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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- Please report <u>correctly</u> 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.
- 5. Any false reporting may be referred to the Police for investigation.
- 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

PART DESCRIPTION OF WARRENT BOOK	ACCIDENT STATEMENT
Date Of Report	20/03/2018 10:23
Date Of Accident	19/03/2018 10:30
Exact Location Of Accident	FILTER LANE FROM HOLLAND RD INTO QUEENSWAY
Country/State of Loss	SINGAPORE
Part of the last of the D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKM4057L
Insured/Policyholder	
Name Of Registered Owner	GOH YI LING ELISSA
NRIC No	S8514234H
Email Address	ELISSAGOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96150041
Alternative Phone No	OTHERS-96150041
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	POLO
Exact Purpose for which vehicle was being used at time of accident	GOING TO QUEENSTOWN POLYCLINIC
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	1700049840
Cover Note Number	
Driver	
Name of Driver	GOH YI LING ELISSA
NRIC No	S8514234H
Date Of Birth	22/05/1985
Occupation	INDOOR
Date Of Driving Pass	24/05/2011
Driving Experience	6 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96150041
Fax Number	
Contact Number	OTHERS-96150041

ELISSAGOH@GMAIL.COM

Address

BLK 6 GHIM MOH ROAD

#02-184

Postcode

270006

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

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? 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?

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 SKETCH PLAN AND POLICE REPORT T/20180320/7008

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

GBC6311Z

Vehicle Make/Model/Colour

ISUZU PICKUP

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver NRIC/Passport Number LIEW YAN

S2708967D

Contact Number

85881301

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 21

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worm?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT INJURY

SKM4057L

YES

NO

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 :
 - 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:
 - 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:

337 Am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

male 8 1/2/6/

Reporting Centre Personner's Signature

Name:

NRIC/FIN No.:

Imquov HO LLAND ROAD SKETCH PLAN AGBC6311ZE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On 19th March 2018 of 10.30am, I was along from Holland Road
tounds Owners and alone in the car. The weather condition was clear and
bright The roads were dry I turned left on the filter lane towards
bright. The roads were dry I turned left on the filter lane towards Queensway and slowed down to a stop to give way to oncoming traffic at
4M T- i wortion from targer Kood to Queensway
My car was at a complete stop at the give way line on the left
fitter lane. At that point, my car was hit from the back by an Isuzu
truck, car plate number GBC 6311 Z, causing my car to be pushed forward
about 2 metres from the give way line. My Upper body was also pushed forward
towards steering wheel-
The import on my car is that the rear of my car is dented, the rear bumper
is dented and scratched, rear cas plate came off. The impact on me was the
I was shocked and transmatised, had distiness and headache, and pain
at the base of my head and on my neck.
POLICK REPORT 7/20/80320/7008
TORIGE METER 1 1170 80 20 C 1008

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

Oriver's Signature
(If driver is not the policyholder)
Date & Time: 19/3/18 3-17 pm

Reporting Centre Personnel's Signature

Name: NRIC/FIN No





0100320/7000

1 of 3

Report No. T/20180320/7008

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: 20/03/2018 16:57			Vide Report No.:	Station Diary No.:	
Informan	t's Particu	ulars	September 19 Hills	With Mary 1985	
	nformant: ING ELIS		Address: APT BLK 6 GHIM MOH ROAL	#02-184 SINGAPORE 270006	
	/pe / ID No.: C NO / S8514234H		Contact No.: Home/Office: Mobile: 96150041		
Nationalit SINGAPO	y: ORE CITIZ	EN.	Email: elissagoh@gmail.com		
Sex: Female	Age: 32	Date of Birth: 22/05/1985	Type of Informant: Driver		
Race: Chinese		W	Language: English	Institution / School Name:	
Occupation: TEACHER			Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive; No	Date/Time of Accident: 19/03/2018 10:30	Type of Location
Location: HOLLAND R FILTER LAN		RD INTO QUEENSWAY		
Weather: Clear		Road Surface: Dry	F	Road Speed Limit:
01001			The state of the s	
Traffic Flow: One Way		Traffic Control:		raffic Volume:

Details of V	ehicle Involved		FIME	E MICE EN		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBC6311Z	Pick-up truck	ISUZU				0
SKM4057L	Car	VOLKSWAGO N	polo	White		0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SKM4057L	AIG ASIA PACIFIC INSURANCE PTE.	1700049840	09/09/2017	08/09/2018		





2 of 3

Report No. T/20180320/7008

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

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrian	Use of Pe	destriar	Cross	sing: NA		
Driver						
Name	LIEW YAN			ID No		S2708967D
Related Vehicle	GBC6311Z (Pick-up	truck)		Conta	ct No.	85881301
Hospital/Clinic	NIL			Class Drivin Licen Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	
Driver						
Name	GOH YI LING ELISS	SA		ID No		S8514234H
Related Vehicle	SKM4057L (Car)			Conta	ct No.	96150041
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	19/03/2018 Da			harge	19/03	/2018
No. of Days gran	ted Medical Leave	03	Degree o		Slight	

Brief Details.

On 19th March 2018 at 10.30am, I was driving from Holland Road towards Queensway alone in the car. The weather condition was clear and bright. The roads were dry. I turn left on the filter lane towards Queensway and slowed down to a stop at the give way line to give way to oncoming traffic at the Tjunction from Farrer Road to Queensway.

