

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	22/12/2017 15:41
Date Of Accident	21/12/2017 10:50
Exact Location Of Accident	TAMPINES AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP3760E
Insured/Policyholder	
Name Of Registered Owner	WEI FANG
NRIC No	S6984429D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98538718
Alternative Phone No	Others-98538718

Vehicle Particulars

Manufacturer	TOYOTA
Model	YARIS-1.3 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	2100384904-03
Cover Note Number	

Driver

Name of Driver	WEI FANG
NRIC No	S6984429D
Date Of Birth	08/09/1969
Occupation	INDOOR
Date Of Driving Pass	17/03/2004
Driving Experience	13 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98538718
Fax Number	
Contact Number	OTHERS-98538718
EMail Address	NOEMAIL

Address	BLOCK 289 BISHAN STREET 24 #24-23
Postcode	570289
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	COLLISION - HEAD ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO THE ATTACHED SKETCH PLAN & POLICE REPORT NO. T/20171221/2098 FOR THE CIRCUMSTANCE OF ACCIDENT.

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	SJT9191Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JOEY TEO ZI YU (ZHANG ZI YU)
NRIC/Passport Number	S8024241G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	WEI FANG
Approximate Age	

Injuries Sustain	
Injured person in which vehicle?	SKP3760E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	BLOCK 289 BISHAN STREET 24 #24-23
Postcode	570289

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any willful 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. 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 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

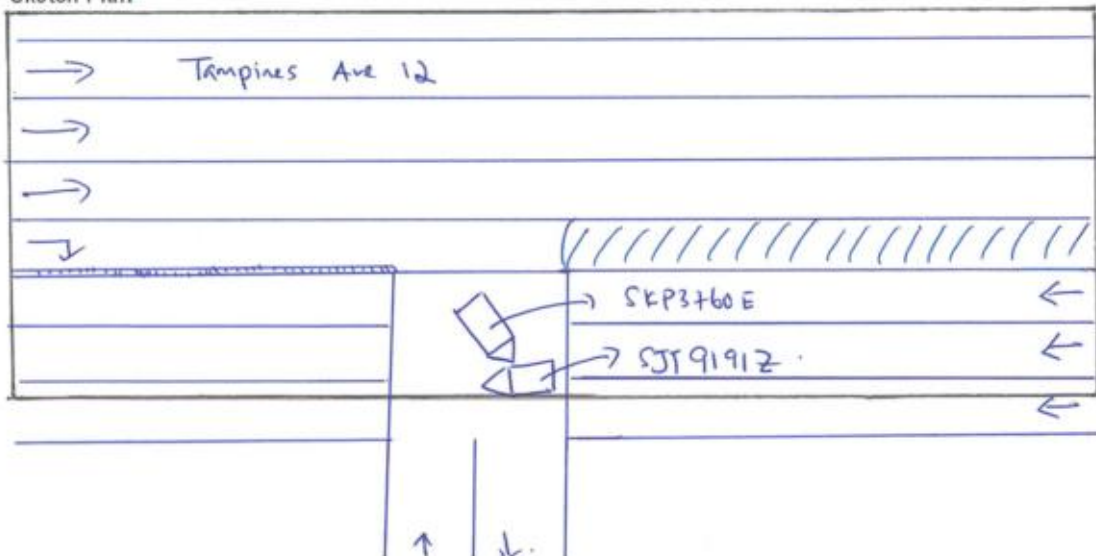
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 22/12/2017
13:00 PM
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2

Refer to Police Report T/20171221/2098

We declare the foregoing particulars are true in every respect.

22/12/2017
13:00pm
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan #3



INTERVIEW FORM



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Wei Fang.
VEHICLE NUMBER : SKP 3760E
DATE/TIME OF ACCIDENT : 21/12/2017 @ 10.50 HRS.
PLACE OF ACCIDENT : Tampines Ave 12.
THIRD PARTY VEHICLE (IF ANY) : ST 9191Z

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

Desir Ris → Sembawang.

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?

