

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	23/04/2018 17:23
Date Of Accident	20/04/2018 19:10
Exact Location Of Accident	BARTLEY RD EAST TWD KPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR6294R
Insured/Policyholder	
Name Of Registered Owner	MA BIN
NRIC No	S2701254Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96547266
Alternative Phone No	Office-96547266

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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?	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	2100464171
Cover Note Number	

Driver

Name of Driver	MA BIN
NRIC No	S2701254Z
Date Of Birth	11/09/1966
Occupation	INDOOR
Date Of Driving Pass	23/12/2008
Driving Experience	9 YEARS AND 3 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96547266
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	19 ANCHORVALE CRESCENT #09-18
Postcode	544653
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	CHAIN COLLISION
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 [OTHER]	SENGKANG NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER AS ATTACHED

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	SDY6677D
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM SIANG WEE
NRIC/Passport Number	S1813725I

Contact Number90042376

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration NumberSJH7778H

Vehicle Make/Model/ColourBMW

Details Of Properties

Vehicle CategoryPRIVATE CAR

Name of DriverTEO YOON KIANG

NRIC/Passport Number

Contact Number96829652

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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.
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.

Policyholder's Signature / Date &
Time

Driver's Signature (if driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel

Sketch Plan

C) SJH 7778H
A) SJR 6294R
B) SDY 6677D





MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : MA BIN
VEHICLE NUMBER : SJR 6294 R
DATE/TIME OF ACCIDENT : 20/4/2018
PLACE OF ACCIDENT : Bartley Road East towards KPE
THIRD PARTY VEHICLE (IF ANY) : SDY 6677D & SJH 7778H

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

office back to home

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 IS THE RESULT?

No

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

Chain Collision

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

Yes No passenger injured / Changi Hospital (owner)

Name:

MA BIN
23/4/18
12:35 PM

I Affirmed The Above Information Is Given To My Best Knowledge.



**SINGAPORE
POLICE FORCE**



T/20180421/2135

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 4

Report No. T/20180421/2135

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/04/2018 17:55		Vide Report No.:		Station Diary No.: 134	
Informant's Particulars					
Name of Informant: MA BIN			Address: 19 ANCHORVALE CRESCENT #09-18 SINGAPORE 544653		
ID Type / ID No.: NRIC NO / S2701254Z			Contact No.: Home/Office: Mobile: 96547266		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 11/09/1966	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CHIEF OPERATION OFFICER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/04/2018 19:10	Type of Location: Straight Road
Location: Along Road 1 BARTLEY ROAD EAST Bartley Road East towards KPE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
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
SDY6677D	Car	BMW		White	Slightly Damaged	0
SJH7778H	Car	BMW		Grey	Slightly Damaged	0
SJR6294R	Car	TOYOTA	TOYOTA COROLLA ALTIS 1.6L CVT	White	Slightly Damaged	0



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T/20180421/2135

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545025
Tel No: 1800-343 8999

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Report No. T/20180421/2135

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJR6294R	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100464171	06/05/2016	05/05/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LIM SIANG WEE		ID No.	S1813725I
Related Vehicle	SDY6677D (Car)		Contact No.	90042376
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	NIL
Driver				
Name	TEO YOON KIANG		ID No.	S8336320G
Related Vehicle	SJH7778H (Car)		Contact No.	96829652
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	NIL
Driver				
Name	MA BIN		ID No.	S2701254Z
Related Vehicle	SJR6294R (Car)		Contact No.	96547266
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/04/2018		Date Discharge	20/04/2018
No. of Days granted Medical Leave	04		Degree of Injury	Slight



**SINGAPORE
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T/20180421/2135

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545025
Tel No: 1800-343 8999

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Report No. T/20180421/2135

CONTINUATION OF REPORT

Brief Details.

On 20/04/2018 at about 1910hrs, I was driving my car (V2: SJR6297R) along Bartley Road East towards KPE, and the traffic was so heavy. I was at the left most lane and was moving slowly. Initially my car was the last car in that queue. Suddenly a white BMW (V3: SY6677D) from behind did not stop and collided onto the rear of my car. The impact was so great that my car inched forward and hit the grey BWM (V1: SJH7778H) in front, making it a chain collision. I manage to exchange particulars of all the drivers. I have an in-camera in my vehicle.

After the accident, I felt pain on my back and neck, and also felt dizzy. Ambulance came shortly after, and I was conveyed to CGH by the ambulance. After being checked by thr doctor at the hospital, I was given 4 days of MC from 20/04/2018 to 23/04/2018.



