### 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 truthful and accurate 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 conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	18/06/2018 15:48
Date Of Accident	17/06/2018 10:40
Exact Location Of Accident	ALONG YIO CHU KANG RD AT THE TURN PLANTATION AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDQ2777S
Insured/Policyholder	
Name Of Registered Owner	FOO TAO JIN
NRIC No	S1278918A
Email Address	YUKORONF00@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96818420
Alternative Phone No	Office-96183460
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH-1.8 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
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100496674
Cover Note Number	
Driver	
Name of Driver	FOO CHI KIT, KEN
NRIC No	S9209497I
Date Of Birth	12/03/1992

**INDOOR** 

18/07/2014

3 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96183460

Fax Number

**Contact Number** 

EMail Address FCKKEN@LIVE.COM.SG

Address BLK 522 HOUGANG AVENUE 6 #12-29

NO

Postcode 530522

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured OTHER - SON

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle -

insurance Company of Driver's Own Venicle

# **General Information of the Accident**

Type Of Accident COLLISION - HEAD ON 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 3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES

NO

2

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Passenger 1 Name: : TAN JIE YING JACQUELINE

Gender: : Female

### **Details of Police Action**

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-4890999 - **FAX NO**: 63128989

Was notice of intended Prosecution given?

If Yes, against whom?

NO

### **Circumstances of Accident**

### PLEASE REFER TO SKETCH PLAN.

### 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 SLD9445C

Vehicle Make/Model/Colour VOLKSWAGEN GOLF

Details Of Properties SQUASHED/DENT OF FRONT & BACK

Vehicle Category PRIVATE CAR

Name of Driver LIM

NRIC/Passport Number

Contact Number 96817205

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SKR6888R
Vehicle Make/Model/Colour MERCEDES

Details Of Properties SCRATEHED CAR BACK

Vehicle Category PRIVATE CAR
Name of Driver ANTHONY

NRIC/Passport Number

Contact Number 83836888

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF INJURED PERSON 1**

Name

Approximate Age Injuries Sustain

Injured person in which vehicle? SKR6888R

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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>.
- 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.
- 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)

Funderstand, 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;
- (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' 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time 18-6-2018
Sketch Plan eq37 H/IS

A-SDQ 2771S
B-SID 9445 C
C-SKR6888R

Plantahan Aue

Plantahan Aue

lefor to police report	
claration	
e declare the foregoing particulars are true in every respect.	
a marginal file for agoing beneating and the start of the beauti	
702	
Jahr Me.	
Mer	da
	1
licyholder's Signature / Date & Driver's Signature (if driver is not the policyholder) / Date	Witnessed by Reporting Centre
me . = C	Personnel
18 0 20 2	
0937 HRS	





1 of 4

Report No. T/20180617/2025

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

REPORT	F A TRAFFIC	ACCIDENT		
	ne Report M 118 12:45	lade:	Vide Report No.: F/20180617/0144	Station Diary No. 46
Informa	nt's Particu	ulars		
	Informant: II KIT, KEN		Address: APT BLK 522 HOUGA 530522	ANG AVENUE 6 #12-29 SINGAPORE
	/ ID No.: O / S920949	971	Contact No.: Home/Office:	Mobile: 96183460
National SINGAP	ity: PORE CITIZ	EN	Email:	
Sex: Male	Age: 26	Date of Birth: 12/03/1992	Type of Informant: Driver	
Race: Chinese	1		Language:	Institution / School Name:
Occupat	tion: ons Executiv	ve	Driving Licence Inform Class: 3	nation: Date of Expiry:

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/06/2018 10:45	Type of Location T-Junction
	NG ROAD	antation Avenue		Road Speed Limit:
Weather: Clear		Dry		Road Speed Limit.
Traffic Flow: Two Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume:
Type of Collis Between Mov	sion: ving Vehicles - Head To F	Rear		Anyone conveyed by ambulance:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SDQ2777S	Car	TOYOTA		Black	Slightly Damaged	1
SKR6888R	Car	MERCEDES BENZ		Silver		0
SLD9445C	Car	VOLKSWAGO N		Silver		0





