

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	26/03/2018 10:03
Date Of Accident	03/03/2018 15:20
Exact Location Of Accident	EXIT 15 IE TWDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT1446T
Insured/Policyholder	
Name Of Registered Owner	JOEL YANG KWANG WEI
NRIC No	S7878680I
Email Address	YKWJOEL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83825578
Alternative Phone No	Office-83825578

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS-1.5 (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?	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	1700063850
Cover Note Number	

Driver

Name of Driver	JOEL YANG KWANG WEI
NRIC No	S7878680I
Date Of Birth	15/10/1978
Occupation	INDOOR
Date Of Driving Pass	31/10/2009
Driving Experience	8 YEARS AND 4 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-83825578
Fax Number	
Contact Number	OFFICE-83825578
EMail Address	YKWJOEL@GMAIL.COM
Address	30STURDEE RD #20-06
Postcode	207852
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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 AS ATTACHED

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	SHD9459K
Vehicle Make/Model/Colour	CHEVY/EPICA/RED
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	

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' 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.

26/3/2018
[Signature]

Policyholder's Signature / Date & Time

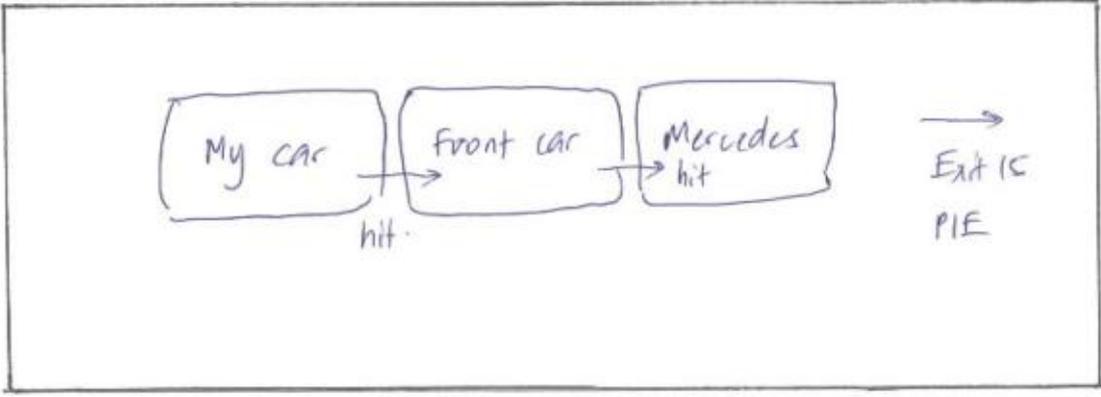
[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was making an exit on PIE exit 15. Going at slow speed around 40 km/h.
The taxi in front of me made an emergency brake.
I couldn't stop in time and my front bumper made contact with taxi's rear end. Taxi number SHD9459K.
Driver came out and we talked. Turned out the taxi rear ended the car in front of him. The front driver was a Mercedes driver and handed the taxi driver his name card and drove away. Very minor damage to his car.
I discussed with taxi driver to settle privately if he wanted to - He agreed but was not contactable afterwards. We had to so rush to our destinations so decided to get in touch later. Couldn't contact him despite multiple attempts.
The scrape on my car bumper was very minor. With some polishing most of it was gone.
From the photo we took, the taxi bumper had no noticeable damage. Most of the scratches on his bumper was from luggage scratching when removed from boot.

Declaration

We declare the foregoing particulars are true in every respect.

 26/3/18

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Accident Sketch Plan



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : JOEL YANG KWANG WEI
 VEHICLE NUMBER : SLT1446T
 DATE/TIME OF ACCIDENT : 3/3/18 320 PM
 PLACE OF ACCIDENT : EXIT 15 PIE to changi
 THIRD PARTY VEHICLE (IF ANY) : SHD 9459 K

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

JURONG EAST HEADING 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 ALCOHOL

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

3 CAR REAR END. ~~IN~~ TAXI IN FRONT OF ME REAR ENDED A MERCEDES, I JAMMED BRAKE BUT WOULDN'T STOP IN TIME. MY FRONT BUMPER MADE CONTACT WITH TAXI. MINOR SCRATCH TO PAINT ON MY CAR. NO

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? DAMAGE TO TAXI

WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO

Joel Yang

Name:

