### SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

Occupation

Date Of Driving Pass

**Driving Experience** 

- 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 <u>truthful and accurate</u> 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.
- 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	03/05/2018 13:09
Date Of Accident	02/05/2018 08:15
Exact Location Of Accident	ALONG PIE TWD BKE VFR MOUNT PLEASANT FLYOVER
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SBJ15G
Insured/Policyholder	
Name Of Registered Owner	BAY CHUNG SENG
NRIC No	S6806669G
Email Address	BAYCS@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91863229
Alternative Phone No	Office-91863229
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	SIENTA-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
lf 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	2100498838
Cover Note Number	
Driver	
Name of Driver	BAY CHUNG SENG
NRIC No	S6806669G
Date Of Birth	22/09/1968

**INDOOR** 

14/02/1987

31 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91863229

Fax Number

Contact Number OFFICE-91863229
EMail Address BAYCS@YAHOO.COM

Address 53 THE BELVEDERE MEYER ROAD #08-05

Postcode 637876

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? NO

Was any injured conveyed to hospital by

ambulance?

NO

YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] WOODLANDS EAST NPC & MARINE PARADE NPC

Was notice of intended Prosecution given?

If Yes, against whom?

#### **Circumstances of Accident**

## PLEASE REFER AS ATTACHED

#### Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SFT1251J
Vehicle Make/Model/Colour BMW/BLUE

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver KH00 SING S00NG

NRIC/Passport Number \$7037352A

Contact Number Address

Postcode

MSIG Insurance (Singapore) Pte. Ltd.

Nature Of Damage

Insurance Company Name

FRONT DESK

98791251

No. Of Passenger (Including Driver)

2

#### SKETCH PLAN

#### IMPORTANT NOTICE

11 11

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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>.
- 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.
- 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 law yers/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;
- (ii) 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

Toward BKE

- SFT 12513 - SBS1545 Skin61454 - SGB 2499M

B. A SIN>5654

Toward CTE

# = Knock | Collision

0.6		
Kefert	Police report attached	
Declaration		
We declare the foregoing particular	s are true in every respect	
Title decisie the integerig particular	o are not in every respect.	
		1
		Olchert
\		(ENAM) IN
Policyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre
Time Signature / Date &	& Time	Personnel

.....

Describe Circumstances of the Accident



# MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: BAY CHUNG SENG	
VEHICLE NUMBER	981 154	
DATE/TIME OF ACCIDENT	: ~ 8-15 cm > may 2018	Flyover
PLACE OF ACCIDENT	of PIE toward BKE, before Mount Pleasan	f断
THIRD PARTY VEHICLE (IF ANY)	: SPT1251J ' (REAT CAV)	
**********	SEM 6145 C (Front Car)	
WHERE DID YOU START YOUR DESTINATION BEFORE THE ACCI		Papove)
	C DRINKS BEFORE YOU DRIVE ON THE DAY OF IE TRAFFIC POLICE CONDUCT ANY BREATHE, WHAT IS THE RESULT?	
Front vahicle (SKM 614.  dringe w dent. My vea  Keer vehicle (SFT 12513  WERE YOU OR YOUR PASSENGE	r door & Bumper damage & genously	not dent/brea
No		
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





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

1 of 4 Report No. T/20180502/2080

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/05/2018 13:26		lade:	Vide Report No.:	Station Diary No.: 108	
Informa	nt's Partice	ulars		The state of the s	
Name of Informant: Address: BAY CHUNG SENG 53 MEYER ROAD #08-05 SINGAPORE 43			NGAPORE 437876		
ID Type / ID No.: NRIC NO / S6806669G		39G	Contact No.: Home/Office:	Mobile: 91863229	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 50	Date of Birth: 22/02/1968	Type of Informant:		
Race: Chinese			Language:	Institution / School Name:	
Occupation: PRINCIPAL ENGINEER		IEER	Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 0815 02/05/2018 98:3		Type of Location Straight Road	
Location: Along Road 1 PAN ISLAND PIE (TOWAR	EXPRESSWAY DS BKE)					
Weather:		Road Surface: Dry	2.3		Road Speed Limit:	
		Traffic Control: Not Controlled			Traffic Volume: Heavy	
Dual Carriage						

Details of Vi	ehicle Invo	Ived				NAME OF TAXABLE PARTY.
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SBJ15G	Car	TOYOTA	SIENTA 1.5 CVT ELEGANCE	White	Slightly Damaged	0
SFT1251J	Car	BMW	116I AT ABS D/AIRBAG 2WD HID 5DR	Blue		0
SKM6145C	Car	BMW	320I AT 2.0L ABS D/AIRBAG 2WD 4DR	Grey		0