My car was at a complete stop at the give way line on the left filter lane. At that point, my car was hit from the back by an Isuzu truck, car plate number GBC 6311Z, causing my car to be pushed forward about 2 metres from the give way line. My upper body was also pushed forward towards the steering wheel. The impact on my car is that the rear of my car is dented, the rear bumper is dented and scratched, and rear car plate came off. The impact on me was that I was shocked and traumatised, had dizziness and headache and pain at the base of my head and on my neck.





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20180320/7008

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/03/2018 16:57
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp	

A'CCIDENT'STATEMENT

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ACCIDENT DATE: 19 / 3: / 2018 (DO/MM/YYY), TIME: 10: 30 ICHH LOCATION: HOLLAND ROAD TURMING ON LEFT FILTER LAWE TO	OUEANINAY
HOLLAND ROAD TURBING ON LEFT FILTER LATINE	- Grace-
LOCATION: TOLLANDO ROTT	

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(Including driver) = 121017 / 1212/PASSPORT! 36313	SU PLUGARE E 270006	
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IF NO, RELATIONSHIP OF THE RAINING		F
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7. DIREPORTED TO POLICE (YES AND)	DHI	New D
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8. THIRD PARTY VEHICLE GRG 6311 Z	MODELI	
4 No of presenger O) VEHICLE NUMBER: GBG 6311 Z	VERR	730
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14 HO OF DESCURER OF DRIVER'S NAME.	CONTACTION	
(Including delver) 1) HRIC/SIN/PASSPORTI		
	(4)	10°
C	1	

email: elissageh@gmail.com
:fax:

MEPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8514234H





Name

GOH YI LING ELISSA









CHINESE
Date of birth
22-05-1985
Country/Place of birth
SINGAPORE







5538411



NINC No. S8514234H

Date of leave 07-12-2015

APT BLK 6 GHIM MOH ROAD #02-184 SINGAPORE 270006 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Class 3 Motor Cars=< 3000 kg with =<7 passengers, exclusive 24 May 2011 of the driver; and other motor vehicles =< 2500 kg

NF 428A





CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: GOH YI LING ELISSA

Period of Insurance

: 09 Sep 2017 To 08 Sep 2018

Engine No. Chassis No.

: CBZE25564 : WWWZZZ6RZEU007806 Vehicle No.

: SKM4057L

Policy No.

: 1700049840

Endorsement No. Issued Date

: 12 Sep 2017

ABOUT THE COVER

Make/Model

: VOLKSWAGEN POLO SPORT 1.2

Engine Capacity/Tonnage : 1,197,00 CC

Sum Insured : Market Value

First Year of Registration : 2014

Driver Restriction

NA.

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

as the reacynology.

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 holder meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or inesperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver thathed 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, derivatic and planture purposes and fur the Policyholder's business.

This Pelicy does not cover use for hire or nevert, driving butter, driving butter, driving less, racing, pace-making, reliability stal or speed-listing, the camage of goods other than samples in connection with any trade or business arruse for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

* Limitations religional inspersative by Section is of the Motor Vehicles (Third-Farty Rinks and Compensation) Act (Cap. 189) and Section 95 of the Read Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Dwn Damage - \$600 Thatt - \$0 Flood Gover - \$0

Section 2

roperty Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

GOH YI LING ELISSA - \$600 (Own Damage) GOH JING LING, ELSPETH - \$600 (Own Damage)

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

Approved Reporting Centrals AIG Authorised Repowers (For claims related repairs)
Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore. You have the option of having the accident repairs carried out at the Sole Agents workshop.
For other Approved Reporting Centrals/AIG Authorised Repairers, please contact our 24-hour accident emergency holling at +65-6338-6200. Alternatively, You may refer to AIG website www.aig.com.aig or AIG 3IG Mobile App. Simply search and download "AIG 3IG from Tunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Standard Chartered Bank (Singapore) Limited

1/We hereby cersify that the policy to which the Certificate of Insurance relates is travel in accordance with the provisions of the Motor Vehicles(Trant Party Risks and Compensation) Act (Cap. 189). Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Trant Party Risks) Rules, 1959 (Malaysia).

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ALFA AUTOMOTIVE

1 COMMONWEALTH LANE #01-24 ONE COMMONWEALTH

SINGAPORE MISSA

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

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GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

	ADDE	NDUM	
PARTICULARS OF	PERSONMAKINGTHEAMENDM	ENTS:	
Original Report N	0: NMA44037651	Vehicle Registration N	10: SKM 4057L
Name(as shownin NR	GOH YI JULY EX	USSA_NRIC/FIN/Passport No	S8514234H
	Vehicle Owner (*) Please delete		: 202 1720 [1]
	venicle Owner) () Flease delete	as appropriate	SHOOT STATES SHOOT AND
Address	1	Mahile No 96/5	Singapore(
Contact (Tel)	1	Mobile No.:_ 76/9	30041
Email Address	:		The state of the s
Date of Accident	: 19(03/2018	Time of Accident :	10:30
Place of Accident	FICHER LONK FROM	m HOUDNO READ	INTO QUELLOUS
	AIG		
Insurance Compa	ny: // //		
ADDITIONAL INE	ORMATION / AMENDMENTS:		
10		an	20/02/2018
Policyholder / Dr	iver's Signature	Reporting Centre	Personnel's Signature
Date:	THE CONTRACTOR	Name:	doli wadoo
		NRIC/FINNO.: /	Coll W. LANDING

Date: