# SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 1. 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 <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

|  | ACCIDENT STATEMENT                          |
|--|---|
| ate Of Report  | 26/05/2018 10:15                            |
| ate Of Accident  | 25/05/2018 17:25                            |
| xact Location Of Accident  | ADAM ROAD TOWARDS LORNIE - LAMP POST NO. 38 |
| country/State of Loss  | SINGAPORE                                   |
|  | DETAILS OF OWN VEHICLE                      |
| ehicle Registration Number   | SKP1311G                                    |
| nsured/Policyholder  |   |
| lame Of Registered Owner   | LAI BOU LEONG                               |
| IRIC No  | S2557674H                                   |
| mail Address   | BOULEONG@GMAIL.COM                          |
| Mobile Phone No  | (LOCAL) +65-96178501                        |
| lternative Phone No  | Others-96178501                             |
| /ehicle Particulars  |   |
| Manufacturer   | VOLKSWAGEN                                  |
| Model (  | TOURAN 1.6 TDI AT 1T332Z                    |
| xact Purpose for which vehicle was being used at me of accident  | PRIVATE USE                                 |
| re you claiming under your own insurance policy or repair to your vehicle?   | YES   |
| No, Please state action to be taken  |   |
| ehicle Category  | PRIVATE CAR                                 |
| nsurance Company   |   |
| lame of Insurance Company  | AIG ASIA PACIFIC INSURANCE PTE. LTD.        |
| ype Of Coverage  | COMPREHENSIVE                               |
| leet Policy  | NO  |
| Policy Number  | 2100425123-02                               |
| Cover Note Number  |   |
| Oriver Control of the |   |
| lame of Driver   | LAI BOU LEONG                               |
| IRIC No  | S2557674H                                   |
|  |   |

**INDOOR** 

08/10/1988

29 YEARS AND 7 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-96178501

Fax Number

**Contact Number** OTHERS-96178501

**EMail Address** BOULEONG@GMAIL.COM Address 1 FERNVALE CLOSE #02-01

Postcode 797485 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

ambulance?

YES

2

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 Name: : BRANDI LAI LE XING

> Gender: : Female

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name SENGKANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE, POSTCODE: 545025, Police Station Address

**COUNTRY: SINGAPORE** 

TEL NO: 1800 - 3438999 - FAX NO: **Police Station Contact** 

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

Please refer to police report no. T/20180525/2189.

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 SHC8044K

Vehicle Make/Model/Colour MERCEDES BENZ/WHITE Details Of Properties Vehicle Category

Vehicle Category TAXI

Name of Driver LEE KAH SUAN NRIC/Passport Number S1624462G Contact Number 91091228

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name BRANDI LAI LE XING

Approximate Age 19

Injuries Sustain CUT ON RIGHT EYEBROW

Injured person in which vehicle? SKP1311G

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address 1 FERNVALE CLOSE #02-01

Postcode 797485

#### Sketch Plan

#### SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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
- 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)
  - (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
- 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.
- 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.

Date & Time:

Policyholder's Signature

Date & Time: 2 6 MAY 2018

Driver's Signature (If driver is not the policyholder)

Name:

Reporting Centre Personnel's Sig Deboral

NRIC/FIN No.:

S7332811Z

10 1 1 1 1 1 1 1 CIASSIC Signiffications VS

| 10V  | 2 (%                                    |               | DW.  |
|--|---|---------------|------|
| 7  | , |               |      |
| DECLARATION  I/We declare the foregoing particular | rs are true in every respect.           |               |      |
|  |   |               |      |
|  |   |               |      |
|  |   |               |      |
|  |   |               | 4-7  |
|  |   |               |      |
|  |   |               |      |
|  |   |               |      |
|  |   |               |      |
|  | 20000                                   |               | S.X. |
|  |   |               |      |
|  |   |               |      |
|  |   |               |      |
| Please refer to                                    | Police Report No. 7/                    | 20180525/2189 |      |
| DESCRIBE CIRCUMSTANCES OF                          | THE ACCIDENT                            |               | -    |
| Sdam Road  | Vehicle 1 3M                            | 13114 [ 1     | 1    |
|  | unknown (SKP                            | 1316          |      |
|  |   |               |      |
| access road  | 2                                       | m /s          |      |
|  |   | M             |      |
| 1 1 1 1 1 1 1 1 1                                  | 1240                                    | 804AK         |      |
|  |   |               |      |
| SPC Petrol<br>SKETCH PLAN KOSK                     |   | 1 1           |      |