T/20180502/2080

Report No. T/20180502/208

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

CONTINUATION OF REPORT

The second second second second	ehicle Insurance		A BANK THE RESERVE	THE RESERVE
	mountaine company	Insurance No	Effective	Expiry Date
00100	AIG ASIA PACIFIC INSURANCE PTE.	2100498838	20/01/2017	19/01/2019

	nvolved: No				
No. of Pedestria	ns Injured: NIL	lies of Day	4	-	
Driver		Use of Peo	destria	n Cross	sing: NA
Name	BAY CHUNG SENG	- 1	10.11		
			ID No	).	S6806669G
Related Vehicle	SBJ15G (Car)				
	(52.7)		Conta	act No.	91863229
Hospital/Clinic	NIL		01		
			Class		Class: NIL
			Drivin	g	Date of Expiry: NIL
			Licen	Date	
Date Treatment	NIL	Date Disch	-Apil)	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	Injury	NIL	
NAME OF TAXABLE PARTY.		203.00 01	nijury	INIL	
Name	KHOO SING SOONG		ID No	-	Danama
			10 140.		S7037352A
Related Vehicle	SFT1251J (Car)		Conto	-1.6.1-	007010
			Contact No.		98791251
Hospital/Clinic	NIL		Class of		To the state of th
			Driving Licence &		Class: NIL
					Date of Expiry: NIL
			Expiry		
Date Treatment	NIL	Date Discha	arno	NIL	
No. of Days grant	ed Medical Leave NIL	Degree of I	niury	MIL	
Driver		Description of the last	rijury	TAIL	
Name	GOH KAI LOON (WU JIERU)		ID No.		C0700007D
2-1-1-11-11-1			ID No.		S8739207D
Related Vehicle	SKM6145C (Car)		Contac	et Nio	80000004
La construction of the con	45-C-C-000		ound	A INO.	88200034
lospital/Clinic	NIL		Class	of.	Olean Mil
1			Driving		Class: NIL
			Licenc		Date of Expiry: NIL
lata Turri		i i	Expiry	Date	
ate Treatment	NIL	Date Discha	arge	NIL	
<ul> <li>o. of Days grante</li> </ul>	ed Medical Leave NIL	Degree of Ir	rige	NIL	





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

3 of 4 Report No. T/20180502/2080

CONTINUATION OF REPORT

### Brief Details.

I am the driver of vehicle registration no. SBJ15G. I was involved in a chain collision involving five vehicles.

On 02/05/2018 at about <del>0830hrs</del>, I was travelling on lane 1 on PIE (towards BKE) before Mount Pleasant Flyover. Traffic was heavily congested.

Vehicle SKM6145C was travelling on the same lane in front of my vehicle. Suddenly, vehicle SKM6145C applied emergency brake. I reacted by applying emergency brake and brought my vehicle to a stop at close proximity to vehicle SKM6145C. However, I do not think there was any collision between the front of my vehicle and the rear of vehicle SKM6145C.

Subsequently, I felt an impact from the back of my vehicle. The front of vehicle SFT1251J had collided with the rear of my vehicle.

After the accident, all drivers involved stopped and exchanged particulars. There was no visible damage to the front of my vehicle. The rear boot door and rear bumper of my vehicle was dented.

No one was injured and no Traffic Police was at scene. I have a front-facing in-vehicle camera installed.





4 of 4

Report No. T/20180502/2080

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

Sketch Plan

CONTINUATION OF REPORT

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 130	Signature Of Informant:
Signature Of Interpreter Police Force	Date/Time: 02/05/2018 13:26
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp	* .





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 1 of 3 Report No. T/20180503/2000

Tel No: 1800-4428999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/05/2018 00:20			Vide Report No.: T/20180502/2080	Station Diary No.:	
Informa	nt's Partice	ulars			
	Informant: UNG SENC		Address: 53 MEYER ROAD #08-05 SINGAPORE 437876		
ID Type / ID No.: NRIC NO / S6806669G		69G	Contact No.: Home/Office:	Mobile: 91863229	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 50	Date of Birth: 22/02/1968	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: PRINCIPAL ENGINEER		EER	Driving Licence Information: Class:	Date of Expiry:	

General Inform	mation of the Accide	ent	ST A STREET	
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 02/05/2018 08:1	Type of Location Straight Road
Location: Along Road 1 PAN ISLAND PIE (TOWAR	EXPRESSWAY			
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		
Type of Collis Between Mov	sion: ving Vehicles - Head	Γo Rear		Anyone conveyed by ambulance: No

### Brief Details.

Vide T/20180502/2080

I am the above mentioned person and I am the registered vehicle owner of a white Toyota Sienta (VRN: SBJ15G)

On 02/05/2018 at about 0815hrs, I was involved in an accident along lane 1 of PIE towards BKE. I have since lodged a traffic accident report for the said accident (T/20180502/2080).

After lodging the report, I looked through my in-car camera footage and discovered that I had not collided with the car (SKM6145C) directly infront of me. The footage showed that I had stopped my vehicle in time to avoid collision with the said car however the car (VRN: SFT1251J) behind me was not able to stop in time and as such, collided with the rear of my vehicle. There was also no damages to the front of my car.





