

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	07/03/2018 16:44
Date Of Accident	06/03/2018 20:15
Exact Location Of Accident	JUNCTION OF EUNOS LINK/UBI AVENUE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS9074Y
Insured/Policyholder	
Name Of Registered Owner	YEO AZMAN
NRIC No	S1482409Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92705051
Alternative Phone No	OTHERS-92705051

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY-1.6 CVT ABS D/AIRBAG 2WD 4DR (A)
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	2100412638-02000
Cover Note Number	

Driver

Name of Driver	YEO AZMAN
NRIC No	S1482409Z
Date Of Birth	09/08/1961
Occupation	INDOOR
Date Of Driving Pass	11/09/1984
Driving Experience	33 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92705051
Fax Number	
Contact Number	OTHERS-92705051
Email Address	NOEMAIL

Address	BLK 416 SERANGOON CENTRAL #11-478
Postcode	550418
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : WIFE GENDER: : FEMALE

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 - SINGAPORE CITY
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

PLEASE REFER TO POLICE REPORT T/20180306/2204

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	FBG1543H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode	
Insurance Company Name	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	UNKNOWN RIDER
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBG1543H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

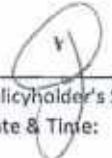
SKETCH PLAN

IMPORTANT NOTICE

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5. 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 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;
- (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.
- (e) 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.


Policyholder's Signature
Date & Time:

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


Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

A - SK59074Y
B - FBG1543H

B-FBG 1543H

Ref: Police Report NO: T/20180306/2204

I/We declare the foregoing particulars are true in every respect.

Reporting Centre Personnel's Signature
Name: Ref 21 Wk
NRIC/FIN No.: Ref 21 Wk



**SINGAPORE
POLICE FORCE**



T/20180306/2204

1 of 3

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

Report No. T/20180306/2204

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/03/2018 22:17		Vide Report No.: E/20180306/0167		Station Diary No.:	
Informant's Particulars					
Name of Informant: YEO AZMAN			Address: APT BLK 416 SERANGOON CENTRAL #11-478 HDB- SERANGOON EST SINGAPORE 550416		
ID Type / ID No.: NRIC NO / S1482409Z			Contact No.: Home/Office: Mobile: 92705051		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 09/08/1961	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SENIOR ENGINEER			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/03/2018 20:15	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 EUNOS LINK UBI AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG1543H	Motorcycle					0
SKS9074Y	Car	NISSAN	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR	Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20180306/2204

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

Report No. T/20180306/2204

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKS9074Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100412638	14/05/2017	13/05/2018

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS DRIVING ALONG EUNOS LINK, ON THE 3RD LANE FROM THE RIGHT. I SLOWED DOWN AS I WAS APPROACHING THE TRAFFIC LIGHT AS IT WAS INITIALLY RED. JUST AS THE LIGHTS TURNED GREEN, A MINI-VAN THAT WAS ON MY RIGHT, FORCEFULLY CUT INTO MY LANE WITHOUT SIGNALLING. CAUSING ME TO HAVE TO BRAKE TO AVOID COLLISION. AS MY VEHICLE CAME TO A HALT, I FELT AN IMPACT FROM MY REAR AND REALISED THAT A MOTORCYCLE HAD COLLIDED WITH THE REAR OF MY CAR. HE DID NOT FALL AND HIS BIKE HAD NOT TOPPLED. WHEN I ASKED HIM HOW THE COLLISION HAPPENED, HE EXPLAINED THAT HE HAD NO TIME TO REACT TO ME BRAKING THUS, COLLIDING ONTO MY CAR.

FROM WHAT I OBSERVED AS I APPROACHED AND SPOKE TO THE RIDER, HE WAS STILL CONSCIOUS, SITTING ON HIS BIKE AFTER THE COLLISION. HE WAS ABLE TO WALK ABOUT TOO BUT THE FINGERS ON HIS RIGHT HAND WAS BLEEDING. HE THEN MOVED HIS MOTORCYCLE TO THE SIDE OF THE ROAD WHILE I CALLED AN AMBULANCE ON HIS REQUEST. I WAS ONLY ABLE TO OBTAIN THE RIDER'S CONTACT NUMBER AS THE PARAMEDICS THAT WERE TENDING TO HIM HAD HIS IC. THE TRAFIC POLICE ARRIVED ON SCENE AFTER THE AMBULANCE LEFT AND I WAS TOLD BY THEM TO MEET IO ABDILLAH AT TRAFFIC POLICE HQ AT 1030PM AS MY SD CARD WAS TAKEN BY THE OFFICERS. THE PARAMEDICS INFORMED THAT THE RIDER WAS CONVEYED TO CHANGI GENERAL HOSPITAL.



**SINGAPORE
POLICE FORCE**



T/20180306/2204

3 of 3

Report No. T/20180306/2204

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

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

TP /

ZENG ZI CONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

Authentication Stamp

NP168

Signature Of Informant:

Date/Time

06/03/2018 22:17

Classification Of Case:

Signature

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 06/03/18	TIME: 2015	(hh:mm) 24 hrs Format
LOCATION Junction of Eunos Rd 1 and Rd 2 Eunos Link Ubi Ave 2		
VEHICLE NUMBER SKS 9074 Y		
INSURED NAME Yeo Azman		
NRIC / FIN S1482409Z	CONTACT: 92705051	
MAKE Hiscan	MODEL	SLYHY 1.6 CVT ABS D/DRB AG 2WD4DR
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only		
INSURANCE COMPANY AIG		
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT		
POLICY NUMBER: 2100412638		
NAME DRIVER : (<input checked="" type="checkbox"/>) SAME AS INSURED		
NRIC / FIN S1482409Z	CONTACT:	
DATE OF BIRTH: 09-08-1961		
DRIVING PASS DATE: 11-09-1984		
OCCUPATION: (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR		
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE		
EMAIL ADDRESS:	() NO EMAIL	
ADDRESS OF DRIVER: 416 Serangoon Central #11-478 S(560411)		
Number Of Passenger Include Driver: 2 pax include driver (mfc)		
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO		
If No, Relationship Of The Driver With The Insured		
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling () Others		
Does The Driver Own Any Other Vehicle? : () YES () NO		
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:		
Insurance Company Of Driver's Own Vehicle		
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others		
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO		
Was Anybody Injured In The Accident? (<input checked="" type="checkbox"/>) YES () NO		
If YES, Injured details : ① FB6 1543H (convey by ambulance)		
Convey By Ambulance: (<input checked="" type="checkbox"/>) YES () NO		
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO		
Was There Accident Reported To The Police? (<input checked="" type="checkbox"/>) YES () NO If Yes Attach Police Report		
Police Report Number (if any)		
Details Of 3rd Party	Name / NRIC	Contact
Veh B FB6 1543 H	(MS16)	
Veh C		
Veh D		
Veh E		
Veh F		
Veh G		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Expiry Date: S1482409Z

Name: YEO AZMAN

Birth Date: 09 Aug 1961


Issue Date: 04 Jul 2003

1000625466F




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1482409Z



Name: YEO AZMAN




Place: ڤيو عزمڤن

CHINESE

Date of Birth: 09-08-1961

Sex: M

Country of Birth: SINGAPORE



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

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	26 Jan 1985
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	11 Sep 1984

NP 428A



License No: S1482409Z



049-1168

NVC No. S1482409Z



Blood Group Date of Issue
A+ 26-08-1992

Address

APT BLK 416 SERANGOON CENTRAL
#11-47B
SINGAPORE 1955

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1968
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.C.I

NISSAN AUTO PROTECTOR

CERTIFICATE NO. 2100412638-02000

(The Insured vehicle is subject to CDP)
OWN DAMAGE EXCESS S\$800.00 (1)
WINDSCREEN EXCESS S\$100.00
(The Insured with effect from 1st November 2002)

SUM INSURED Market Value
INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

SKS9074Y

2) NAME OF INSURED

Yeo Azman

3) EFFECTIVE DATE OF THE COMMENCEMENT
OF INSURANCE FOR THE PURPOSES OF THE ACT

14 May 2017

4) DATE OF EXPIRY OF INSURANCE

13 May 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

SUBJECT TO AGE CONDITION: All Age Condition

a) The Insured.

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

This policy will indemnify the Insured or any authorised driver only if he/she meets the age conditions.

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.

APPROVED REPORTING CENTRES / NISSAN AUTHORISED REPAIRERS

1. Tan Chong Mtr - 613 Bt Timah Rd (T: 64694091/2/3) 2. Tan Chong Mtr - 17 Lor 8 Toa Payoh (T: 63570753/4)

3. TC AutoClinic - No 1 Sixth Lok Yang Rd (T: 62822212) 4. Autolubon Industrial - 19 Ubi Rd 4 (T: 64909666)

5. TC AutoClinic - 25 Lang Kee Rd (T: 67038511/2/3)

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

6. ComfortDelgro Engrg - 205 Braddell Rd (T: 63837118) 7. DPS Body & Paint Workshop - 209 Pandan Gardens (T: 65654501)

8. ComfortDelgro Engrg - 61 Defu Lane 12 (T: 67479580) 9. Glass-Fix - 52 Ubi Ave 3 (T: 62750887) - For windscreen only

10. Kan Fook Sing Motor - 61 Defu Lane 12 (T: 67479580) 11. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (T: 64538110)

12. Moys Automotive - 1005 Bukit Merah Lane 3 (Tel: 62723892) 13. Progressive Automotive - 3022A Ubi Rd 1 (T: 67415336)

14. SME Motor - 1 Kaki Bukit Ave 6 Bk D (T: 67476105)

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

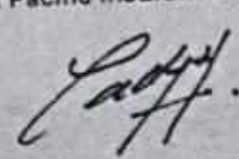
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

1. 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 12 Apr 2017

500610-537
TAN CHONG CREDIT PTE LTD - KCK
911 BUKIT TIMAH ROAD
TAN CHONG MOTOR CENTRE
SINGAPORE 589622
ANSP-MOTOR

AIG Asia Pacific Insurance Pte. Ltd.


AUTHORISED REPRESENTATIVE

ORIGINAL

TCKKHC

PARF/COE Rebate Enquiry

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 2409Z

Vehicle Details

Vehicle No.: SKS9074Y

Vehicle to be Exported: No

Intended De-registration
Date: 31 Mar 2018

Vehicle Make: NISSAN

Vehicle Model: SYLPHY 1.6 CVT ABS
D/AIRBAG 2WD 4DR

Primary Colour: Silver

Manufacturing Year: 2014

Engine No.: HR16958046B

Chassis No.: MNTBBAB17Z0022576

Maximum Power Output: 85.0 kW (113 bhp)

Open Market Value: \$15,430.00

Original Registration Date: 14 May 2015

First Registration Date: 14 May 2015

Transfer Count: 0

Actual ARF Paid: \$10,430.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry
Date: 13 May 2025

PARF Rebate Amount: \$7,822.00

Intended COE Rebate Details

COE Expiry Date: 13 May 2025

COE Category: A - Car up to 1600cc &
97kW (130bhp)

COE Period(Years): 10

QP Paid: \$68,589.00

COE Rebate Amount: \$48,823.00

Total Rebate Amount: \$56,645.00

The information contained herein is correct as at 07 Mar 2018

OK