

## 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	19/08/2017 12:04
Date Of Accident	18/08/2017 14:40
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS7650Y
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#### Insured/Policyholder

Name Of Registered Owner	BAE KYUNGGEUN
NRIC No	G1334319K
Email Address	BABU1972@NAVER.COM
Mobile Phone No	(LOCAL) +65-86564746
Alternative Phone No	Office-86564746

#### Vehicle Particulars

Manufacturer	BMW
Model	318I-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	Out for running errand
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	
Cover Note Number	

#### Driver

Name of Driver	BAE KYUNGGEUN
NRIC No	G1334319K
Date Of Birth	18/10/1972
Occupation	INDOOR
Date Of Driving Pass	17/10/2000
Driving Experience	16 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-86564746
Fax Number	
Contact Number	OFFICE-86564746
EMail Address	BABU1972@NAVER.COM

Address	5 LEEDON HEIGHT #09-11
Postcode	267952
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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

#### 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	SLB4853B
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	DRAAISMA HENDERIKUS JAN
NRIC/Passport Number	G3265758W
Contact Number	91996279
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

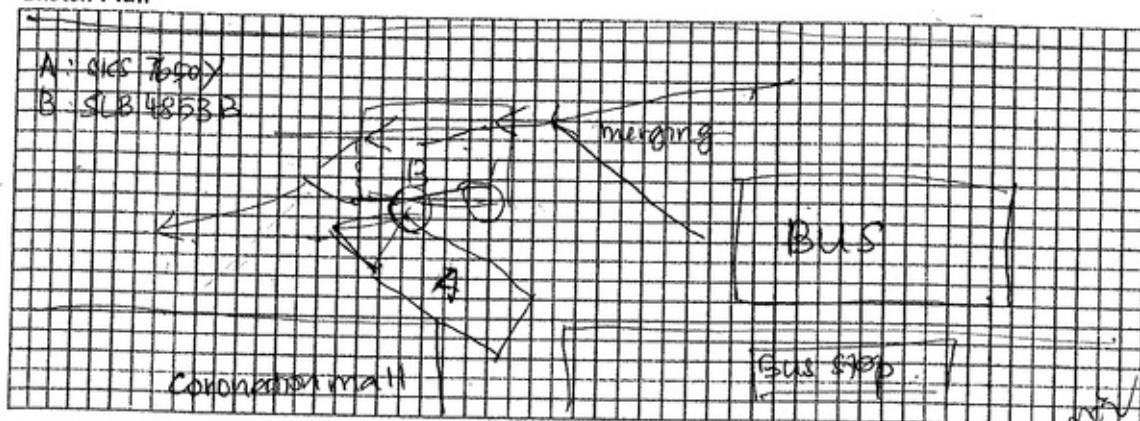
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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' 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.

x WUN  
Policyholder's Signature / Date & Time

x WUN 19/08 12.10  
Driver's Signature (If driver is not the policyholder) / Date & Time

M, Leon Lim  
Witnessed by Reporting Centre Personnel

#### Sketch Plan



**Describe Circumstances of the Accident**

I was ~~at~~ exiting from Caronation Mall carpark at 2:40pm. As I was turning onto the major road, I had checked that a bus had stopped at the bus stop about 100m before the exit.

So I had turn left into the <sup>major</sup> road. The road is wide enough for two cars to pass thru and I had kept to the left side of the lane. There is a merging lane sign ahead after the turn.

However, before I could fully turn out into the lane (about 90%), I heard a bang and SUB 4853B had approach at a high speed and hit my right front bumper. And continued to go straight and cut into the lane in front of me, resulting in a scratch in the right hind wheel of his car.

*WUPR*

<p>You had been advised by the workshop that in the event that you wish to claim against your own policy (OD claim), there is a <u>fourteen (14) days clause</u> whereby the claim must be made within the stipulated timeframe from the day of occurrence.</p>	<input type="checkbox"/>	Reporting Only
	<input checked="" type="checkbox"/>	Claim OD
	<input type="checkbox"/>	Claim TP
	<input type="checkbox"/>	Claim OD/TP at other workshop

**Declaration**

We declare the foregoing particulars are true in every respect.

x *WUPR*  
Policyholder's Signature / Date & Time

x *WUPR* 19/08 12.10  
Driver's Signature (If driver is not the policyholder) / Date & Time

*M. Leon Lim*  
Witnessed by Reporting Centre Personnel



HOTLINE TEL: (65) 6419 3000  
FAX: (65) 6415-3723

Reference No. : A002383409

## COPY OF PROPOSAL FORM FOR MOTOR INSURANCE

Statement Pursuant to Section 25(5) of the Insurance Act (Cap 142) (or any subsequent Amendments thereof). You are to disclose in the Proposal Form, fully and faithfully, all the facts which you know or ought to know in respect of the risk that is being proposed, otherwise, the policy issued hereunder may be void.

