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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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 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.

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	ACCIDENT STATEMENT
Date Of Report	10/01/2018 14:10
Date Of Accident	09/01/2018 14:50
Exact Location Of Accident	BEDOK SOUTH AVE 1 TOWARDS BEDOK CENTRAL
Country/State of Loss	SINGAPORE
Description of the property of the Description of t	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP1174Z
Insured/Policyholder	
Name Of Registered Owner	KHOO CHUAN HUAT
NRIC No	\$13063101
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98801191
Alternative Phone No	OTHERS-98801191
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	1700009060
Cover Note Number	
Driver	
Name of Driver	KHOO CHUAN HUAT
NRIC No	S1306310I
Date Of Birth	31/12/1958
Occupation	INDOOR
Date Of Driving Pass	09/11/1979
Driving Experience	38 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98801191
Fax Number	

OTHERS-98801191

NOEMAIL

BLK 833 TAMPINES STREET 83 Address

#07-26

520833 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

2

NO

YES

NO

1

YES

NO

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

TAMPINES NEIGHBOURHOOD POLICE CENTRE Police Station Name

ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-5871999 - FAX NO: 65871699 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180110/2001

Attachment(s)

Are accident photos available for attachment?

YES NO Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FX7326S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

MUHAMMAD KHAIROL BIN SELAMAT

NRIC/Passport Number

S8532652Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name

KHOO CHUAN HUAT

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SLP1174Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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:
 - 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	@ SLP 11748
	B) FX 73268
edok outh Are! By	
OVAIDS LOOP ONE ONE ONE ONE ONE ONE ONE	
The state of the s	bout 1450 hr. I was frielling
alone Bedok South Are 1 toward	ds bedok Central Opposite Esso
Kiork. At the Muchou I was on	stribung to fum to mo yout
While waiting for the main was	d to clear, all of a sudden I
0 1	p p r t ts
Car an main are	L. Sales
FX 73265 Lod collided onto	mo hear.
01000 1 0010	local
POLICE REPORT 1/20180110/	7900

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: VOCI WAYAA

Name: NRIC/FIN No.:





1 of 4

Report No. T/20180110/2001

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

REPORT OF	A TRAFFIC	ACCIDENT		Tall A N	
Date/Time 10/01/201	e Report M 18 00:14	lade:	Vide Report No.: Station Dia G/20180109/0115 1		
Informan	t's Particu	ılars		A TUTTA PARAMATED IN	
Name of	Informant: HUAN HUA		Address: APT BLK 833 TAMPINES STI 520833	REET 83 #07-26 SINGAPORE	
ID Type /	ID No.:	101	Contact No.: Home/Office: Mobile: 98801191		
	Nationality: SINGAPORE CITIZEN		Email:	# # # # # # # # # # # # # # # # # # #	
Sex: Male	Age: 59	Date of Birth: 31/12/1958	Type of Informant: Driver		
Race: Chinese	5050		Language: English	Institution / School Name:	
Occupati	on: T ENGINE	ER	Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Date/Time of		Type of Location: Straight Road
Location: Along Road 1 BEDOK SOU Weather:	TH AVENUE 1	Road Surface:		Road Speed Limit:
Clear	**************************************	Dry		60 Km/h
Traffic Flow: Two Way	10	Traffic Control:		Traffic Volume: No Traffic
	sion:			Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX7326S	Motorcycle	I I MASONIC PORTO		Red '		0 -
SLP1174Z	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Red	Slightly	0

Details of V	ehicle Insurance	I was a second second second second	I may be a second	F B.
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLP1174Z	AIG ASIA PACIFIC INSURANCE PTE.	1700009060	26/05/2017	25/05/2018





2 of 4

Report No. T/20180110/2001

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

Any Pedestrian In	volved: No				11, 19,
No. of Pedestrian		Use of P	edestrian	Cross	ing: NA
Rider	and state of the single quantities	160	eteral legal file	10-230	NAME OF THE OWNER
Name	MUHAMMAD KHAIROL BIN S	ID No.		S8532652Z	
Related Vehicle	FX7326S (Motorcycle)	Contac	ot No.	NIL	
Hospital/Clinic	NIL .		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Di	scharge	NIL	+
No. of Days gran	ted Medical Leave NIL	Degree	of Injury	Sligh	107/2/2
Driver					
Name	KHOO CHUAN HUAT		ID No.	0	S1306310I
Related Vehicle	SLP1174Z (Car)	Conta	ct No.	98801191	
Hospital/Clinic	MOUNT ALVERNIA HOSPITA	Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	09/01/2018	Date D	scharge		1/2018
	ted Medical Leave 03	Degree	of Injury	Sligh	t