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

AIG Asia Pacific Insurance Pte. Ltd.
AIG Building 78 Shenton Way #07-16 Singapore 079120
Tel: 6419 3000

Accident Sketch Plan



Auto
Consultants
Pte Ltd

51, 53 & 55, Level 25, PAYA LEBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC3/AIG18004386/Keb3

20TH March 2018

YANG KWANG WEI JOEL
STURDEE ROAD KERRISDALE #20-06
SINGAPORE 207852

Dear Sirs,

**ACCIDENT INVOLVING SHD 9459K AND SLT 1446T ON 03/03/2018 ALONG/ AT PIE
TOWARDS CHANGI AIRPORT**

We, LKK Auto Consultants Pte Ltd has been appointed to act on the behalf of your insurer, AIG Asia Pacific Insurance Pte Ltd (AIG) to settle a THIRD PARTY claim against you for an accident which happened on the above-mentioned date and location.

Kindly proceed to lodge your GIA report within five (05) working days of receipt of this letter, giving the version of the accident amongst other things related to the accident. The GIA report can be lodged at any of AIG reporting centres. You may refer to your Certificate of Insurance for the list of the reporting centres.

If you have any information to add or any amendments to make, please contact the undersigned within five days from the date of this letter.

Please note that the standing of your insurance policy such as NCD, premium & etc would be affected.

Yours faithfully,

Asher Sng
Claims
Tel: 6841 6051
Fax: 6741 4108
Email: AsherSng@lkkauto.com

c.c. *Claims Manager*
AIG Asia Pacific Insurance Pte Ltd
(Motor Claims Dept)



ENDORSEMENT SCHEDULE

AUTOPLUS PRIVATE VEHICLE

Policy No. : 1700063850
 Period of Insurance : 17 Oct 2017 to 16 Oct 2018

Endorsement No. : 00000000165572
 Issued Date : 12 Dec 2017

ABOUT THE POLICYHOLDER

Name of Policyholder : YANG KWANG WEI JOEL
 Address : 30 STURDEE ROAD
 #20-06 KERRISDALE
 SINGAPORE 207852
 Occupation/Nature of Business : Others(Indoor)

ABOUT THE VEHICLE

Registration No. : SLT1446T Engine Capacity/Tonnage : 1,798.00 CC
 Chassis No. : ZVW508031714 Engine No. : 2ZRR933073
 Seating Capacity : 5 First Year of Registration : 2017 Body Type : Sedan
 Make/Model : TOYOTA Prius Hybrid 1.8 CVT
 Hire Purchase Company/Employer's Loan : NA

ABOUT THE COVER

Sum Insured : Market Value Off Peak Car : No
 Driver Restriction : NA Insuring with COE/PARF : 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 \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorized Driver (named or unnamed) is under the age of 23 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 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 connection with Motor Trade.

Other Key Policy Benefits :

Act of God, Dealer (First 3 years from original registration) * AIG Authorized Workshops, Waiver of Excess PA to Authorized Driver / Unnamed Passengers- \$10000, PA Insured- \$50000, Key Replacement Cover- \$800, Strike, Riots and Civil Commotions, Loss of Use 1500cc - 1600cc Optional, In-Car Camera Excess Waiver, New For Old (36 months)

ENDORSEMENT REMARK

It is hereby declared and agreed that with effect from 17/10/2017

1) NCD Details : Update NCD on Policy with AIG

Declared Previous Insurer: EQ INSURANCE COMPANY LTD

Declared NCD: 10%

Verified NCD: 10%

With the update in Claim/NCD details, premium and/or excess are revised. Refer to details stated above.

Subject otherwise to the Terms, Exclusion and Conditions of this Policy.

Endorsement effective from:17-Oct-2017. All other terms and conditions remain unchanged.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7878680I



Name
JOEL YANG KWANG WEI
杨光威

Race
CHINESE

Date of birth
15-10-1978

Country/Place of birth
MALAYSIA

Sex
M

S7878680I



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S7878680I

Name
JOEL YANG KWANG WEI

Birth Date 15 Oct 1978

Issue Date 31 Oct 2009




5536272



NRIC No: S7878680I



Date of issue
12-11-2015

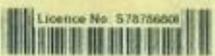
APT BLK 30 STURDEE ROAD #20-05
SINGAPORE 207852

NRIC No: S7878680I Date: 28/06/2017

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

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 11 May 2002



NP 425A

Accident Scene Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

