

## 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	23/03/2018 14:26
Date Of Accident	23/03/2018 08:55
Exact Location Of Accident	JUNCTION OF CLEMENTI ROAD & CLEMENTI AVENUE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT6589E
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### Insured/Policyholder

Name Of Registered Owner	SOH LE MAY MINA
NRIC No	S1477999Z
Email Address	TENGKKOH@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-91596638
Alternative Phone No	Office-NOPHONE

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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?	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	2100170688-08
Cover Note Number	

### Driver

Name of Driver	SOH LE MAY MINA
NRIC No	S1477999Z
Date Of Birth	07/01/1961
Occupation	INDOOR
Date Of Driving Pass	30/12/1980
Driving Experience	37 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91596638
Fax Number	
Contact Number	OFFICE-NOPHONE
EMail Address	TENGKKOH@SINGNET.COM.SG

Address	BLK 3 PANDAN VALLEY
Postcode	#04-313 597627
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
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?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	<b>ROAD:</b> 20 CLEMENTI AVE 5 , <b>POSTCODE:</b> 129858 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO THE 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	PA5771E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	AZMI BI AMZA
NRIC/Passport Number	S1822748G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

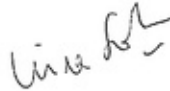
### SKETCH PLAN


#### IMPORTANT NOTICE


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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:

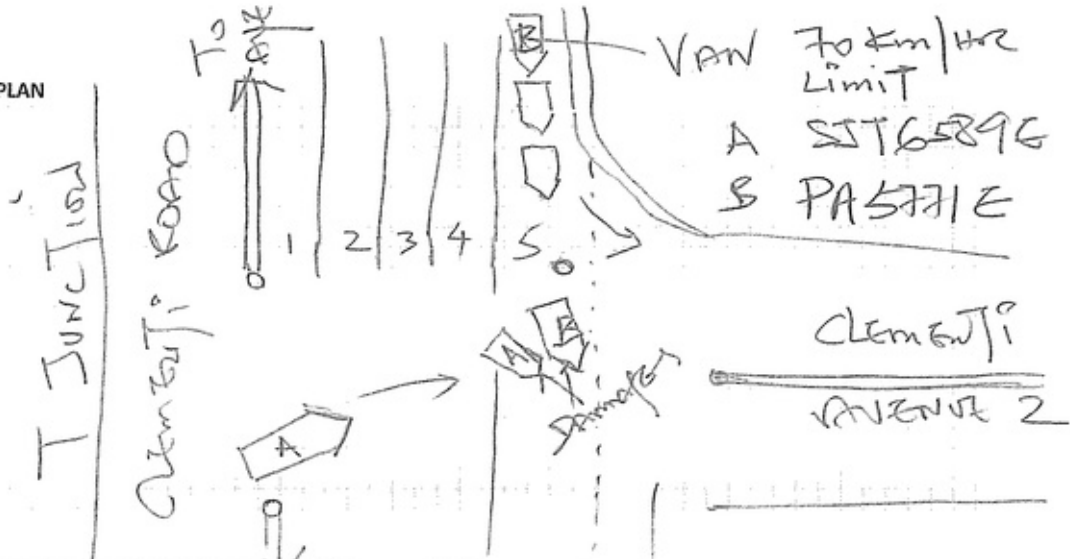
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE:	S1T6589E	ACCIDENT DATE & TIME:	23/3/2018 855 am
CONTACT NUMBER:	91596638	E-MAIL ADDRESS:	tengkkeh@singnet.com.sg
LOCATION:	T Junction @ Clementi Road & Clementi Avenue 2		
Please state:			
PL50206 Refer To The Police Report			
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION			
Please state:			
<input checked="" type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only			

DECLARATION

I/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:

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



**SINGAPORE  
POLICE FORCE**



T/20180323/2042

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

1 of 4

Report No. T/20180323/2042

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/03/2018 11:01		Vide Report No.: D/20180323/0043		Station Diary No.: 47	
<b>Informant's Particulars</b>					
Name of Informant: SOH LE MAY MINA			Address: BLK 3 PANDAN VALLEY #04-313 SINGAPORE 597627		
ID Type / ID No.: NRIC NO / S1477999Z			Contact No.: Home/Office: Mobile: 91596638		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 57	Date of Birth: 07/01/1961	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/03/2018 08:55	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 CLEMENTI ROAD CLEMENTI AVENUE 2 Junction of Clementi Road & Clementi Avenue 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA5771E	Van				Slightly Damaged	0
SJT6589E	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Black	Seriously Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJT6589E	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100170688-08	26/10/2017	25/10/2018



**SINGAPORE  
POLICE FORCE**



T/20180323/2042

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No. T/20180323/2042

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	AZMI BIN AMZA	ID No.	S1822748G
Related Vehicle	PA5771E (Van)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Driver</b>			
Name	SOH LE MAY MINA	ID No.	S1477999Z
Related Vehicle	SJT6589E (Car)	Contact No.	91596638
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 23/03/2018 at about 0850hrs, I was driving my vehicle bearing the registration plate number SJT6589E along Clementi Road. I was driving alone and I intended to turn right into Clementi Ave 2. The road is dry and the sky is clear.