Front collision

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

Wei Fang @ SKP 3760E

[Signature] 22/12/2017
Name: 13:00 PM

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

AIG Asia Pacific Insurance Pte. Ltd.
AIG Building 78 Shenton Way #07-16 Singapore 079120
Tel: 6419 3000

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171221/2098

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

1 of 3

Report No. T/20171221/2098

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/12/2017 16:12		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: WEI FANG			Address: APT BLK 289 BISHAN ST 24 #24-23 HDB-BISHAN SINGAPORE 570289		
ID Type / ID No.: NRIC NO / S6984429D			Contact No.: Home/Office: Mobile: 98538718		
Nationality: CHINESE			Email:		
Sex:	Age: 48	Date of Birth: 08/09/1969	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: University lecturer			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: 21/12/2017 10:50	Type of Location:
Location: Along Road 1 TAMPINES AVENUE 12 TAMPINES AVE 12				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJT9191Z	Car					0
SKP3760E	Car	TOYOTA	YARIS 1.33 CVT	White	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKP3760E	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100384904-03	02/09/2017	01/09/2018

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171221/2098

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

2 of 3

Report No. T/20171221/2098

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JOEY TEO ZIYU (ZHANG ZIYU)	ID No.	S8024241G
Related Vehicle	SJT9191Z (Car)	Contact No.	NIL
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
Driver			
Name	WEI FANG	ID No.	S6984429D
Related Vehicle	SKP3760E (Car)	Contact No.	98538718
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/12/2017	Date Discharge	21/12/2017
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON 21/12/2017 ON TAMPINES AVE 12 AROUND 1050HRS

I WAS TRAVELLING FROM PASIR DIRECTION ON TAMPINES AVE 12 DRIVING ON 60-70KM/PH TO HIGHWAY, BEFORE I TURN RIGHT TO THE HIGHWAY THE TRAFFIC LIGHT HAVE GREEN ARROW BEFORE THE TRAFFIC LIGHT, A CAR WAS TRAVELING AT A VERY FAST SPEED EVEN WHEN THE TRAFFIC LIGHT WAS RED FOR HIS DIRECTION. HE CAME AND HIT ME ON THE FRONT LEFT SIDE BUT MY CAR INFRONT WAS TOTALLY DAMAGED FROM THE ACCIDENT. THERE WAS SMOKE COMING OUT FROM MY CAR. WE STOPPED AT THE ROAD SIDE AND WE EXCHANGED PARTICULAR I EXPLAINED TO HIM THAT SHE NEEDS TO BE MORE WATCHFUL WHEN LOOKING AT THE TRAFFIC LIGHT AND EXPLAIN TO HIM THAT MY SIDE WAS ALREADY GREEN AND AFTER THAT I CALLED AMUBLANCE. I WAS THEN CONVEYED TO CHANGI GENERAL HOSPITAL.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171221/2098

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

3 of 3

Report No. T/20171221/2098

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 /
LEE KWANG HONG KENDRICK

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/12/2017 16:12

Officer In Charge Of Case:
TP / GIT /

Classification Of Case: **SINGAPORE
POLICE FORCE**

Contact No.:

Authentication Stamp
NP168

Signature: *Sebastian*



CERTIFICATE OF INSURANCE

AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Wei Fang
Period of Insurance : 02 Sep 2017 To 01 Sep 2018
Engine No. : 1NR8288497
Chassis No. : VNKKJ3D360A156234

Vehicle No. : SKP3760E
Policy No. : 2100384904-03
Endorsement No. :
Issued Date : 15 Aug 2017

ABOUT THE COVER

Make/Model : TOYOTA YARIS 1.33
Engine Capacity/Tonnage : 1,329.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2014
Insuring with COE/PARF : Yes

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 \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDP") if You are or Your Authorised Driver named or named(s) is under the age of 25 and/or has less 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 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 Optional:

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 105) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Wei Fang - \$800 (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 can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 8338 6250. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

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

We 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. 105), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1950 (Malaysia).