2 of 4 Report No. T/20180617/2025

Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

Details of Person					
Any Pedestrian Inv	volved: No	1	antilar d	react.	na: NA
No. of Pedestrians	Injured: NIL	Use of Ped	estrian C	rossi	ng. NA
Driver			10.11-		S92094971
Name	FOO CHI KIT, KEN		ID No.		592094971
Related Vehicle	SDQ2777S (Car)		Contac	No.	96183460
Hospital/Clinic	NIL		Class of Driving Licence Expiry	8 8	Class: 3 Date of Expiry: NIL
	NIL	Date Disc	harge	NIL	
Date Treatment	ted Medical Leave NIL	Degree of		NIL	
	led Medical Leave   Mic				AND STREET
Driver	ANTHONY		ID No.		NIL
Name	ANTHONT		5529766		530000
Related Vehicle	SKR6888R (Car)		Contac	ct No.	83836888
Hospital/Clinic	NIL		Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
D. L. T Image	NIL	Date Disc	charge	NIL	
Date Treatment		Degree o		NIL	
	nted Medical Leave NIL		- 10-10-	1000	
Driver	1.134		ID No		NIL
Name	LIM		1		2-2
Related Vehicle	SLD9445C (Car)		Conta	act No	96817205
	1.00		Class	of	Class: NIL
Hospital/Clinic	NIL		Drivir	ng	Date of Expiry: NIL
Date Treatment	NIL	Date Dis	scharge	NIL	
Date Treatmen	inted Medical Leave NIL		of Injury	NIL	

On 17/06/2018 at about 1046hrs, I was travelling along Yio Chu Kang Road in my vehicle SDQ2777S with a female passenger and everything was intact and in order.

I was on the right lane when suddenly, the vehicle in front of mine with license plate number SLD9445C applied brakes. I applied brakes but I could not prevent the collision. The front portion of my vehicle collided into the rear portion of SLD9445C. Both my passenger and I were not injured at that moment. I then alighted to check on the other vehicle and I discovered that there was another vehicle SKR6888R involved in the accident.





Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

3 of 4 Report No. T/20180617/2025

CONTINUATION OF REPORT

Ambulance and Police were at scene reference F/20180617/0144. Subsequently, one of male passenger in his 60s from SKR6888R was conveyed by ambulance. I was advised to lodge a traffic accident report under IO Philip Contact: 65476960. My in-car CCTV which was installed inside my vehicle was seized by the traffic police. No government property was damaged.





4 of 4 Report No. T/20180617/2025

Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

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 / Sgt 3 ASHLEY TOH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/06/2018 12:45
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALH Contact No.: 65476246	Classification Of Case:
Authentication Stamp NP168 Signature	



## MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	-
VEHICLE NUMBER	. SDQ 2777S
DATE/TIME OF ACCIDENT	: 18/06/2018 10:40 AM
PLACE OF ACCIDENT	. Along you chu Keng Road town for Do
THIRD PARTY VEHICLE (IF ANY)	
*******	Mercedes SKR 6888 R
Hougay hue 6 Blk 522. Le	estimation braddel Heights Community Letter Derogen
DID YOU DRINK ANY ALCOHOL THE ACCIDENT? IF YES, DID TO	IC DRINKS BEFORE YOU DRIVE ON THE DAY OF HE TRAFFIC POLICE CONDUCT ANY BREATHE-
DID YOU DRINK ANY ALCOHOL	HE TRAFFIC POLICE CONDUCT ANY BREATHE-
DID YOU DRINK ANY ALCOHOLITHE ACCIDENT? IF YES, DID TO ANALYSER TEST ON YOU? IF YES NO. I did not disak  WHAT IS THE TYPE OF COLLISION TO ALL VEHICLES INVOLVED?	ON AND THE EXTENSIVENESS OF THE DAMAGES  COt. Volkswagen squarked / Pert at Back and tree

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



# 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)

TOYOTA AUTO PROTECTOR (Z-YEAR)

CERTIFICATE NO. 2100496674-00000

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

SUM INSURED Market Value INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

SDQ2777S

2) NAME OF INSURED

Foo Tao Jin

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

16 Jan 2017

4) DATE OF EXPIRY OF INSURANCE

15 Jan 2019

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

SUBJECT TO AGE CONDITION : All Age Co.

a) The Insured.

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 heishe meets the age conditions.
A Young and/or inexperienced Driver Excess ("YIDR") of \$3,500.00. in additional 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 scensing 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, fulfion, 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 (6) Pie Ltd - 2 Pandan Crescent (Tel : 6631 1186)
APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)
2. Comitoribelgro Engrg - 205 Braddels Rd (Tel : 63337118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65684501)
4. Elhoz - 30 Bukit Batok Cres (Tel: 66547777) 5. Glass Fix - 52 Ubi Ave 3 (Tel: 62780867) - For windscreen only
6. Kan Fook Sing Motor - 61 Defu Larve 12 (Tel: 67479560) 7. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)
8. Move Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723872) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)
10. SME Motor - 1 Kaki Bukit Ave 6 Bik 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, 1967 (Malaysia), are not to be included under these headings.

1 / 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 18 Jan 2017

INCHCAPE AUTO TOYOTA-TFSNCT 33 LENG KEE ROAD SINGAPORE 159102

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

**ORIGINAL** 