On 09/01/2018 at about 1445hrs, I was driving my car Reg no: SLP1174Z Mitsubishi red in colour travelling along Bedok South Avenue 1 and was waiting to make a U-turn in front of the patrol station when suddenly I felt a hard impact and a bang. I then realized that a m/cycle Reg no: FX7326S had hit the rear of my car. I then went out of my car and assist the rider. As he was lying down injured on the road however we decided to not move him and called for ambulance.

When the ambulance arrived, the rider was checked however was not conveyed. The traffic police also arrived at scene and took down both our particulars of me and the rider. My car rear bumper was damaged and dented. The m/cycle front part was slightly damaged and not sure what other damages it have.

On the same day at about 1800hrs, I felt pain at the back of my neck and shoulder and went to Mount Avernia Hospital A & E and was given 3 days medical leave.





3 of 4

Report No. T/20180110/2001

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

CONTINUATION OF REPORT





3,001,012001

4 of 4

Report No. T/20180110/2001

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

No: 1800-5871999 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 / Sr Staff Sgt MUHAMAD FAISAL BIN MOHD SALEH			ure Of Info	ormant:	
Signature Of Interpreter: Not applicable	7 5	Date/T 10/01/	ime: 2018 00:1	4	F 11 _
Officer In Charge Of Case:		Classi	fication Of	Case:	
TP / GIT / SI NG CHWEE THENG Contact No.: 65476397	SINGAPORE POLICE FORCE				
Authentication Stamp			<u></u>		
	SIG	NATURE	1		

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 09-01-2018 / TIME: 1450 Wrs : (hh:mm) 24 hrs Forma
LOCATION BEGOK SOUTH AME I TOWARD BEDOK CONTROL ON ESSO
ECCATION SCHOOL DAW IN US WALL S
VEHICLE NUMBER SLP 11742
INSURED NAME KNOO Chuan that
NRIC/FIN \$15063107/ CONTACT: 9880 1191/
MAKE MITTURE NO CVT
Are you claiming under your own insurance policy for repair to your vehicle?
() Yes, If No, Pls Select: (√) Third Party () Reporting Only
INSURANCE COMPANY \$16
TYPE OF POLICY () COMPREHENSIVE () THIRD PARTY () TPFT
POLICY NUMBER: 170009060
POLICY NUMBER: 11001/0-1000
NAME DRIVER. (V) SAME AS INSURED
NAME DRIVER: (V) SAME AS INSURED
NIBIC / FIN 8 140 6 2107 CONTACT:
NRIC / PIN 5 12 10 3 10 1
DRIVING PASS DATE: Q- . 979 OCCUPATION: (V) INDOOR () OUTDOOR
OCCUPATION: (V / M.D. C.)
GENDER: () MICHAEL
EMAIL ADDRESS:
ADDRESS OF DRIVER: 933 Tamprics ST 93 * 51-26 S(520835)
The Day Office of the Control of the
Number Of Passenger Include Driver: Wiver only
Was driver an employee of the Insured's Company? () YES () NO
Was driver an employee of the Insured's Company? () YES () NO If No, Relationship Of The Driver With The Insured
No, Relationship Of the Driver with the Institute (A) Owner () Spouse () Friend () Relative () Children () Sibling () Others
Owner Spouse Friend Kelative Statement
TIDES THE DILVEL CANTITALLY CARRY TO THE COLUMN TARRY TO THE COLUMN
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:
Insurance Company Of Driver's Own Vehicle Weather Conditions: () Clear () Raining () Drizzling () Others
Weather Conditions. (V) Clear () Additional Conditions (Con
IKONG Stiringe + (V) Dis
Was Any Foreign Venicle involved in This Access 1
was Anybody Injured in The Recidents
If YES, Injured details: Convey By Ambulance: () YES () NO
Convey by minutes (_/
was There Any video capture by car camera.
Was There Accident Reported 15 1110 1 1110 1
Police Report Number (if any) Name / NRIC Contact
Details Of 3rd Party
Veh B FX 75268 (MC16)
Veh C
Veh D
Veh E
Veh F
Veh G

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$13063101



KHOO CHUAN HUAT



CHINESE 31-12-1958 SINGAPORE



Userco Norther S 1 3 0 6 3 1 0 1

KHOO CHUAN HUAT

Est-Con 31 Dec 1958 type 0x1+ 25 Oct 2003



23-12-1093

.. Imig No:

Date:

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES,



CERTIFICATE OF INSURANCE

MITSUBISHI AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder

: Khoo Chuan Huat

Period of Insurance

: 26 May 2017 To 25 May 2018

Engine No.