To	BAE KYUNGEUN	Quote Proposal Date	2 Nov 2016
From	AIG Asia Pacific Insurance Pte. Ltd.	Producer	504539-000
		Latest Date of Modification	

### ABOUT THE INSURED (REGISTERED OWNER OF VEHICLE ONLY)

Name	BAE KYUNGEUN	NRIC / Passport / ROC No.	G1334319K
		Nationality	Singaporean
		Marital Status	Married
Address	937 BUKIT TIMAH ROAD #08-26 FLORIDIAN CONDO Singapore 589648	Date of Birth	19721018
		Age last birthday	44Yrs
		Gender	Female
		Driving Exp	19 Yrs
		Tel No (H)	
		Tel No (O)	
Postal Code	589648	Mobile	
		Fax No	
Occupation/Nature of Business	Full Time Housewife	Name of Employer	
Record of Revoked/Endorsed Driving Licence:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Email Address	
(If yes, please provide details)		Any At fault claim(s) in the last 3 yrs?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Reason for Revoked/Endorsed Driving Licence:		(If yes, please provide details of at-fault claims)*	
Date licence is revoked:			
Duration of revocation:			
What was your NCD prior to the revocation?			
Any accident involved resulting in the revocation?			
(If yes, please provide details)			
NCD Entitlement	10% SDD ** <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Any physical disability or illness that may impair your driving:	
If NCD is NIL or 10% with no claim experience, please provide reasons	<input type="checkbox"/> First time buying a vehicle <input type="checkbox"/> Have been driving company's/relatives' vehicle <input type="checkbox"/> 2nd or 3rd vehicle <input type="checkbox"/> Others	(If yes, please provide details) <input type="checkbox"/> Yes <input type="checkbox"/> No	

\* At fault claims refer to claims which result in the reduction of the No Claim Discount (NCD) [including claims where NCD is not affected only due to the NCD Protector benefit]  
\*\* Subject to 30% NCD or more for private vehicle or 20% NCD for commercial vehicle, registered under individual's name. With submission of Certificate of Merit from Traffic Police which can be printed from eCitizen website <http://www.ecitizen.gov.sg>

### ABOUT THE VEHICLE

Make & Model	BMW 318IA	CC/Tonnage	1,995.00	Registration No.	SKS7650Y
Body Type	Sedan	Seating Capacity	5	Year of Registration	2009
Chassis No.	WBAPF72010A143467	Engine No.	A4091565N46B20BZ		
Usage of Vehicle	<input type="checkbox"/> Social, Domestic & Pleasure Purpose <input type="checkbox"/> For Hire & Reward <input type="checkbox"/> Social, Domestic, Pleasure & Business Use	<input type="checkbox"/> For Rallying or Racing Purposes <input type="checkbox"/> For Driving Instruction <input type="checkbox"/> Business Use	<input type="checkbox"/> For Test Drive Purposes <input type="checkbox"/> Motor Trade <input type="checkbox"/> Transporting Third Party Goods		
Hire Purchase Co.					
Is the Vehicle modified / converted / customized and/or altered (including the addition of accessories): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If yes, please provide details & attach all relevant supporting documents, including LTA approval and a copy of the invoice relating to the modification(s). Please note that further supporting documentation/information shall be requested if necessary.					

