTD
This policy is subject to driver's age condition. The policy will indemnify the insured or any authorised driver only if he/she meets the age condition. Please refer to policy terms and conditions.			
In addition to the Policy Excess, a Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00 (before GST) will apply to You or Your Authorised Driver who is below the age of 23 (in case of All Age Condition policies) and/or has less than 2 years' driving experience. The YIDR Excess is not applicable to Named Driver policies.			
Usage of vehicle only for the following purposes: 1. Use only for social, domestic and pleasure purposes and for the Policyholder's business. 2. Use in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business and use for social, domestic or pleasure purposes.			
Please note that acceptance of the risk is subject to our final acceptance and terms and conditions applicable to the policy. Should you require any change to the insurance, please contact us immediately. Otherwise, any change will not be covered under the policy.			
The Company may cancel this cover by notice in writing and the insurance will be terminated and a proportionate part of the annual premium for the insurance will be charged for the time the Company has been on risk.			
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)			
<b>CERTIFICATE OF INSURANCE</b>			
I/We hereby certify that this cover note 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 in SINGAPORE

AIG Asia Pacific Insurance Pte. Ltd.

**IMPORTANT NOTICE****THIS COVER NOTE IS VALID FOR  
60 DAYS FROM THE FIRST DAY OF  
THE POLICY PERIOD. APPLICABLE  
TO CORPORATE POLICIES ONLY.**

AUTHORISED REPRESENTATIVE

ORIGINAL

IASHEC.

Co. Reg. No. 20100940AM

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

