

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	11/01/2018 18:26
Date Of Accident	09/01/2018 19:15
Exact Location Of Accident	PAYA LEBAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX191L
Insured/Policyholder	
Name Of Registered Owner	HO MENG MENG LILIAN
NRIC No	S1739992F
Email Address	LHMM191@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81868681
Alternative Phone No	OTHERS-81868681

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.5 (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	2100497392
Cover Note Number	

Driver

Name of Driver	HO MENG MENG LILIAN
NRIC No	S1739992F
Date Of Birth	27/07/1966
Occupation	INDOOR
Date Of Driving Pass	17/01/2006
Driving Experience	11 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81868681
Fax Number	
Contact Number	OTHERS-81868681
EEmail Address	LHMM191@GMAIL.COM

Address	19 JALAN RESAK
Postcode	808505
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 TO REAR
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?	NO
Was any injured conveyed to hospital by ambulance?	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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO THE ATTACHED SKETCH PLAN 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	SKH6048B
Vehicle Make/Model/Colour	BMW SILVER COLOR 520I
Details Of Properties	BACK BUMPER SCRATCH
Vehicle Category	PRIVATE CAR
Name of Driver	KE TENGFANG
NRIC/Passport Number	S7483709C
Contact Number	92360392
Address	28 HUDDINGTON AVE
Postcode	557598
Insurance Company Name	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Accident Sketch Plan


SKETCH PLAN

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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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

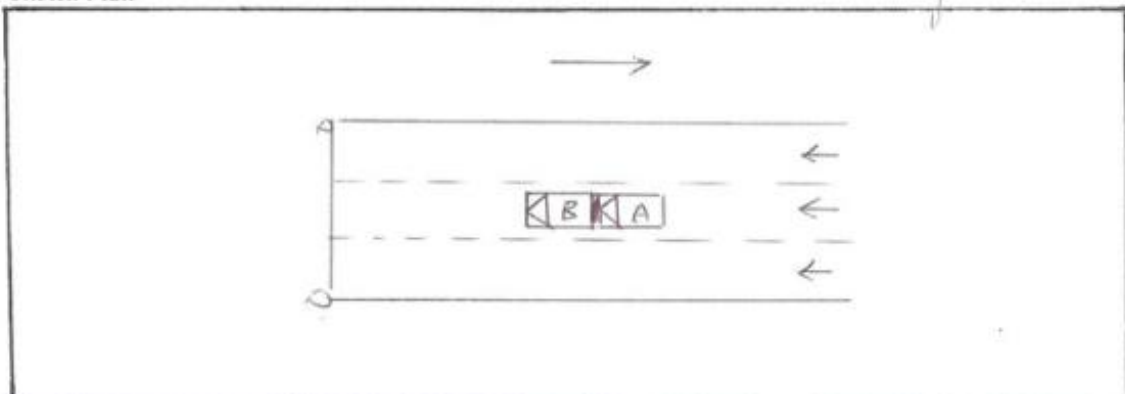


Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Sketch Plan

Describe Circumstances of the Accident

At the Traffic light Ictwin, when Traffic light turn green, all cars move forward, the vehicle in front of me remain stationary & as I move forward, I hit the vehicle in front of me. I most cars would have driven 170 except her car.

Declaration

We declare the foregoing particulars are true in every respect.

24

Policyholder's Signature / Date & Time

Wt. →

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

ed by Report
el)

Witnessed by Reporting Centre Personnel	
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INTERVIEW FORM



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : HO MENG MENG LILIAN
VEHICLE NUMBER : 8JX 191L
DATE/TIME OF ACCIDENT : 9/1/2018
PLACE OF ACCIDENT : PAYA LEBAR ROAD
THIRD PARTY VEHICLE (IF ANY) : SKM 60489

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

From my office in Ubi Ave 1, driving towards gay lane direction.

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?

HIT The car in front of my vehicle.

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

NO.

Lilian Ho. Vili

Name:

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

COVER NOTE



HOTLINE TEL: (65) 6419-3999
FAX: (65) 6413-3723

COVER NOTE

Cover Note No. 2100497392		Date 9 Jan 2017	
The following risk described in the Schedule is hereby HELD COVERED in the terms of the applicable Company's policy issued to the Policyholder.			
SCHEDULE			
Policyholder	Ho Meng Meng Lilian		
Age Condition	All Age Condition	Registration No.	
Policy Type	TOYOTA AUTO PROTECTOR (2-YEAR)	Make/Model	TOYOTA Camry 2.5 2016 (Improvement)
Effective Date	9 Jan 2017	CC/Tonnage	2,494.00
Expiry Date	8 Jan 2019	Engine No	2ARU346448
Excess	S\$600.00	Chassis No	MR053AK5004011691
		Year of Registration	2017
		Hire Purchase Company	DBS BANK LTD
<p>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.</p> <p>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.</p> <p>Usage of vehicle only for the following purposes:</p> <ol style="list-style-type: none"> 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. <p>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.</p> <p>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.</p>			
<p>MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)</p> <p>MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960</p> <p>ROAD TRANSPORT ACT, 1987 (MALAYSIA)</p> <p>MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)</p>			
CERTIFICATE OF INSURANCE			
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

IASCHH

NRIC / DRIVING LICENCE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1739992F

Name
HO MENG MENG LILIAN

Race
CHINESE

Date of Birth
27-07-1966

Country of Birth
SINGAPORE

Sex
F

1364101

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S1739992F

Name
HO MENG MENG LILIAN

Birth Date: 27 Jul 1966

Issue Date: 17 Jan 2006

001394041K

1364101

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

19 JALAN RESAK
SINGAPORE 008506

NRIC No: S1739992F

Date: 19/02/2008

No: 5917099

NP 42BA

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

17 Jan 2006

License No: S1739992F

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