0030210000

AIG ASIA PACIFIC INSURANCE P.L.
75 SHENTON WAY #07-16 AIG BUILDING
SINGAPORE 079120
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

24-HOUR AIG AUTO HOTLINE: +65 6338 6200

IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.

What can the 24-hour AIG Auto Emergency Hotline provide for you?

- Immediate assistance after an accident
- Emergency breakdown service
- Towing service (accident or non-accident related)
- Advice on Motor Claims procedures
- Medical Referral Assistance

If no one is injured in the accident:

- You are not required to make any police report.
- Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s).
- Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident.
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.

If the accident involves injuries or damage to government property & vehicles, foreign registered vehicles or non-injury hit & run case:

- Report the accident to the police, providing full details of the circumstances of the accident.
- Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s), if applicable.
- Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident.
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.

What should I do in the event of an accident?

- Keep calm and move your car to a safe place.
- Do not admit or discuss fault or blame with the other party(ies).
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.
- Submit Written Summons/Correspondence from third party(ies) to AIG immediately.

LOSS OF USE CAR REPLACEMENT BENEFIT

Applicable only if this benefit is included in your motor insurance. Please refer to your Policy Schedule for details. Policy terms and conditions apply. Please call our customer service hotline number **(65) 6419-3000** for assistance.

The Certificate of Insurance (CI) should be produced without demand when collecting the Rental Car and the Rental Car Company reserves the right to verify the identity of the holder. The CI is the property of AIG and its use is subject to the terms and conditions contained in the Loss of Use Endorsement under the policy issued to the policyholder.

Steps to activate Loss of Use Car Replacement Benefit and Important Information

1. To activate your loss of use car replacement, please contact the Rental Car Company (listed below) after filing/reporting your accident claim.
2. Your rental car will be made available within 5 working hours of activation with the Rental Car Company.
3. At the time of collection of the Rental Car, the **original** insurance policy and schedule issued by AIG, a copy of the Accident Report from the **Workshop** must be produced.
4. The number of days is based on the period your vehicle is in the repair workshop unless the number of days of loss of use entitlement is stated in the Policy.
5. Rental cars are strictly for use in Singapore only.
6. Extension of rental beyond repair period approved by AIG surveyor will be chargeable by the Rental Car Company on per day basis.
7. Upgrade of Rental Car is available upon request subject to additional charges by the Rental Car Company.
8. The rental car will be delivered (within Singapore), and **MUST BE RETURNED BACK TO the Workshop** upon collection of your accident car.

Rental Car Company: BKW Rent A Car Pte. Ltd.

Activation Hotline: 67387777

120 Lower Delta Road #02-15 Cendex Centre Singapore 169208

Operation Hours: Monday to Friday: 9am to 6pm Saturday (Half Day): 9am to 1pm

*The Rental Car Company's Terms & Conditions apply (i.e., refundable security deposit, excess liability for the Rental Car, Collision Damage Waiver, etc.).

IMPORTANT NOTICE

If you sell your motor vehicle, this Notice is **IMPORTANT** and **MUST** be complied with. Policyholders are hereby warned that under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap.99), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

The Policyholder is further warned that on the sale of a motor vehicle, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap.88).

This Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agrees to cover the new owner, they will issue a new Certificate of Insurance in the new owner's name. The premium chargeable may vary according to the new owner's profile.



POLICY SCHEDULE

AUTOPLAN PRIVATE VEHICLE

Policy No. : 2100384904-03

Period of Insurance : 02 Sep 2017 to 01 Sep 2018

Issued Date : 15 Aug 2017

ABOUT THE POLICYHOLDER

Name of Policyholder : Wei Fang
Address : 289 Bishan Street 24
#24-23
SINGAPORE 570289

Occupation/Nature of Business : Executives

ABOUT THE VEHICLE

Registration No. : SKP3760E Engine Capacity/Tonnage : 1,329.00 CC
Chassis No. : VNKKJ3D360A156234 Engine No. : 1NR8288497
Seating Capacity : 5 First Year of Registration : 2014 Body Type : Sedan
Make/Model : TOYOTA YARIS 1.33
Hire Purchase Company/Employer's Loan : United Overseas Bank Limited

ABOUT THE COVER

Sum Insured : Market Value Off Peak Car : No
Driver Restriction : NA Insuring with COE/PARF : Yes

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 \$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 less 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 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.