### DECLARATION

I/We declare

- That I/We am/are the registered owner of the above mentioned Motor Vehicle and it will be kept in good condition.
- That the above particulars to be true and correct and I/We agree that My/Our warranties, declarations and disclosures herein shall form the basis of the contract between AIG Asia Pacific Insurance Pte. Ltd. (AIG) and Myself/Ourselves.
- That I/We understand that I/We must inform AIG immediately if any of the information that I/We have given AIG changes or is no longer accurate. It is My/Our duty to disclose fully and faithfully, all the facts which I/We know or ought to know in respect of this proposed insurance and to ensure that all information provided to AIG is accurate and updated. Information that I/We should disclose to AIG would relate to my/our vehicle, myself/ourselves or my/our authorised driver(s). Examples of such information include a change in occupation or nature of business, revocation/suspension of driver licence/ traffic related convictions, change in claim experiences, physical impairment(s) or illness(es) affecting driving ability, change in the usage of the vehicle, or modification(s) done to the vehicle. These information could result in additional premiums being payable by me/us and different terms and conditions may apply. If such information is not disclosed to AIG, my/our policy may be void and I/We may not receive any benefits under the policy.
- That I/We understand that AIG will verify the No Claim Discount (NCD) with my/our existing/ex-insurer on the declared NCD entitlement. Unless otherwise required to do so by AIG, I/We hereby undertake to pay any difference in the premium amount owing which may arise in the event of a discrepancy between the NCD provided by my/our existing/ex-insurer and the declared figure by me/us; failing which the Policy shall cease to be in force either upon the expiry of any notice which AIG may give for the purpose of cancelling the Policy or if no such notice is given, upon the expiry of such reduced period of coverage as the Proposer is ratable entitled to having regard to the portion that the premium paid bears to the premium properly payable.
- That I am/we are ordinarily resident(s) in Singapore as defined by the Insurance Act (Cap. 142) (Amendment of First Schedule) Order 2010.
- That I/We have received, read and understood, or have been advised of and understand, the contents of the brochure and/or any information material relating to this insurance product.

Signature of Proposer & Company's Stamp (if applicable):

Date:

Please ensure that Page 1 and 2 are duly signed by Proposer

ORIGINAL

504539/uch

Page 1 of 3

AIG Building, 78 Shenton Way #07-16 Singapore 079120

AIG Asia Pacific Insurance Pte. Ltd.

Co. Reg. No. 20100940488

REPUBLIC OF SINGAPORE

FIN G1334319K



Name  
**BAE KYUNGEUN**

Date of Birth  
**18-10-1972**

Sex  
**F**

Nationality  
**KOREAN, SOUTH**



FA1907745

**VISIT PASS**  
Immigration Regulations

FIN G1334319K



**MULTIPLE JOURNEY VISA ISSUED**

Date of Issue	Date of Expiry
29-05-2017	29-05-2018



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Indicaciones relativas al conductor:

Identificación:  
Nombres: 1  
Lugar de nacimiento: 2  
Fecha de nacimiento: 3  
Domicilio: 4

Clase de vehículos para los cuales es válido el permiso:

A	Motorcycles with or without sidecar, scooters, mopeds and motor vehicles with a maximum weight of 400kg (900 lbs).
B	Motor vehicles with a maximum weight of 3,500kg (7,700 lbs) and a maximum engine capacity of 2,000cc (125 cu in). It can be used for transport of persons or goods, but not for transport of goods. It can be used for transport of goods or persons, but not for transport of goods.
C	Motor vehicles with a maximum weight of 3,500kg (7,700 lbs) and a maximum engine capacity of 2,000cc (125 cu in). It can be used for transport of persons or goods, but not for transport of goods. It can be used for transport of goods or persons, but not for transport of goods.
D	Motor vehicles with a maximum weight of 3,500kg (7,700 lbs) and a maximum engine capacity of 2,000cc (125 cu in). It can be used for transport of persons or goods, but not for transport of goods. It can be used for transport of goods or persons, but not for transport of goods.
E	Motor vehicles with a maximum weight of 3,500kg (7,700 lbs) and a maximum engine capacity of 2,000cc (125 cu in). It can be used for transport of persons or goods, but not for transport of goods. It can be used for transport of goods or persons, but not for transport of goods.

La expresión "peso máximo autorizado" declarada permitiendo por la autoridad competente el peso del vehículo y el peso de la carga máxima cuando el vehículo se encuentre en el camino. La expresión "carga máxima" significa el peso de la carga (1,650 lbs).

EXCLUSION

El titular puede el derecho de conducir en el territorio de (país) a causa de:

Nombre del lugar Fecha Firma

Reservar la exclusión en otro espacio previsto para este efecto, si el espacio reservado arriba está ya utilizado.