T/20180503/2000

2 of 3 Report No. T/20180503/2000

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 Tel No: 1800-4428999

CONTINUATION OF REPORT

As such, I wish to state that it was not a chain collision as stated in the previous traffic accident report and it was two separate accidents instead.





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 Tel No: 1800-4428999 3 of 3 Report No. T/20180503/2000

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: G / Sgt 2 MUHAMMAD YOUSUF AKMAL BIN MAHMOOD SHAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/05/2018 00:20
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stampers NP168 POLICE FORCE	
SIGNATURE	











## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

MX1

TOYOTA AUTO PROTECTOR (2-YEAR)

CERTIFICATE NO. 2100498838-00000

OWN DAMAGE EXCESS \$\$600.00 (1) WINDSCREEN EXCESS \$\$100.00

SUM INSURED Market Value INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

SBJ15G

2) NAME OF INSURED

Bay Chung Seng

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

24 Jan 2017

4) DATE OF EXPIRY OF INSURANCE

23 Jan 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

SUBJECT TO AGE CONDITION : All Age Condition

a) the insurance.

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 inexpenienced Driver Excess ("YDR") of \$\$3,000.00, in additional to the Policy Excess, applies to You and enry 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, pacemaking, 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.

PROVED REPORTING CENTRES / TOYOTA AUTHORISED REPAIRERS

APPROVED REPORTING CENTRES / TOYOTA AUTHORISED REPAIRERS

1. Borneo Motors (S) Pile Ltd. - 2 Pandan Crascent (Tel: 6681 1188)

2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65684501)

4. Elhoz - 30 Bukit Batok Cras(Tel:66547777) 5. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only

6. Kun Fook Sing Motor - 81 Delu Lane 12 (Tel: 67479580) 7. Lai Hust (Mang Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)

8. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)

10. SME Mova - 1 Keel Re kil Ave 6 Rik D (Tel: 67475108)

10. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)

LOSS OF USE Loss of Use 15 Days (1500 - 1600cc) - Refer to policy wordings for details

\* NAMED DRIVER NA

HIRE PURCHASE COMPANY HONG LEONG FINANCE LTD

/EMPLOYER'S LOAN

"Emmitations 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.

I / 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 24 Jan 2017

AIG Asia Pacific Insurance Pte. Ltd.

030210-463 INCHCAPE AUTO TOYOTA-UBI WNG 33 LENG KEE ROAD SINGAPORE 159102

AUTHORISED REPRESENTATIVE

**ORIGINAL** 

ASMOK



















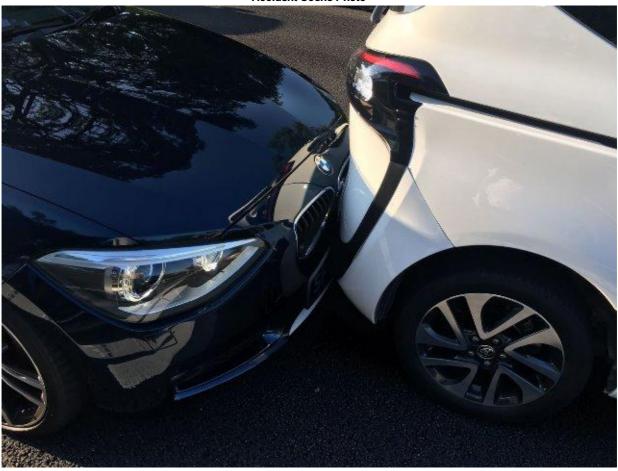
**Accident Photo** 







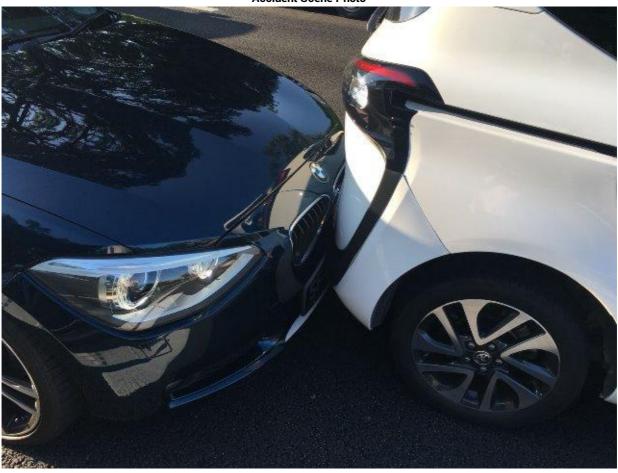
**Accident Scene Photo** 







**Accident Scene Photo** 



**Accident Scene Photo** 



**Accident Scene Photo** 





**Accident Scene Photo** 



**Accident Scene Photo** 



**Accident Scene Photo** 



**Accident Scene Photo** 



**Accident Scene Photo** 



**Accident Scene Photo** 



**Accident Scene Photo** 