Other Key Policy Benefits :

Act of God, Strike, Riots and Civil Commotions, PA to Authorized Driver / Unnamed Passengers- \$10000, PA Insured- \$20000, Any Workshop, Key Replacement Cover- \$800, Loss of Use 1900cc - 1800cc Optional

EXCESS

Section 1
Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver
Wei Fang - \$500 (Own Damage)

PREMIUM

Premium : \$ 1,750.53
GST (7%) : \$ 122.54

Total : \$ 1,873.07

Your Premium includes the following discount(s):

No Claim Discount - 20%



POLICY SCHEDULE

Policy No. : 2100384904-03
Period of Insurance : 02 Sep 2017 to 01 Sep 2018

Issued Date : 15 Aug 2017

SUBJECT TO ENDORSEMENT	IMPORTANT NOTES
3(p), 215(d), 140(f), 212 (a), 200, 89, 132, 15, 72(b), 214, 7(a), 62(d), 139	
<p>Approved Reporting Centres / Authorised Repairers (For claims related repairs)</p> <p>Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs) Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us). For 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.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.</p>	

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

MEDICAL REPORT

ORIGINAL RECEIPT

CAENAO

21.12.2017 14:49 hrs

GST Registration No.: M2-0088821-9

Bill To
WEI FANG
289 BISHAN ST 24
#24-23 SINGAPORE 570289

MRN/NRIC : S6984429D
CASE NUMBER : 6917446793D
CUSTOMER : 3021614959
A&E VISIT : 21.12.2017 12:07

Name of Patient **WEI FANG**

Service Description	Amount (\$S)	
	Total Charges Before Govt Grant	Total Amt Payable After Govt Grant
X-RAY INVESTIGATIONS	71.00	0.00
A&E ATTENDANCE FEE	250.00	120.00
TOTAL CHARGES	321.00	
LESS : GOVERNMENT GRANT	201.00-	
AMOUNT PAYABLE BEFORE TAX		120.00
ADD : 7% GST		8.40
AMOUNT PAYABLE AFTER TAX		128.40
LESS : GST ABSORBED BY THE GOVERNMENT		8.40-
NET AMOUNT PAYABLE		120.00
PAYMENT WEI FANG		120.00-
AMOUNT DUE WEI FANG		0.00
FOR INFORMATION: ST: B SN: S6984429D		
PAYMENT DETAILS		
NAME DATE AMOUNT PAYMENT TYPE		
WEI FANG 21.12.2017 120.00 CASH		
THIS IS AN ORIGINAL RECEIPT FOR CASH PAYMENT OF \$120.00 RECEIVED ON 21.12.2017.		
TYPE OF SUPPLY: CASH/CREDIT		

"VIEW YOUR MEDISAVE AND / OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf online services with your SingPass at <http://www.cpf.gov.sg> and proceed to My Statement>> Section B>> Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit <http://www.cpf.gov.sg>>> FAQ>> Healthcare. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND ENSURERS: Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at <http://www.cpf.gov.sg> and proceed to Employers>> Services>> Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan." Payment may be made at AXS or INETS Station or by Internet via <https://cpay.cgh.com.sg> or by Cheque. No receipt will be issued for payment by Cheque. Payment may also be made at the Patient Service Centre during office hours or at the A&E Registration Counter after office hours.

F/DO/02-003.R9

Visit www.mylpharmacy.com.sg for your health and homecare needs.

Please attach this portion to your cheque payment

(Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".)

