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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 policy liability on the part of the insurance companies.

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.

Secretary of the Control of the Cont	ACCIDENT STATEMENT
Date Of Report	16/01/2018 15:03
Date Of Accident	12/01/2018 21:35
Exact Location Of Accident	JURONG TOWN HALL RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR167R
Insured/Policyholder	
Name Of Registered Owner	JONATHAN SEO HONG CHOON
NRIC No	S6804587H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96833433
Alternative Phone No	OTHERS-96833433
Vehicle Particulars	
Manufacturer	SUBARU
Model	OUTBACK 2.51-S CVT AWD SR
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	1700032898
Cover Note Number	
Driver	
Name of Driver	TAY HEE MOY
NRIC No	S6920791Z
Date Of Birth	14/06/1969
Occupation	INDOOR
Date Of Driving Pass	25/06/1991
Driving Experience	26 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96833433
Fax Number	
Contact Number	OTHERS-96833433
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NOEMAIL

Address

12 TAO CHING ROAD

#14-30

Postcode

618726

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

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

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

YES

Was any body injured in the Accident? 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)

4

Passenger 1

NAME:

: NIL

GENDER:

: FEMALE

Passenger 2

NAME:

: NIL

GENDER:

: FEMALE

Passenger 3

NAME:

: NIL

GENDER:

: MALE

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

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

PLS REFER TO THE POLICE REPORT: T/20180113/7000

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

PA9454U

Vehicle Make/Model/Colour

Details Of Properties

Page 2 of 17

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAY HEE MOY

Approximate Age

Injuries Sustain

BACK & NECK

Injured person in which vehicle?

SLR167R

Were seat belts worn?

YES

BUS

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

Page 3 of 17

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 12 18	TIME: 2135hr1	(hh:mm) 24 hrs Form
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VEHICLE NUMBER SLR 167R		CHARLES THE CONTRACTOR OF THE
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NRIC/FIN 56804587H	CONTAC	The state of the s
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Yes, If No, Pls Select: (Third Part	y () Reporting Only	y
NSURANCE COMPANY A16		
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GENDER: () MALE () PEMALE	
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SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 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.
- 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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)
 - (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")
- 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.
- 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.

13/1/2018, 1.15am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

Policyholder's Signature Date & Time:

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T/20180113/7000

1 of 4

Report No. T/20180113/7000

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/01/2018 00:02			Vide Report No.: Station Diar D/20180112/0105		
Informant	t's Partice	ulars		45.04	
Name of I	nformant:		Address: 12 TAO CHING ROAD #14-3	0 SINGAPORE 618726	
ID Type / NRIC NO	ID No.:	91Z	Contact No.: Home/Office:	Mobile: 96833433	
Nationality	y:		Email: tay_peggy@hotmail.com		
Sex: Female	Age:	Date of Birth: 14/06/1969	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation Other adm	on: ministrativ professio	e and related	Driving Licence Information: Class:	Date of Expiry:	

ieneral imon	mation of the Accident	1 - 1 - 1	15 (5)	Type of Logation
Type of Accident:	Injury Attended by Police	Drink Drive: No.	Date/Time of Accident: 12/01/2018 21:35	Type of Location X-Junction
	WN HALL ROAD Hall Road towards West (Flyover Traffic Light	Road Speed Limit:
Weather:		Road Surface: Wet		60 Km/h
Drizzling		11.00		
Drizzling Traffic Flow: Two Way		Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Light Anyone conveyed by

Vehicle No.	ehicle Involved	Make	Model	Color	Condition	No of Passenge
PA9454U	Bus/Coach/Mi nibus			Grey	Slightly Damaged	0
SLR167R	Car	SUBARU	OUTBACK 2.5	Blue	Seriously Damaged	2

Details of Person Involved		
Any Pedestrian Involved: No	1	<u> </u>
No. of Pedestrians Injured: NIL	Use of Pedest	rian Crossing: NA





2 of 4

Report No. T/20180113/7000

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

CONTINUATION OF REPORT

river				ID No.		G8374451R	
Name	LIU ZONGGUANG		N TO SERVICE STATES	ID No.			
Related Vehicle	PA9454U (Bus/Coach/	Minibus)		Contac	t No.	82259733	
Hospital/Clinic	NIL		Class Driving Licenc Expiry	e&	Class: NIL Date of Expiry: NIL		
	NIL	-	Date Disc	harge	NIL	- 17Am - 12-10 2	
Date Treatment	ted Medical Leave	NIL	Degree o		NIL		
	ted Medical Eduto				1000		
Passenger Name	SEO QIAO TING			ID No.	76	T0016820I	
Related Vehicle	SLR167R (Car)			Conta	ct No.	97971042	
Hospital/Clinic	NG TENG FONG GE	Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL			
T - Lance	12/01/2018		Date Dis	charge	NIL		
Date Treatment	nted Medical Leave	NIL	Degree o				
	ited Medical Ecavo	1111	1000000		0.000		
Driver Name	TAY HEE MOY	-		ID No.		S6920791Z	
Related Vehicle	SLR167R (Car)			Contact No.		96833433	
Hospital/Clinic	NIL			Class Drivir Licen Expir	ng	Class: NIL Date of Expiry: NIL	
5 . 7	NIII		Date Dis	charge	NIL		
Date Treatment	NIL nted Medical Leave	NIL	The second secon	of Injury	Seri	ous	
	inted Medical Leave			III			
Passenger Name	JONATHAN SEO H	ONG CHO	ON	ID N	0.	S6804587H	
Related Vehicle	SLR167R (Car)			Cont	act No	98328358	
Hospital/Clinic	NIL			Expi	ng nce & ry Dat	The state of the s	
Date Treatmen	t NIL	-32		scharge			
Date Heatiner	anted Medical Leave	NIL	Degree	of Injury	Ser	ious	





3 of 4

Report No. T/20180113/7000

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

CONTINUATION OF REPORT

Brief Details.