1 of 4 Report No. T/20180525/2189

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

| REPORT | OF A | TRAFFIC | ACCIDENT |
|--------|------|---------|----------|
|--------|------|---------|----------|

| Date/Time Report Made:<br>25/05/2018 23:54 |                          |                                  | Vide Report No.:<br>E/20180525/0122           | Station Diary No.<br>183 |  |
|--|--------------------------|----------------------------------|---|--------------------------|--|
| lı ərmai                                   | nt's Particu             | ılars                            | 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1        |                          |  |
|  | Informant:<br>LEONG      |                                  | Address:<br>1 FERNVALE CLOSE #                | 02-01 SINGAPORE 797485   |  |
| ID Type                                    | / ID No.:<br>D / S255767 | 74H                              | Contact No.:<br>Home/Office: Mobile: 96178501 |                          |  |
| Nationali<br>SINGAP                        | ty:<br>ORE CITIZ         | EN                               | Email:  |                          |  |
| Sex:<br>Male                               | Age:<br>53               | Date of Birth:<br>01/12/1964     | Type of Informant:<br>Driver                  |                          |  |
| Race:<br>Chinese                           |                          | Language: Institution / School I |   |                          |  |
| Occupation:<br>PRE-SALES DIRECTOR          |                          |                                  | Driving Licence Informa<br>Class: 3           | tion: Date of Expiry:    |  |

| Type of<br>Accident:                                     | Injury<br>Conveyed By Ambulance | Drink   Date/Time of   Accident:   No   25/05/2018 17:2 |  | Type of Locatio<br>Straight Road        |  |
|--|---------------------------------|---|--|---|--|
| Location:<br>Along Road 1<br>ADAM ROAD<br>towards Lornie |                                 |   |  |   |  |
| Limp Post Num<br>Visather:<br>Clear                      | Ros<br>Dry                      | ad Surface:   |  | Road Speed Limit:                       |  |
| Traffic Flow: Traffic                                    |                                 | raffic Control:<br>ot Controlled                        |  | Traffic Volume:<br>Heavy                |  |
| Type of Collisio   | n:<br>g Vehicles - Head To Rear |   |  | Anyone conveyed by<br>ambulance:<br>Yes |  |

| Vehicle No. | Type * | Make **          | Model                          | Color- | Condition | No of Passenge |
|-------------|--------|------------------|--------------------------------|--------|-----------|----------------|
| SHC8044K    | Car    | MERCEDES<br>BENZ | E220<br>BLUETEC                | White  |           | 0              |
| SKP1311G    | Car .  | VOLKSWAGO<br>N   | TOURAN 1.6<br>TDI AT<br>1T332Z | Blue   |           | 1              |

| Details of Vehicle Insurance    | 185180 1 10 |
|---------------------------------|-------------|
|                                 | Expiry Date |
| venice No. I ilisurance Company |             |





2 of 4 Report No. T/20180525/2189

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Date Treatment NIL
No. of Days granted Medical Leave

Tel No: 1800-343 8999

## CONTINUATION OF REPORT

| A LONG THE RESIDENCE AND ADDRESS OF THE PARTY OF THE PART | nicle Insurance<br>Insurance Company |                  | Insulanc           | e No  |           | ffective                     | Expiry Date                             |
|--|--------------------------------------|------------------|--------------------|---|-----------|------------------------------|---|
| SKP1311G   | AIG ASIA PACIFIC INSURAN<br>LTD.     |                  | 2100425            | No. of Concession, Name of Street, or other |           | 18/08/2017                   | 17/08/2018                              |
|  |                                      | 56.07 to 5       |                    | 958350S                                     |           | 250. 38 KK                   | MARIE S                                 |
|  | rson involved<br>in Involved: No     | September 1      | 10000              | A. C. S. S. S. S. S. S.                     | (SANS)    | St. Salata St. Salata Salata | 180 178 20 55 34                        |
|  | rians Injured: NIL                   | Ti               | Use of Ped         | estrian                                     | Cross     | ing: NA                      |   |
| Driver   | nans injured. Nic                    |                  |                    | 200   | 5         |                              |   |
| Name   | Lee Kah Suan                         |                  | Car Delivera Santo | ID No.                                      |           | S16244620                    | 3                                       |
| Related Vehic  | le SHC8044K (Car)                    |                  |                    | Conta                                       | ct No.    | 91091228                     |   |
| Hospital/Clini   | NIL                                  |                  |                    | Class<br>Driving<br>Licend<br>Expiry        | g<br>ce & | Class: NIL<br>Date of Exp    | oiry: NIL                               |
| Date Treatme   | ent NIL                              |                  | Date Discl         |   | NIL       |                              |   |
| No. of Days g  | ranted Medical Leave N               | IL .             | Degree of          | Injury                                      | NIL       |                              |   |
| Driver   |                                      |                  |                    |   | EX.       |                              | 9573 1100                               |
| Name   | LAI BOU LEONG                        |                  |                    | ID No                                       |           | S2557674H                    | H                                       |
| Related Vehic  | cle SKP1311G (Car)                   | SKP1311G (Car)   |                    | Contact No.                                 |           | 96178501                     |   |
| Hospital/Clini   | c NIL                                | NIL              |                    | Class<br>Drivin<br>Licend<br>Expin          | g         | Class: 3<br>Date of Ex       | piry: NIL                               |
| Date Treatme   | ent NIL                              | T                | Date Disc          | harge                                       | NIL.      |                              |   |
|  |                                      | IL.              | Degree of          | Injury                                      | NIL       |                              |   |
| Passenger  |                                      | Service Services |                    |   |           | 100 H. Car                   | 2 14 m                                  |
| Name   | Brandi Lai Le Xing                   |                  |                    | ID No                                       |           | S9928028                     | Z .                                     |
| Related Vehi   | cle SKP1311G (Car)                   | SKP1311G (Car)   |                    | Conta                                       | ct No.    | 91780166                     | authingstel ustra vonkismone i soudfelm |
| Hospital/Clini   | c TAN TOCK SENG HOS                  | PITAL            |                    | Class<br>Drivin<br>Licen                    | g         | Class: NIL<br>Date of Ex     |   |