1 BAE  
2 KYUNGJIN  
3 REPUBLIC OF KOREA  
4 18.Oct.1972  
5 Gyeonggi-do



Signature du titulaire

EXCLUSIONS:

(pays 1 - 10)

1  
2  
3  
4  
5



HOTLINE TEL: (65) 6419-3000  
FAX: (65) 6415-3723

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.X.1

AUTOPLUS (A)

CERTIFICATE NO. 2100489106-00000

(The below excess is subject to GST)

OWN DAMAGE EXCESS S\$600.00 (1)

WINDSCREEN EXCESS S\$100.00  
(for policies with effect from 1st November 2000)

SUM INSURED Market Value  
INSURING WITH COE/PARF Yes

- 1) VEHICLE REGISTRATION NO. SKS7650Y  
2) NAME OF INSURED BAE KYUNGEUN  
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 24 Nov 2016  
4) DATE OF EXPIRY OF INSURANCE 23 Nov 2017  
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

SUBJECT TO AGE CONDITION: 40 years old and above

a) The Insured.

b) Any other person who is driving on the Insured's order or with his permission.

A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00, in addition to the Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

### 6) LIMITATION AS TO USE\*

Use only for social, domestic and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

SOLE AGENT'S WORKSHOP: For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop.

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

1. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 2. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only  
3. Ethoz - 30 Bukit Batok Cres (Tel: 66547777) 4. DPS Body & Paint (Subsidiary of C&C) - 209 Pandan Gardens (Tel: 65684501)  
5. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 6. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)  
7. Moya Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)  
9. SME Motor - 1 Kaki Bukit Ave 6 Bld D (Tel: 67476106)

LOSS OF USE Loss of Use 10 Days (1500 - 1600cc) - Refer to policy wordings for details

\* NAMED DRIVER NA

HIRE PURCHASE COMPANY NA  
EMPLOYER'S LOAN

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

I / We hereby Certify that the policy to which this Certificate relates 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 2 Nov 2016

AIG Asia Pacific Insurance Pte. Ltd.

504539-000  
LIM SITONG CHRISTINA  
BLK 505 TAMPINES CENTRAL 1  
#03-331  
SINGAPORE 520505  
SP-JAMESPANG-EVE

AUTHORISED REPRESENTATIVE

ORIGINAL

504539LSCH.