Amount Enclosed : \$

Cheque No./Bank :
S6984429D WEI FANG

CGH S6984429D

6917446793D

21.12.2017

14:49 hrs

BALANCE DUE : S\$ 0.00

MRN/NRIC : S6984429D

CASE NUMBER : 6917446793D

ADMISSION DATE : 21.12.2017

0000000000000000

Polyclinic Referral

To : POLYCLINIC

TCU Duration : First Available

Thank you for referring the patient to CGH A&E

Date of Visit : 21-Dec-2017 12:07

Name of patient : WEI FANG

NRIC : S6984429D Account Number : 6917446793D

Address : Blk 289 #24-23 BISHAN ST 24 Singapore 570289

Telephone : 3583654, 98538718 PT

Date of Birth : 08-Sep-1969 Sex : Female Race : Chinese

FINAL DIAGNOSIS : Contusion
right forearm and right tibia

Additional Diagnosis : Strain
msk strain of trapezius b/l

Referral Remarks

- First Available

Triage Information

Time Of Triage : 21-Dec-2017 12:13 Triage Category : P2.
Travel History : Yes Travel in the last 21 days? : No
Does patient have Fever or Flu-like Symptoms in the last 21 days? : No
Chief Complaint : car driver c/o lt wrist and lt shin pain after involved in T-collision. no hi/loc.

Vital Signs

Temperature (°C) :	37.8	Shock Index :	0.72
		Adjusted Shock Index	
Pulse Rate (/min) :	95	PEFR :	
Respiration (/min) :	18	SaO2 :	99
Blood Pressure (mmHg) :	132/70	Level of Consciousness :	0: Alert
Blood Sugar (mmol/l) :		MEW Score :	1
Weight (kg) :		Total GCS :	

GCS

Eye Opening :	Verbal Response :	Motor Response:
Unable to Assess :	<input type="checkbox"/>	Location :
Pain Score :	5 - Moderate Pain	Duration :

Joanne Chua Shu Min
Doctor
dr63560z

Accident & Emergency

Attending Doctor's Name

Doctor's Signature

Page: 1 of 3

21 Dec 2017 14:50



Changi
General Hospital

Polyclinic Referral

Date of Visit : 21-Dec-2017 12:07

Name of patient : WEI FANG

NRIC : S6984429D

Account Number : 6917446793D

Address : Blk 289 #24-23 BISHAN ST 24 Singapore 570289

Telephone : 3583654, 98538718 PT

Date of Birth : 08-Sep-1969

Sex : Female

Race : Chinese

Quality :

Main Complaints

Chief Complaint:

48 yo / f

no pmh
nkda

=hpc=

previously well

rta today

head on collision as exiting from highway (pasir ris)

was wearing seat belt

car fumes from hood, but no fire in car

car did not overturn

patient was driver

no loc, no active bleed, no dizziness, no headache, no head injury

able to get out of car herself and called the police, initially told police no injuries, asymptomatic

subsequently felt pain in right forearm and right leg after the collision and bruise developed

still able to weight bear and ambulate steadily

no nausea / vomitng/ blurry vision / dizziness

no recent fever / chills / illness

no cough / abdo pain / chest pain / dysuria / hematuria

=o/e=

alert, non toxic

gcs15/15

no csf leak from nose / ears

pelvic and chest compression: nad

head and face: no tenderness, no contusions

no battles / raccoon eyes

slightly tender over right forearm with contusion, 2 superficial small blisters < 1cm noted, no

erythema, no increased warmth, no pus noted

slightly tender over right tibia with contusion

no open skin wounds, no significant swelling

ambulating with steady gait, non antalgic

noted initial vitals 37.8 > retaken 1 hour later with no panadol given > 37.3

neck supple, full range of movement

trapezius bilaterally mild aching on neck movement

Joanne Chua Shu Min
Doctor
dr63560z

Accident & Emergency

Attending Doctor's Name

Doctor's Signature

Page: 2 of 3

Date of Visit : 21-Dec-2017 12:07
 Name of patient : WEI FANG
 NRIC : S6984429D Account Number : 6917446793D
 Address : Blk 289 #24-23 BISHAN ST 24 Singapore 570289
 Telephone : 3583854, 98538718 PT
 Date of Birth : 08-Sep-1969 Sex : Female Race : Chinese