On 12/01/2018 at around 2135hrs, I was driving my husband's car (SLR167R) Blue Subaru Outback 2.5 along Jurong Town Hall Road towards West Coast. I was travelling at around 60km/h. I wanted to make a right turn into AYE(Tuas). Just under the AYE flyover, the traffic light had turned from amber to red, as such I slowed my vehicle gradually to a stop behind the stop line.

After about 2 seconds, I heard a "Bang" sound coming from the rear of my vehicle. My vehicle then moved forward across the white line.

I came out of the vehicle to check what had happened. I realised that the front of a private bus bearing registration (PA9454U) had knocked into the rear of my vehicle. This caused serious damages to the rear boot of my car, the rear bumper and the rear lights. The private bus suffered some damages to the front end.

After the accident, I exchanged particulars with the bus driver. The bus driver is namely LIU ZONG GUANG (G8374451R) C/O: Lam Chin Bus Service. The bus driver was not injured.

A passer-by called for police assistance and soon after, ambulance arrived at scene.

There were two other passengers in my car namely Jonathan Seo Hong Choon (S6804587H) and Seo Qiao Ting (T0016820I). My husband, Jonathan felt pain in his back area. For myself, I also feel pain in my back area currently.

As my daughter, Seo Qiao Ting felt pain in her neck and back area, she had to be conveyed to hospital by ambulance. My husband, Jonathan, followed her to hospital.

Soon after, TP came to scene and they issued me with a police note VIDE incident D/20180112/0105. The TP IO is IO Esmond Tel:(65472077). I was advised to make a report at the nearest police station.

I am making this report for police investigation, record and insurance purposes.





4 of 4

Report No. T/20180113/7000

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / TPHQ / MOHAMED SUFIAN BIN SUDIN

Authentication Stamp NP168

Contact No.: 65476367

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

13/01/2018 00:02

Classification Of Case:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Singapore NRIC

Owner ID:

4587H

Vehicle Details

Vehicle No.:

SLR167R

Vehicle to be Exported:

No

Intended De-registration

31 Jan 2018

Date:

Vehicle Make:

SUBARU

Vehicle Model:

OUTBACK 2.5I-5 CVT

AWD SR

Primary Colour:

Blue

Manufacturing Year:

2016

Engine No.:

FB25Y567300

Chassis No.:

JF1BS9KC2HG057624

Maximum Power Output:

129.0 kW (172 bhp)

Open Market Value:

\$21,803.00

Original Registration Date:

28 Jul 2017

First Registration Date:

28 Jul 2017

Transfer Count:

0

Actual ARF Paid:

\$22,525.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry

27 Jul 2027

Date:

PARF Rebate Amount:

\$16,893.00

Intended COE Rebate Details

COE Expiry Date:

27 Jul 2027

COE Category:

B - Car above 1600cc or

97kW (130bhp)

COE Period(Years):

10

QP Paid:

\$49,802.00

COE Rebate Amount:

\$47,258.00

Total Rebate Amount:

\$64,151.00

The Information contained herein is correct as at 13 Jan 2018

OWNER

0855709



NIDCH \$6804587H

Blood Group Cale of Issue

26-03-1993

12 TAO CHING ROAD #14-30 SINGAPORE B18726

NRIG No S6804587H

Oats: 15/06/2017

S6804587H







CHINESE

Onle of Bulh 07-02-1968

COLVERY OF BUILD

SINGAPORE





VEHICLES IN THE FOLLOWING CLASS(ES)

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 25 Jun 1991

NP 428A

Class 3



REPUBLIC OF SINGA



TAY HEE MOY

CHINESE 14-06-1959 Country of Beth SINGAPORE

Micra S6920791Z

12 TAO CHING ROAD #14-30 SINGAPORE 618726 NRIC No: \$69207912

vicom inspection Centre (South Wing) \$415933 Tel: 6789 5155 Fax: 6783 5155



CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Jonathan Seo Hong Choon

Period of Insurance

: 28 Jul 2017 To 27 Jul 2018

Engine No. Chassis No.

: FB25Y567300

: JF1BS9KC2HG057624

Vehicle No.

: SLR167R

Policy No.

: 1700032898

Endorsement No. Issued Date

: 11 Aug 2017

ABOUT THE COVER

Make/Model

: SUBARU OUTBACK 2.5 I-S

Engine Capacity/Tonnage : 2,498.00 CC

: NA

Sum Insured : Market Value

First Year of Registration : 2017

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

Driver Restriction

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 continen.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIOR") 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.

Off Peak Car : No

Age Condition

; All Age Condition

Use only for social, domestic and pleasure purposes and for the Poticyholder'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 correction with Motor Trade.

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

EVOCEC