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T/20180421/2135

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545025
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Report No. T/20180421/2135

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: F / Staff Sgt NORASHIKIN BINTE KAMSANI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/04/2018 17:55
Officer In Charge Of Case: TP / GIT / Sgt 2 MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:
Authentication Stamp NP168	SN 085
Signature: Singapore Police Force	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2701254Z



Name
MA BIN
马斌
Race
CHINESE
Date of birth
11-09-1966
Country of birth
CHINA

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S2701254Z
Name
MA BIN
Birth Date: 11 Sep 1966
Issue Date: 23 Dec 2008



4093721



NRIC No: S2701254Z




Date of issue
31-08-2007

19 ANCHORVALE CRESCENT #09-18
SINGAPORE 544053
NRIC No: S2701254Z Date: 21/10/2017

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

	PASS DATE
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	23 Dec 2008

NP 428A



Licence No: S2701254Z

HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

AIG

HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

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)

M.X.1

TOYOTA AUTO PROTECTOR (2-YEAR)

CERTIFICATE NO. 2100464171-00000

(The below excess is subject to GST)

OWN DAMAGE EXCESS S\$600.00 (1)

WINDSCREEN EXCESS S\$100.00

(Windscreen excess is waived if the repair is done at Borneo Motor's Workshop.)

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

- 1) VEHICLE REGISTRATION NO. SJR6294R
- 2) NAME OF INSURED Ma Bin
- 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 6 May 2016
- 4) DATE OF EXPIRY OF INSURANCE 5 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, 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.

APPROVED REPORTING CENTRES / TOYOTA AUTHORISED REPAIRERS

1. Borneo Motors (S) Pte Ltd - 2 Pandan Crescent (Tel: 6631 1188)

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

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

4. Ethoz - 30 Bukit Batok Cres (Tel: 65547777) 5. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only

6. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 7. Lai Huat (Meng 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 Motor - 1 Kaki Bukit Ave 6 Bld 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 DBS BANK LTD

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.

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 12 May 2016

AIG Asia Pacific Insurance Pte. Ltd.

030210-263
INCHCAPE AUTO TOYOTA - BSTU048
33 LENG KEE ROAD
SINGAPORE 159102

AUTHORISED REPRESENTATIVE

ORIGINAL

IASHEC

Accident Photo



Accident Photo



Accident Photo



Accident Photo



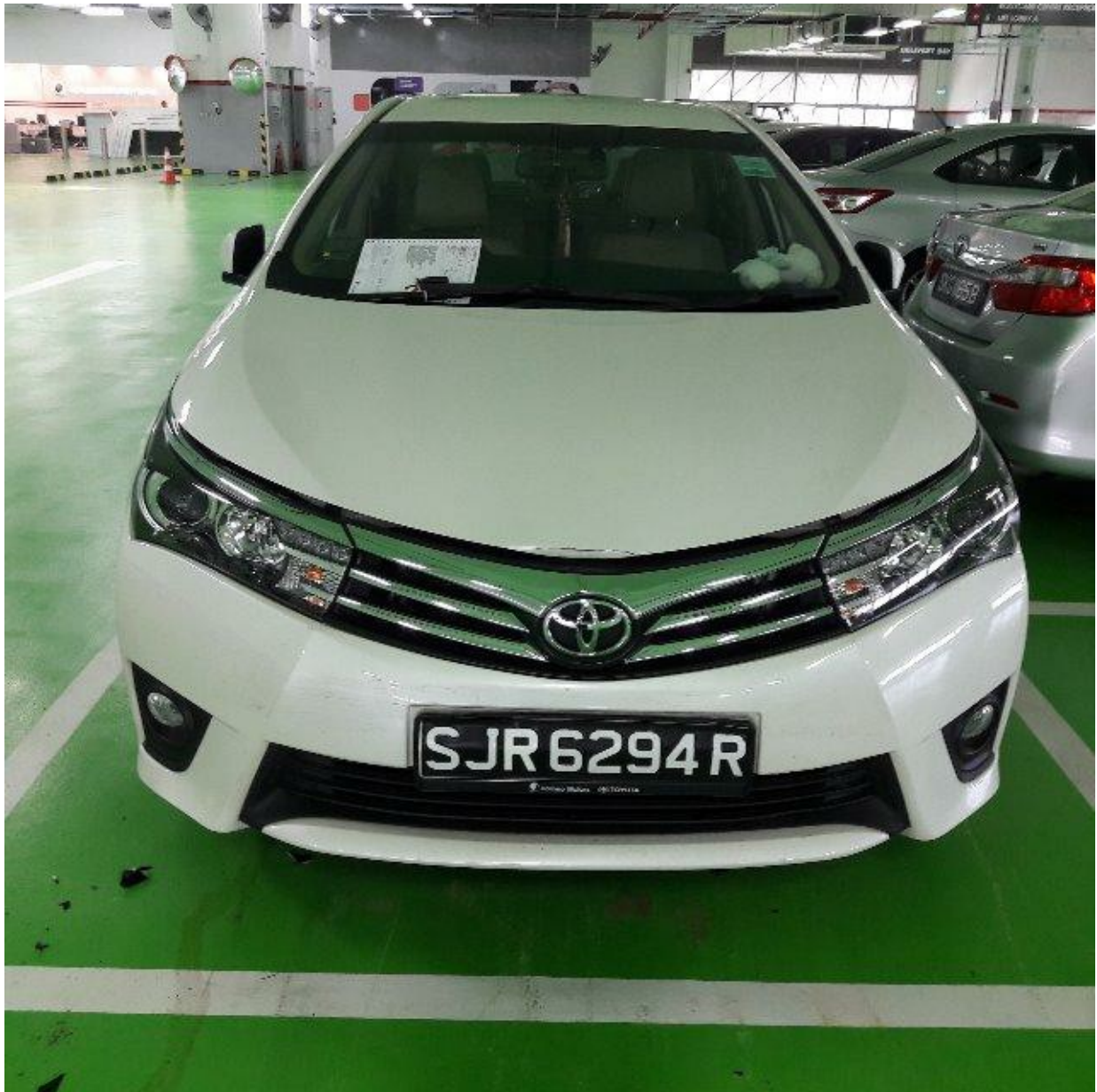
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Scene Photo