Doctor's Notes

Initial Progress Notes : radial and tibial xray: no fracture / dislocation
 imp: contusion post rta
 plan
 return advice given
 tcu polyclinic for review of blisters of right arm, advised not to prick blisters

Disposition

Disposition : Referred to Polyclinic Disposition By : Doctor Joanne Chua Shu Min
 Disposition Date/Time : 21-Dec-2017 14:48:43 Condition on Disposition : Fair

Discharge Prescription

Allergy : Not Available

Drug Name	Dosage	Instruction	PRN Instruction	Duration / Quantity
ANArex Tablet [Paracetamol 450mg, Orphenadrine 35mg]	2 tablet - TDS		Pain	2 weeks
Diclofenac Sodium EC Tablet	25 mg - TDS		Pain or Swelling	2 weeks
OMEprazole Capsule	20 mg - OM		with NSAIDs	2 weeks
Tramadol HCl Capsule/Tablet	50 mg - TDS		Pain	2 weeks
Ibuprofen 2.5% Gel	1 application - BD		Pain	2 weeks
Heparinoid 0.3% Cream	1 application - BD		Bruise or Swelling	2 weeks

Accident Type

Accident Type : Road Traffic

Joanne Chua Shu Min
 Doctor
 dr63560z

Accident & Emergency

Attending Doctor's Name

Doctor's Signature

A&E Discharge Summary

Date of Visit : 21-Dec-2017 12:07
 Name of patient : WEI FANG
 NRIC : S6984429D Account Number : 6917446793D
 Address : Blk 289 #24-23 BISHAN ST 24 Singapore 570289
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GCS

Eye Opening : Verbal Response : Motor Response:

Unable to Assess : ☐ Location :
 Pain Score : 5 - Moderate Pain Duration :
 Quality :

Main Complaints

Joanne Chua Shu Min
 Doctor
 dr63560z

Accident & Emergency

Attending Doctor's Name



Doctor's Signature

Page: 1 of 3

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21-Dec-2017 14:50
 EASTERN
 HEALTH
 ALLIANCE

MEDICAL REPORT

A&E Discharge Summary

Date of Visit : 21-Dec-2017 12:07
 Name of patient : WEI FANG
 NRIC : S6984429D Account Number : 6917446793D
 Address : Blk 289 #24-23 BISHAN ST 24 Singapore 570289
 Telephone : 3583654, 98538718 PT
 Date of Birth : 08-Sep-1969 Sex : Female Race : Chinese

Chief Complaint: 48 yo / f

no pmh
nkda

=hpc=
previously well
rta today
head on collision as exiting from highway (pasir ris)
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trapezius bilaterally mild aching on neck movement

Doctor's Notes

Joanne Chua Shu Min
Doctor
dr63560z

Accident & Emergency

Attending Doctor's Name

Page: 2 of 3

CONFIDENTIAL

Doctor's Signature

21-Dec-2017:44:50
 EASTERN
HEALTH
ALLIANCE

A&E Discharge Summary

Date of Visit : 21-Dec-2017 12:07
Name of patient : WEI FANG
NRIC : S6984429D **Account Number :** 6917446793D
Address : Blk 289 #24-23 BISHAN ST 24 Singapore 570289
Telephone : 3583654, 98538718 PT
Date of Birth : 08-Sep-1969 **Sex :** Female **Race :** Chinese

Initial Progress Notes : radial and tibial xray: no fracture / dislocation
 Imp: contusion post rta
 plan
 return advice given
 tcu polyclinic for review of blisters of right arm, advised not to prick blisters

Disposition

Disposition : Refer to OPD **Disposition By :** Doctor Joanne Chua Shu Min
Disposition Date/Time : 21-Dec-2017 14:48 **Condition on Disposition :** Fair

Discharge Prescription

Allergy : Not Available

Drug Name	Dosage	Instruction	PRN Instruction	Duration / Quantity
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Ketoprofen 2.5% Gel	1 application - BD		Pain	2 weeks
Heparinoid 0.3% Cream	1 application - BD		Bruise or Swelling	2 weeks