Accident Photo



Accident Photo



Accident Photo

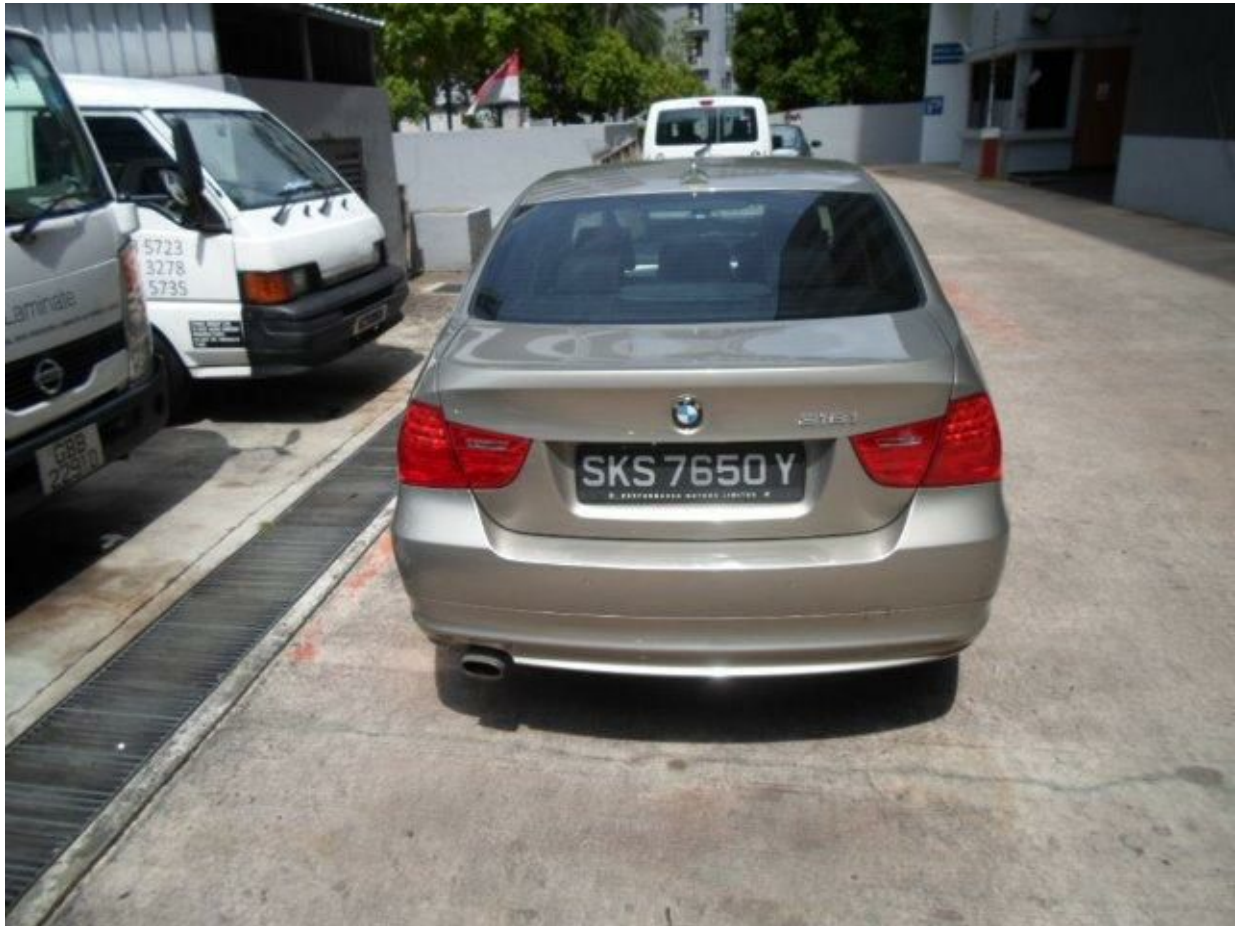


**Accident Photo**





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**