NIL

Date Discharge NIL Degree of Injury | Slight





T/20180525/2189

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

3 of 4 Report No. T/20180525/2189

#### CONTINUATION OF REPORT

Brof Details.

Or the 25/05/2018 at about 1725hrs, I was driving my vehicle SKP1311G along Adam road, it was a 2 lanes merging into 1 lane towards Lornie road direction. I was driving on the right hand side of the merging lane. At that point of time, I noticed one vehicle (unknown plate number) was in a slow or almost stationary position on the left hand side of the road, as such I wanted to overtake the vehicle and subsequently filter into the left lane. I was glancing to the left blind spot area to ensure that the unknown vehicle did not speed up however I did not notice that the taxi in front of me, bearing registration plate number SHC8044K came to a stop, I could not stop in time and as such I rear ended to the taxi.

The taxi driver alighted from his vehicle and we exchanged our particulars, he subsequently left the accident scene as our vehicles is causing obstruction to the road. He left the accident location before police attended to us.

I wish to state that my daughter was seated at the rear left passenger seat, her right eyebrow was cut by her frameless spectacles due to the collision and she conveyed to TTSH shortly. Currently she is still in Emergency Ward pending for CT scan.

There is built-in camera installed in my vehicle.





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 4 of 4 Report No. T/20180525/2189

CONTINUATION OF REPORT

# Sketch Plan

Tel No: 1800-343 8999

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 Rec<br>F /<br>Sgt 2 LEE CHOON BOO | //       | Signature Of Informant:        |       |  |  |  |
|--|----------|--------------------------------|-------|--|--|--|
| Signature Of Interpreter<br>Not applicable             | i        | Date/Time:<br>25/05/2018 23:54 |       |  |  |  |
| Officer In Charge Of Case:<br>TP / GIT /               |          | Classification Of Case:        |       |  |  |  |
| Contact No.:   | de la    | / SN 085                       | A COL |  |  |  |
| Authentication Stamp<br>NP168                          | Senature | 2                              | i.id  |  |  |  |
| Place grant Parice                                     |          | e Force                        |       |  |  |  |

**Insurance Certificate** 



# CERTIFICATE OF INSURANCE

### AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Lai Bou Leong

 Period of Insurance
 : 18 Aug 2017 To 17 Aug 2018

 Engine No.
 : CAYAB4668

 Chassis No.
 : WVGZZZ1TZFW000276

Vehicle No. : SKP1311G Policy No. : 2100425123-02

Endorsement No.

Issued Date : 01 Aug 2017

ABOUT THE COVER

: VOLKSWAGEN TOURAN 1.6

Engine Capacity/Tonnage : 1,598.00 CC Sum Insured : Market Value First Year of Registration : 2014 Insuring with COE/PARF : Yes Off Peak Car : No Driver Restriction : NA

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 histilter permission. This Policy will indownly the Policyholder or any authorised driver only if heliahe weeks the specified age condition.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unashed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

Limitation as to use" :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy deas not cover use for him or reward, driving button, thinking trist, racing, pace-making, reliability hist or speed-lessing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

\* Limitations rendered inoperative by Section 5 of the Motor Vehicles (Third-Party Risks 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 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - S0

Windscreen: \$100

Named Driver and Excess (where applicable)

Lai Bou Leong - \$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 linst registration of the Vehicle in Singapore, You have the option of having the accident-repairs certified out at the Side Appril's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency todale at +65 6338 5200. Alternatively, You may refer to AIG website waw, algoring or AIG SIG Mobile App. Simply search and download "AIG SIG" from iTunes or Google Play.

# IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

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

0000054000

DIRECT CLIENTS 01.4.95

AIG BUILDING 78 SHENTON WAY #07-16

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE



# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2557674H





LAI BOU LEONG

CHINESE 01-12-1964

MALAYSIA

5255767

5479733

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES) Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 killograms NP 428A

21-10-2015 1 FERNVALE CLOSE #02-01 SINGAPORE 797485 NRIC No: \$2557874H

Date: 24/11/2016









# **Accident Photo**



**Chassis Number** 