I was at the T-junction of Clementi Road and Clementi Ave 2 waiting for the vehicle on the 3rd lane to pass. I notice that from the opposite lane Clementi Road towards Upper Bukit Timah, Lane 1 to lane 4 was clear however there were three vehicle on the 5th lane. I notice that the first and second vehicle was going to turn left into Clementi 2 and at this ~~moment~~ <sup>moment</sup> I had move off turning into Clementi Ave 2.

Out of sudden, I felt an huge impact coming from my left, the vehicle spin and I saw smoke coming out from the vehicle. I was afraid that my vehicle might catch fire. The impact was so strong that the two airbags was deployed. I struggle to get off vehicle as the door was damage, I could only managed to push open about 2 inches of the driver door. Someone came to assist me to open the driver door. When I got off the vehicle I realized that I had an accident between a Van bearing the registration plate number PA5771E. There were about 8 children in the van. The assistant came down shouting at me. Soon Police and SCDF arrived.

My vehicle front left bumper and the bonnet was seriously damaged. I notice that many of my engines parts and other engines oils were on the road. I do not have a in-car camera however I notice that there is a CCTV at the junction of Clementi Road & Clementi Ave 2. I suffered abrasion on my chin and I felt



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POLICE FORCE**



T/20180323/2042

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

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Report No. T/20180323/2042

CONTINUATION OF REPORT

hazy after the collision. I notice that the Van has a in-build car camera.



**SINGAPORE  
POLICE FORCE**



T/20180323/2042

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
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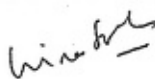
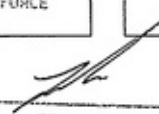
Report No. T/20180323/2042

**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: D / Sgt 2 NG JIA HAO	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 23/03/2018 11:01
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:  SN 37
Authentication Stamp NP168	 SIGNATURE





# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Soh Le May Mina  
 Period of Insurance : 26 Oct 2017 To 25 Oct 2018  
 Engine No. : 3ZZ4936529  
 Chassis No. : MR053ZEE106156546

Vehicle No. : SJT6589E  
 Policy No. : 2100170688-08  
 Endorsement No. :  
 Issued Date : 27 Sep 2017

### ABOUT THE COVER

Make/Model : TOYOTA COROLLA ALTIS 1.6  
 Engine Capacity/Tonnage : 1,598.00 CC Sum Insured : Market Value First Year of Registration : 2009  
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : No

#### 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 authorised 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" ("YIDER") if You are or Your Authorised 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.

Loss of Use 1500cc - 1600cc Optional

\* Limitations rendered inoperative by Section 3 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

### EXCESS

Section 1  
 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2  
 Property Damage - \$0

Windscreen : \$100

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

Soh Le May Mina - \$600 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (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 Agent's workshop.  
 For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

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 Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0030210000

AIG ASIA PACIFIC INSURANCE PL  
 78 SHENTON WAY #07-16 AIG BUILDING  
 SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*M. Tanile*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

SSCHFY

78 Shenton Way #07-16 AIG Building S079120 | T: +65 6419 3300 | F: +65 6415 3723 | [www.aig.com.sg](http://www.aig.com.sg)

AIG Asia Pacific Insurance Pte. Ltd.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1477999Z



SOH LE MAY MINA  
蘇美娜  
Race  
CHINESE  
Date of Birth  
07-01-1961  
Country of Birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S1477999Z  
Name  
SOH LE MAY MINA




Birth Date: 07 Jan 1961  
Issue Date: 16 Jun 2004




001240209C

1248203



NRIC No: S1477999Z



Blood Group: O+ Date of issue: 04-09-1993

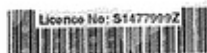
BLK 3 PANDAN VALLEY #04-313  
SINGAPORE 597627

NRIC No: S1477999Z Date: 14-08-2001 No: 4079580

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

	PASS DATE
Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2000 kg	30 Dec 1990

NP 428A

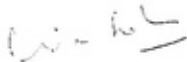


## UNDERTAKING

I, Soh Le May Ming, (NRIC No. S14779992), hereby confirm that the Singapore Accident Statement lodged by me on 23/3/18 at 08:55 hours pertaining to the accident involving motor car Reg. No: ST6589E, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

Signature :  x  
Name of Insured / Driver : Soh Le May Ming  
Nric No. : S14779992  
Date : \_\_\_\_\_

Signature : \_\_\_\_\_  
Name of Policyholder : \_\_\_\_\_  
Nric No. : \_\_\_\_\_  
Date : \_\_\_\_\_



AIG Asia Pacific Insurance Pte. Ltd  
AIG Building  
78 Shenton Way  
#07-16

### MOTOR ACCIDENT INTERVIEW FORM

NAME : Soh Le May Mina  
VEHICLE NUMBER : ST7 6589E  
DATE/ TIME OF ACCIDENT : 23/3/18  
PLACE OF ACCIDENT : Junction of Clementi Road & Clementi Avenue 2  
THIRD PARTY VEHICLE (IF ANY) : PA577E

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

PANDEAN VALLEY CONDO. To CLEMENTI  
STADIUM.

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 WAS THE RESULTS?

NO.

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

Refer to the Police Report.

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

NO.

Lim H X

NAME: Soh Le May Mina

I AFFIRMED THE ABOVE INFORMATION IS GIVEN TO MY BEST KNOWLEDGE

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





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