

## 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 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	05/02/2018 14:36
Date Of Accident	03/02/2018 22:45
Exact Location Of Accident	FURAMA RIVERFRONT HOTEL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ217J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIOW TENG SOONG
NRIC No	S2587826D
Email Address	SALES@TREO.COM.SG
Mobile Phone No	(LOCAL) +65-91883024
Alternative Phone No	Office-92390530

### Vehicle Particulars

Manufacturer	LEXUS
Model	LS460-4.6 (A)
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	2100326925
Cover Note Number	

### Driver

Name of Driver	SIOW TENG SOONG
NRIC No	S2587826D
Date Of Birth	28/12/1967
Occupation	OUTDOOR
Date Of Driving Pass	10/07/1998
Driving Experience	19 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91883024
Fax Number	
Contact Number	OFFICE-92390530
E-Mail Address	SALES@TREO.COM.SG

Address	BLK 122 JURONG EAST STREET 13 #06-43
Postcode	600122
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 - CHANGE/CROSS LANE
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)	2
Passenger 1	Name: : SEAH LEE FEN Gender: : Female

#### 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 SKETCH PLAN.

#### 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	SG11D
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE LAY TING JANE
NRIC/Passport Number	S1777248A
Contact Number	96912311
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

# Accident Sketch Plan

## SKETCH PLAN

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### 6. 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.

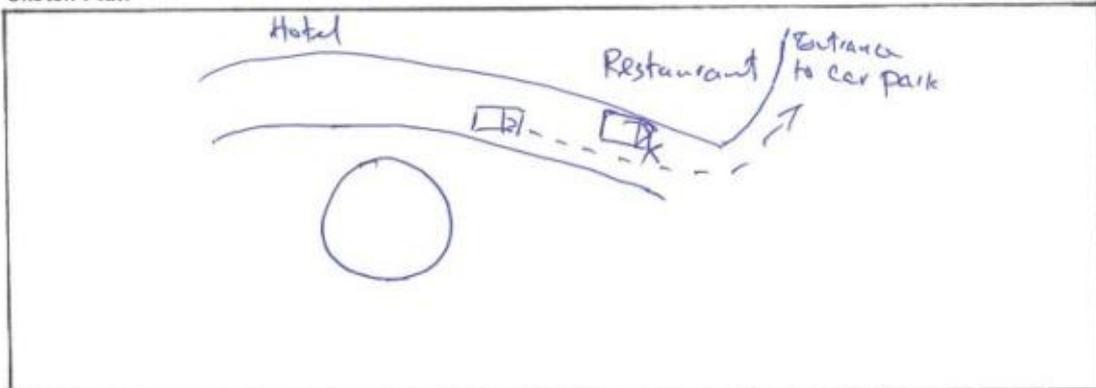
 5/2/18

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

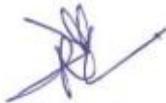


**Describe Circumstances of the Accident**

I was stopping at the restaurant pick-up point waiting for my wife. When my wife insides my car, I then move off. Suddenly a vehicle S21100 from behind of me cut into me and turn to car park.

**Declaration**

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

Witnessed by Reporting Centre Personnel



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Siew Teng Soong  
VEHICLE NUMBER : SKJ 217 J  
DATE/TIME OF ACCIDENT : 3/2/18 22+6hrs  
PLACE OF ACCIDENT : Furana Riverside Hotel  
THIRD PARTY VEHICLE (IF ANY) : SQ 11 D

\*\*\*\*\*

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

Hotel to home

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?

R/F to L/F

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

No

Name: Siew Teng Soong

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



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

**Name of Policyholder** : Siew Teng Seong  
**Period of Insurance** : 08 Jan 2018 To 07 Jan 2019  
**Engine No.** : 1UR0301525  
**Chassis No.** : JTHBL46F105114495

**Vehicle No.** : SKJ217J  
**Policy No.** : 2100326925-05  
**Endorsement No.** :  
**Issued Date** : 10 Jan 2018

### ABOUT THE COVER

**Make/Model** : LEXUS LS460 (NEW)  
**Engine Capacity/Tonnage** : 4,508.00 CC  
**Driver Restriction** : NA  
**Sum Insured** : Market Value  
**Off Peak Car** : No  
**First Year of Registration** : 2015  
**Insuring with COE/FARF** : 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 authorized driver only if he/she meets the specified age condition.  
 You have to pay an additional sum of \$1,000 as "Young and Inexperienced Driver - License" ("YIDR") if You are or Your Authorized Driver (named or unnamed) is under the age of 22 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 without driving test, racing, speed-making, reckless and/or speed-testing, the carriage of goods other than persons in connection with any trade or business or use for any purpose in contravention with Motor Traffic.