Accident Type

Accident Type : Road Traffic

Joanne Chua Shu Min
Doctor
dr63560z

Accident & Emergency

Attending Doctor's Name

Doctor's Signature

Page: 3 of 3

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



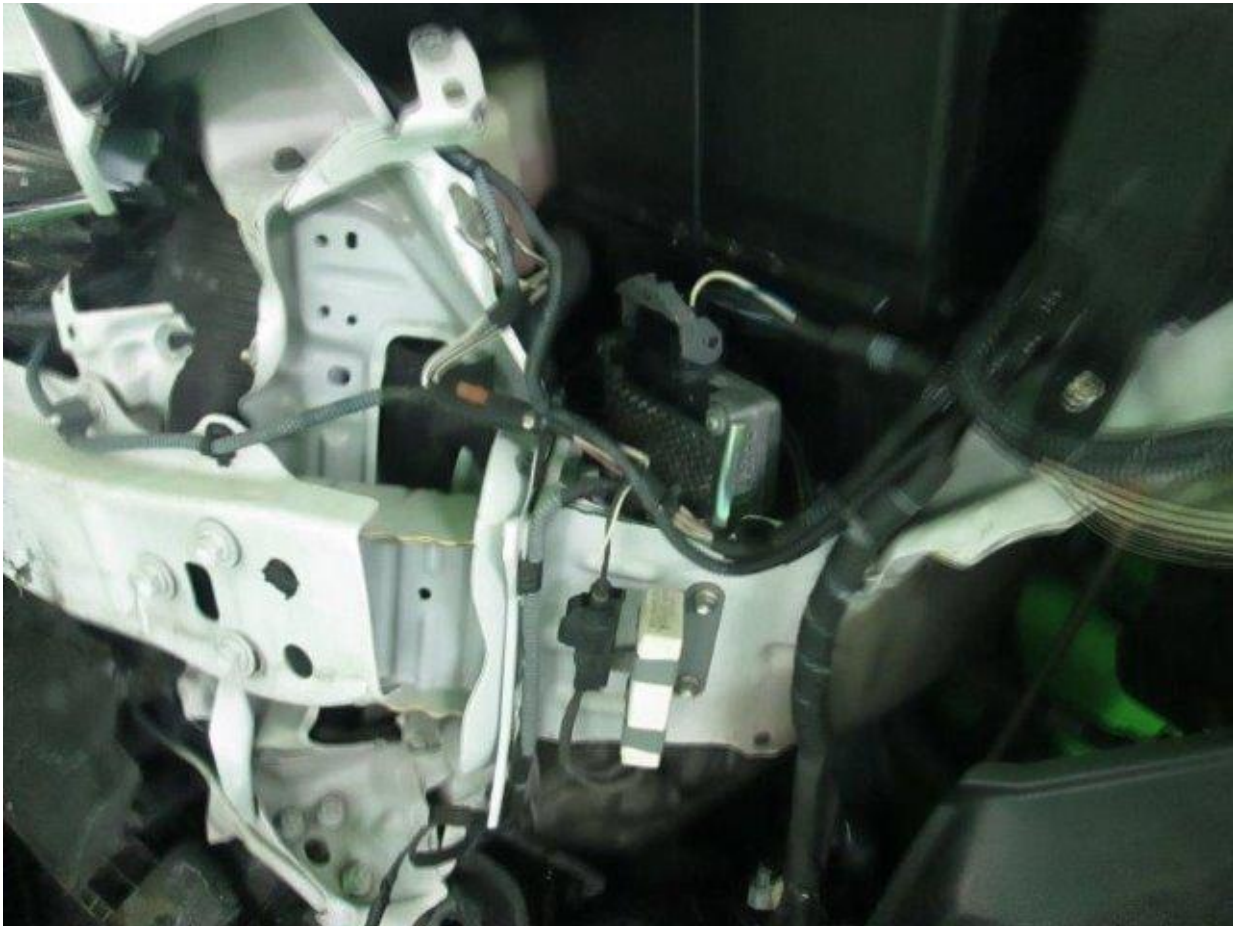
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