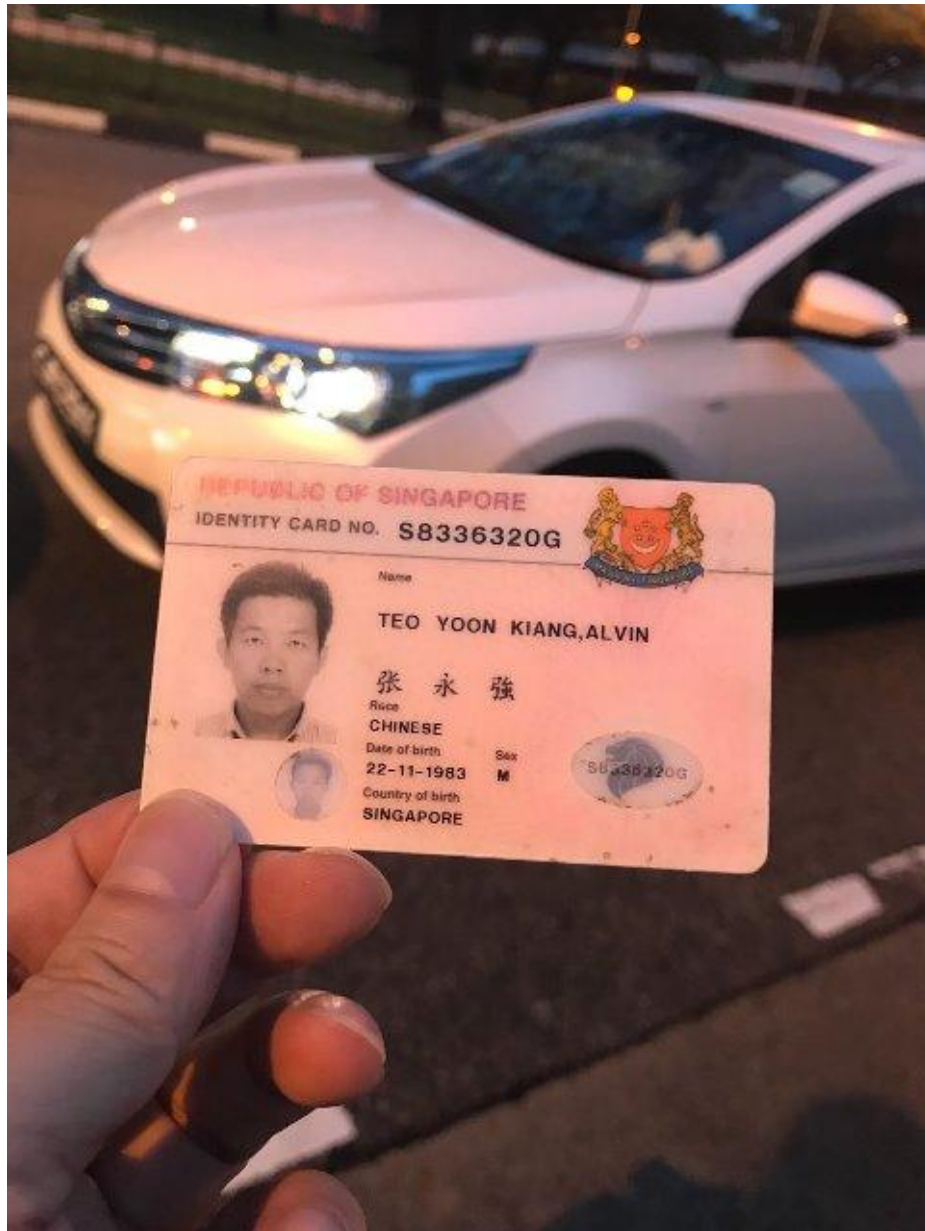
Accident Scene Photo



Accident Scene Photo



Accident Scene Photo



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