Loss of Use 1500cc - 1800cc Optional

\* Limitation rendered inoperative by Section II of the Motor Vehicles (Third Party Risk and Compensation) Act (Cap. 188) and Section III of the Road Transport Act, 1987 (Malaysia), and not in its included under these readings.

### EXCESS

**Section 1**  
 Fire - \$0; Own Damage - \$1500; Theft - \$0; Flood Cover - \$0

**Section 2**  
 Property Damage - \$0

Windscreen : \$100

#### Named Driver and Excess (where applicable)

Siew Teng Seong - \$1500 (Own Damage)

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

Approved Reporting Centres: AIG Authorized Repairers (if a claim related repair)  
 Any accident repairs to the Vehicle must be carried out by one of our Authorized Repairers. Within the first 2 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.  
 For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 8338 8200. Alternatively, You may refer to AIG website www.aig.com.sg or AIG 800 Mobile App. Simply search and download "AIG 800" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OCBC Bank Ltd

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 Risk and Compensation) Act (Cap. 188), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risk) Rules, 1956 (Malaysia).

0030211000

AIG ASIA PACIFIC INSURANCE P.L.  
 76 SHENTON WAY #07-16 AIG BUILDING  
 SINGAPORE 079123

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

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**Nric And Driving Licence**

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2587826D



Name  
**SIOW TENG SOONG**  
萧天送

Nationality  
**CHINESE**

Date of Birth  
**28-12-1967** Sex **M**

Country of Birth  
**MALAYSIA**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S2587826D**