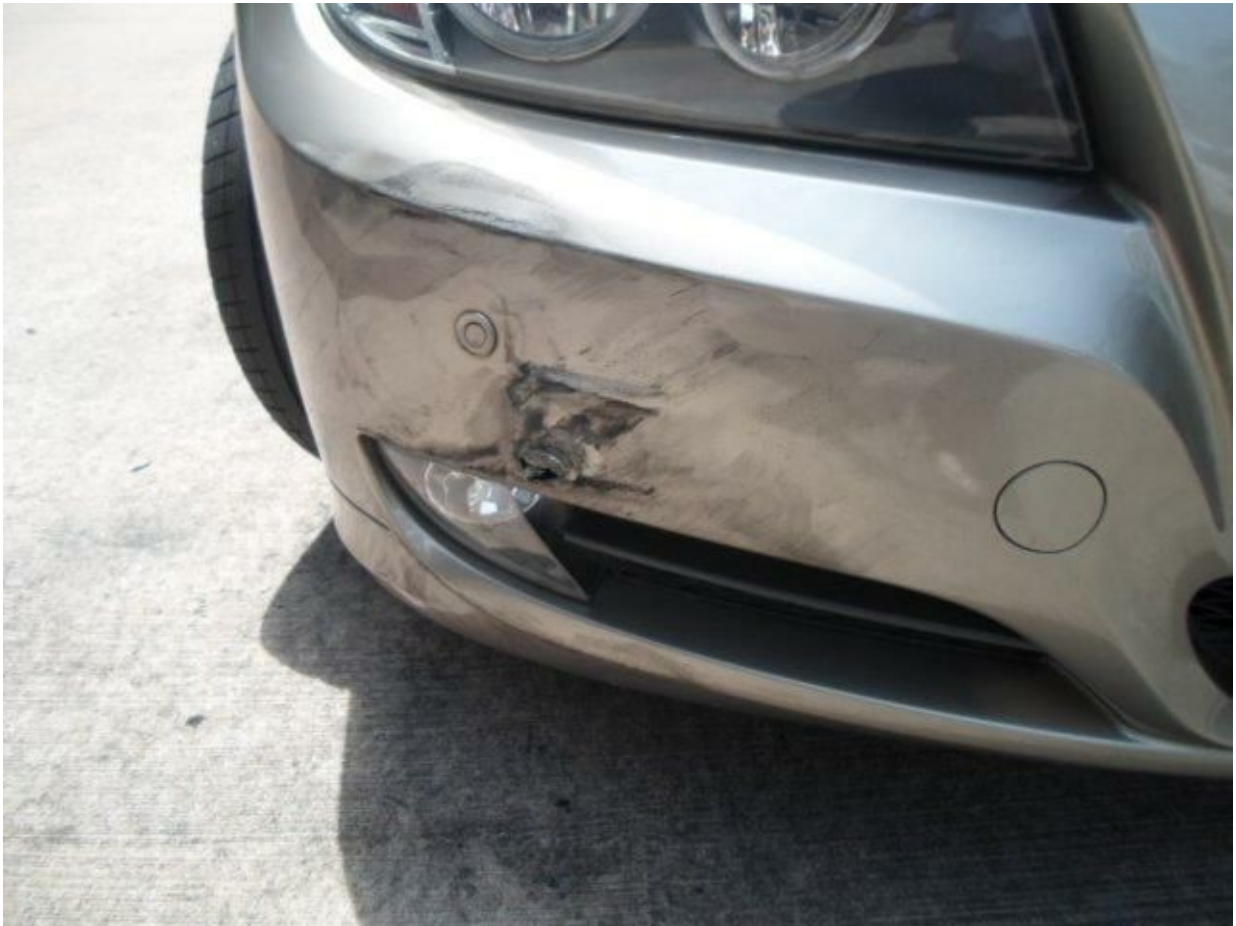




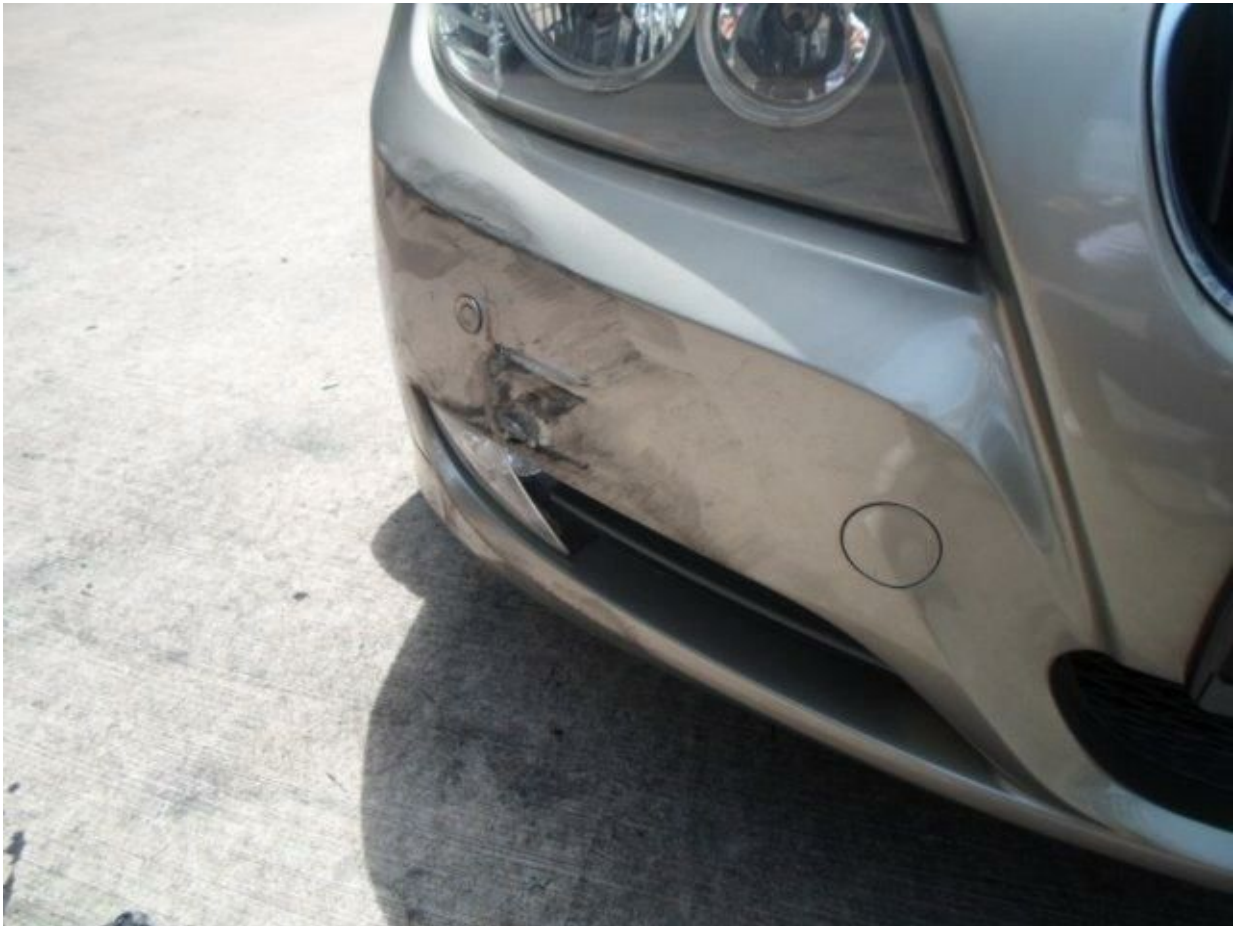
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**Accident Photo**



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