

## 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	26/04/2018 13:04
Date Of Accident	25/04/2018 10:05
Exact Location Of Accident	CLEMENTI RD (OUTSIDE NGEE ANN POLY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLS7579J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JANICE CHEW LAY PENG
NRIC No	S1527639H
Email Address	LAYPENGJANICE@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97842472
Alternative Phone No	Others-97842472

<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	PULSAR-1.2 DIG-T CVT (A)
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

<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700060349
Cover Note Number	03/10/2017 - 02/10/2018

<b>Driver</b>	
Name of Driver	FU SHENGWEI @FOO SHENG WEI
NRIC No	S9109677C
Date Of Birth	18/03/1991
Occupation	INDOOR
Date Of Driving Pass	10/03/2017
Driving Experience	1 YEAR AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-98196815
Fax Number	
Contact Number	
E-Mail Address	SHENGWEIFU@GMAIL.COM
Address	BLK 150 MEI LING ST #16-49
Postcode	S141150
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	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

1 driver & 1 passenger. Refer to attached sketch plan.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH1525D
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHANG WAI THONG
NRIC/Passport Number	S1220316J
Contact Number	

Address  
Postcode

Insurance Company Name

MS First Capital Insurance Ltd

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

#### 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 liability.
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. 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:

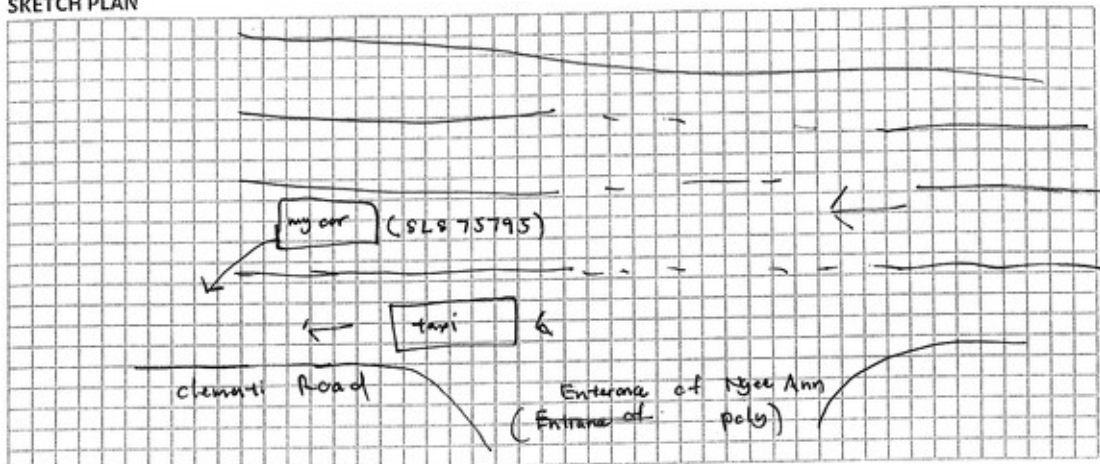
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 26/04/18

12:25pm

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 25<sup>th</sup> of April at around 10.09 pm, I was driving along Clematis Road towards Bt-timah (out side the Ngce Ann Poly Entrance). I wanted to switch to the left lane so that I could go onto the Expressway on the left. I signalled ~~backwards~~ left before changing. As I got it onto the left lane a taxi drove past as and caused an impact on the left of my car. I decided to stop the car by the side of the road to investigate.

## 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: 26/04/18  
12:25pm

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

Authorization Letter

I am

I James Chiu Lay Peng (S1527639H)

Herby Authorize Fu Shing ui (S9109677C) to

make a report on my behalf.



## CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Janice Chow Lay Fong Mrs. Janice Fao Chow Lay Fong  
Period of Insurance : 01 Oct 2017 to 02 Oct 2018  
Engine No. : HRA2417H A4  
Chassis No. : 2SK0054130000200

Vehicle No. : 5D775790  
Policy No. : 700060348  
Endorsement No. :  
Issued Date : 25/03/2017

#### ABOUT THE COVER

Make/Model	NISSAN-Fuoco 1.2
Engine Capacity/Torque	1,187 CC/CC
Engine Restriction	N/A

Gum Insured : Market Value  
 Off Road Car : Yes

Final Year of Program : 2017  
 Running with CO-PADE : Yes

## Person or Classes of Persons Entitled to Drive:

© 2012 The Authors  
Journal compilation © 2012 Blackwell Publishing Ltd  
This article is a U.S. Government work and, as such, is in the public domain in the United States of America.

Age Condition : All Age Condition

—Initiated by the user—

The Policy was developed in consultation with the following stakeholders:

E-mail: [arthur@cs.cmu.edu](mailto:arthur@cs.cmu.edu)

<sup>1</sup> Limitations imposed respectively by Section 3 of the Aborigines (Child-Carry) Regulations (Compensation and Act) (Cap. 100) and Section 25 of the Fixed-Term Import Act, 1907 (Malaya), are not to be construed as being absolute.

## EXPRESS

Zachary J. Goldberger

File-§2 Own Europe-§(2) Treat-§2 New Court-§2

## Model 2

Wiederholung : 5/130

Name of Drive and Extension (as a single unit)

**Keywords:** Lay theory; lay person; expert; knowledge

**APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS** 0 800 6729 66 0 800 6729 66

1775 Leong Chee Kah 1775 Leong Chee Kah Singapore 626003 62602212  
 2760 Leong Chee Kah 2760 Leong Chee Kah Singapore 626003 62602212  
 2770 Leong Chee Kah 2770 Leong Chee Kah Singapore 626003 62602212  
 4780 Leong Chee Kah 4780 Leong Chee Kah Singapore 626003 62602212  
 4790 Leong Chee Kah 4790 Leong Chee Kah Singapore 626003 62602212

bioRxiv preprint doi: <https://doi.org/10.1101/2019.05.20.256911>; this version posted May 20, 2019. The copyright holder for this preprint (which was not certified by peer review) is the author/funder, who has granted bioRxiv a license to display the preprint in perpetuity. It is made available under aCC-BY-NC-ND 4.0 International license.

### IMPORTANT NOTES

Fire Purchase Company/Impover's Loan: United Overseas Bank Limited

© 2005 Blackwell Publishing Ltd, *Journal of Internal Medicine* 258: 103–110

2599014-5

7046163 CHEM 420117 (1)

9. ELECTRONIC DOCUMENTS CENTER

Copyright © 2005 by John Wiley & Sons, Inc.

Underwritten by AIA Asia Pacific, near Asia Pres Ltd

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE[illegible]

Copyright © 2004 John Wiley & Sons, Ltd.

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