Name  
**SIOW TENG SOONG**

Birth Date: **28 Dec 1967**  
Issue Date: **02 Jul 2003**



000616717K



NRIC No. **S2587826D**



Nationality  
**MALAYSIAN**

Blood Group: **O+** Date of issue: **29-05-1995**

**122 JURONG EAST STREET 13 #06-43**  
**SINGAPORE 600122**  
**S2587826D** **25/12/2013**

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	10 Jul 1995

NP 428A



Licence No. S2587826D

Accident Photo

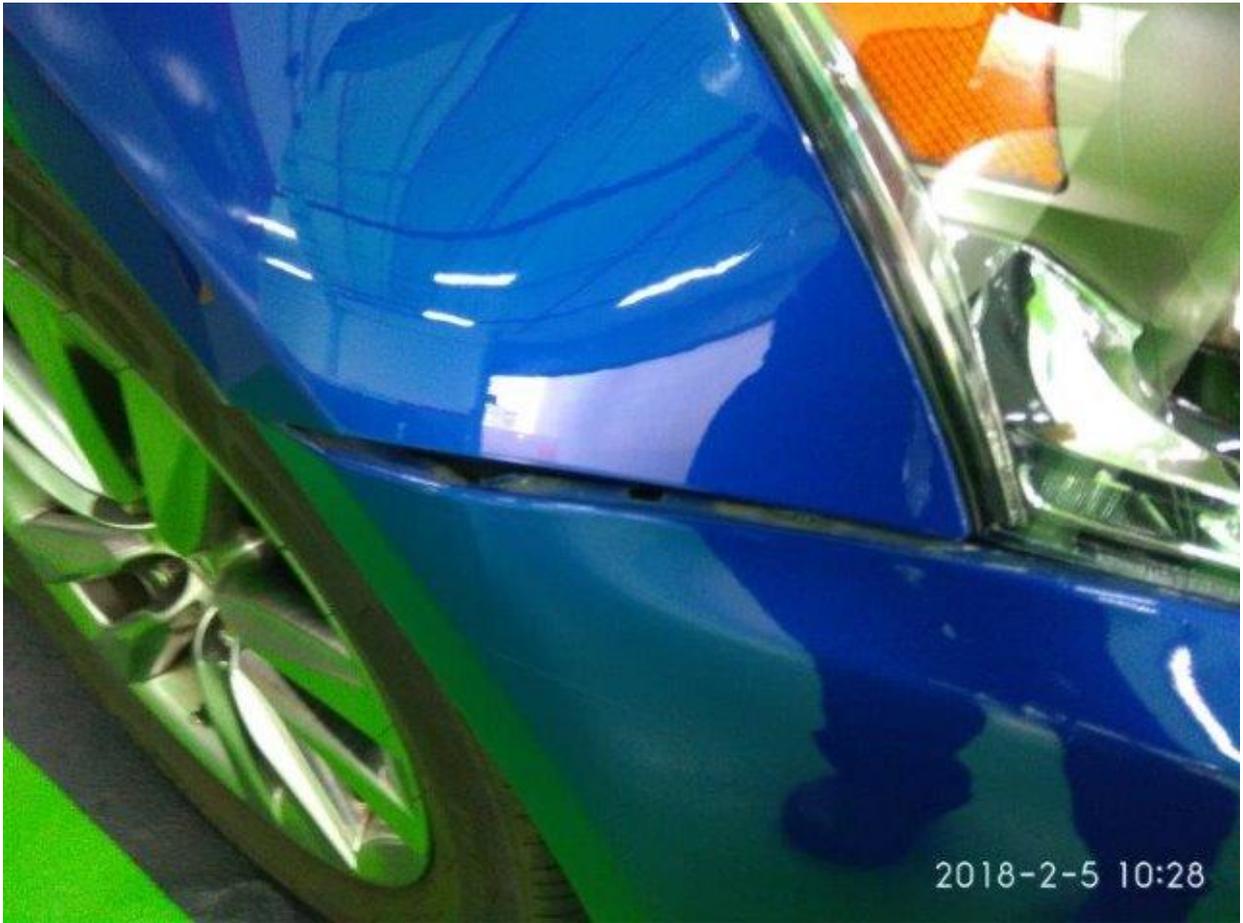


2018-2-5 10:28

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



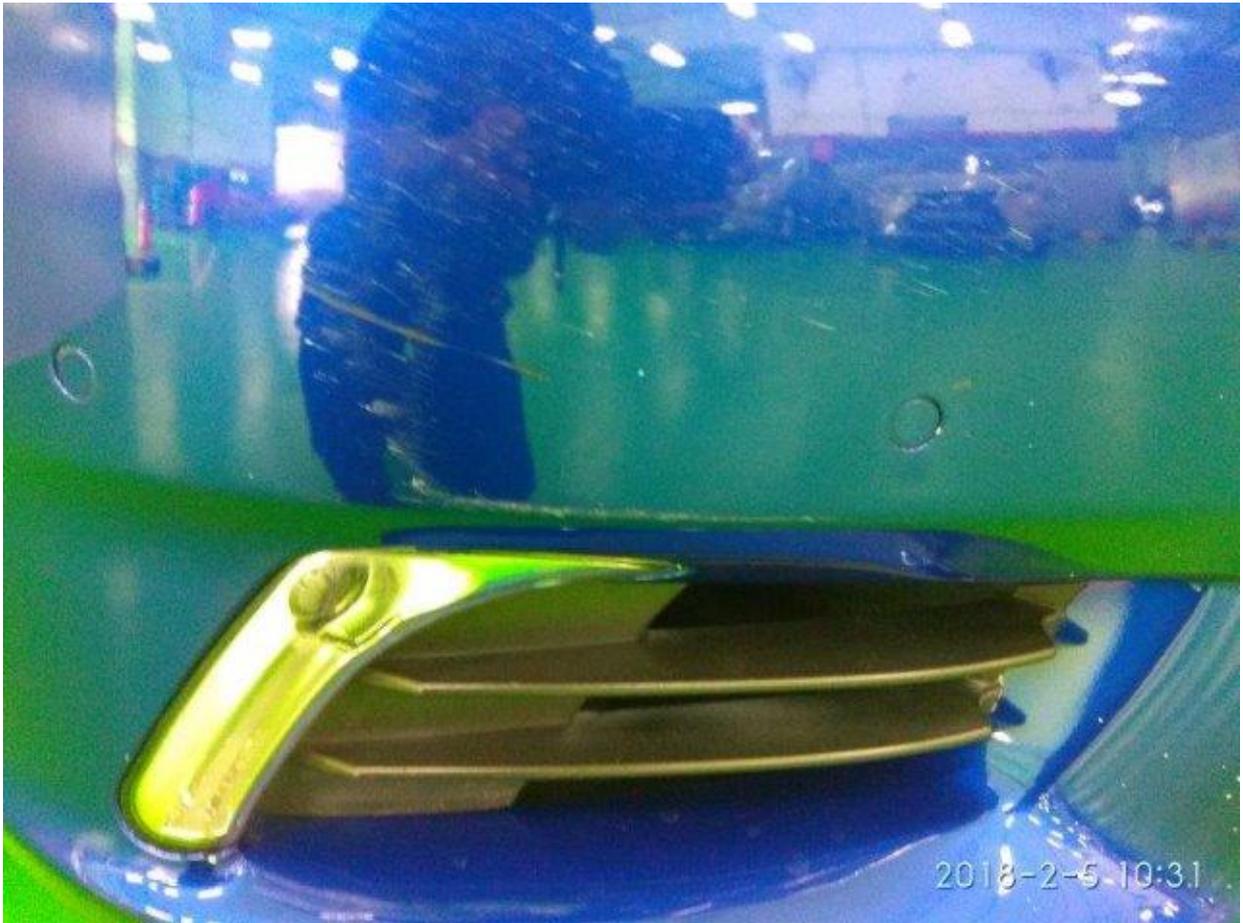
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