: 3A92UGB3639

Chassis No.

: MMBSTA13AHH006069

Vehicle No.

: SLP1174Z

Policy No. Endorsement No. : 1700009060

Issued Date

: 07 Jun 2017

ABOUT THE COVER

Make/Model

Driver Restriction

: MITSUBISHI/ATTRAGE 1.2 CVT

Engine Capacity/Tonnage: 1,193.00 CC

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2017

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

: NA

a) The Patcyholder b) Any other person who is driving on the Patcyholder's order or with higher pornission. This Patcy will industrially the Patcyholder or any authorised driver only if herabe mosts the specified age condition.

You have to pay an adabonal sum of \$3,000 as "Young and or heapenenced Driver Excess" ("YiOR") If You are or Your Authorised Driver (named or unmanied) is under the age of \$3 and bribas less than 2 years' driving experience

Age Condition

: All Age Condition

Limitation as to use* :

Use only for actival, domestic and pleasure purposes and for the Policyholder's business.
This Policy does not cover use for him or remark, driving sulfon, driving test, racing, poce-making, reliability stall or appendicating. This carriage of goods often than earyplas in correction with any made or busiosss or use for any purpose in cannection with Motor Trade.

Loss of Use (15 days) 1500cc - 1600cc

* Lientations rendered inoperative by Section 6 of the Mater Vehicles (Third-Purly Resis and Compensation) Act (Cap. 189) and Section 95 of the Stand Transport Act, 1887 (Unhaysis), and not to be included under those headings

Section 1

Fire - 50 Own Damage - 8600 Theft - 50 Flood Cover - 50

Section 2

Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Khop Chuan Huat - \$600 (Own Damage)

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

1. Cycle & Carriago Customer Service Centres (For windscreen claim only). Add: 20 Leng Kee Rd Snigspore 159094 64705688

2 Cycle & Carriage Customor Service Centre (For windscreen claim only) Add. 330 Util Rd 3 Singapore 408559 67481000 3 Cycle & Carriage Body & Palet Centre. Add. 208 Panetan Cardons Singapore 609339 65684501

For other: Approved Reporting Centras/AIG Authorized Reporters, please contact our 24-hour accident emergency notice at +55 6338 6260. Attemptively, you may refer to AIG website www.avg.com.ag. or AIG SG Mobile App. Simply search and download "AIG SG" form Tunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan; DBS BANK LTD

VVIa hereby certify that the pulsey to which this Constrain of Insurance relates is insued in accordance with the provisions of the Motor Vehicles (Trivid Party Risks and Compensators) Art (Cap. 189). Part IV of the Road Transport Art, 1987 (Malaysia) and Motor Vehicles (Trivid Party Risks) Rules, 1959 (Malaysia)

0500722790

C&C FULCO-CEDRIC(MIT) 22 UBI ROAD 4 FULCO BUILDING SINGAPORE 408617 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte, Ltd. AUTHORISED REPRESENTATIVE

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

63101

Vehicle Details

Vehicle No.:

SLP1174Z

Vehicle to be Exported:

No

Intended De-registration

31 Jan 2018

Date:

Vehicle Make:

MITSUBISHI

Vehicle Model:

ATTRAGE 1.2 CVT

Primary Colour:

Red

Manufacturing Year:

2017

Engine No.:

3A92UGB3639

Chassis No.:

MMBSTA13AHH006069

Maximum Power Output:

57.0 kW (76 bhp)

Open Market Value:

\$13,287.00

Original Registration Date:

26 May 2017

First Registration Date:

26 May 2017

Transfer Count:

0

Actual ARF Pald:

\$5,000.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry

25 May 2027

Date:

PARF Rebate Amount:

\$3,750.00

Intended COE Rebate Details

COE Expiry Date:

25 May 2027

COE Category:

A - Car up to 1600cc &

97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$52,000.00

COE Rebate Amount:

\$48,449.00

Total Rebate Amount:

\$52,199.00

The information contained herein is correct as at 09 Jan 2018