## SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

**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 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 consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	10/07/2018 11:20
Date Of Accident	09/07/2018 14:50
Exact Location Of Accident	AT JALAN TENAGA TOWARDS KAKI BUKIT ROAD 3
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL6816T
Insured/Policyholder	
Name Of Registered Owner	TAN KUO KENG
NRIC No	S7142201A
Email Address	KKTAN@EESIN.NET
Mobile Phone No	(LOCAL) +65-90016990
Alternative Phone No	Others-90016990
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI 2.0
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If 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	2100503230-01
Cover Note Number	
Driver	
Name of Driver	WANG LIJIAO
NRIC No	S8384438H
Date Of Birth	30/12/1983
bute of Birth	
Occupation	INDOOR

16/12/2016

1 YEAR AND 6 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-81895123

Fax Number

**Contact Number** 

EMail Address NOEMAIL

Address BLK 661 JALAN DAMAI

#05-129

Postcode 410661
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured SPOUSE

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?

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES

NO

NO

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) 4

Passenger 1 Name: : TAN XUAN YU

Gender: : Female

Passenger 2 Name: : TAN ZHENG WEN

Gender: : Male

Passenger 3 Name: : CHEN SI

Gender: : Female

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name EUNOS NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620, POSTCODE: 470629,

COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-4439999 - **FAX NO**: 62444376

Was notice of intended Prosecution given?

If Yes, against whom?

NO

**Circumstances of Accident** 

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES NO Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number FBG4568S

Vehicle Make/Model/Colour PIAGGIO GILERA

**Details Of Properties** 

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

**Contact Number** 

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? FBG4568S

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

#### Sketch Plan

#### SKETCH PLAN

### IMPORTANT NOTICE

- 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 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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
- (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

for complying with requirements under any regulations, laws or court orders.

icyholder's Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: Poh Kwee Choo

KAKAT BUKIT R& 3. SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 70 POLICE REPURT
1/20180709/2132 PEPCIL DECLARATION I/We/declare the foregoing particulars are true in every respect Reporting Centre Personnel's Signature Porcyholder's Signature Driver's Signature Date & Time:
10/1/20/8
GIAPMGSketchPlanForm\_V3 (If driver is not the policyholder) Name: NRIC/FIN No. Poh Kwee Choo S6840583A Date & Time: 10/7/2118 (1000





Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

1 of 3 Report No. T/20180709/2132

## REPORT OF A TRAFFIC ACCIDENT

	09/07/2018 17:05		Vide Report No.: G/20180709/0120	Station Diary No.:	
Informan	t's Partic	ulars		CONTROL FOR THE STORY	
Name of Informant: WANG LIJIAO			Address: APT BLK 661 JALAN DAMAI #05-129 SINGAPORE 410661		
ID Type / NRIC NO	ID No.: / S83844	38H	Contact No.: Home/Office: Mobile: 81895123		
Nationalit SINGAPO	y: · ORE CITIZ	EN .	Email:		
Sex: Female	Age: 34	Date of Birth: 30/12/1983	Type of Informant: Driver		
Race: Chinese		-	Language: Institution / School Nam		
Occupation: Housewife			Driving Licence Information: Class: 3A	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/07/2018 14:50	Type of Location Straight Road
JALAN TENA KAKI BUKIT I			IING INTO CARPARK	OF BLK 655 JALAN
Weather: Clear		Road Surface: Dry		Road Speed Limit:
		Traffic Control:	1	
Traffic Flow: Two Way		Not Controlled	1	Traffic Volume: Light

Vehicle No.	ehicle Involve	Make	Model	Color	Section Control of the Control	No of Passenger
FBG4568S	Motorcycle	PIAGGIO	GILERA RUNNER ST 200		Seriously Damaged	The second secon
SLL6816T	Car	NISSAN	QASHQAI 2.0 CVT ABS D/AIRBAG 2WD 5DR S/R		Slightly Damaged	4





Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999 2 of 3 Report No. T/20180709/2132

## CONTINUATION OF REPORT

	n Involved	100 14	The same	C. Second	072.74		
Any Pedestrian Ir							
No. of Pedestrians Injured: NIL U			Use of Pe	Use of Pedestrian Crossing: NA			
Driver And Andrews			<b>建工业的条件</b>	***	3117 TY	<b>经验的数据的</b> 的形式。2007年	
Name	WANG LIJIAO	,		ID No		S8384438H	
Related Vehicle	SLL6816T (Car)		Contact No.		81895123		
Hospital/Clinic	NIL .			Class Drivin Licend Expin	g	Class: 3A Date of Expiry: NIL	
Date Treatment	NIL E		Date Disc		NIL		
		Degree of	Injury	NIL			

### Brief Details.

On 09/07/2018 at about 1450hrs, I was driving my vehicle bearing license plate number SLL6816T along Jalan Tenaga and I had wanted to turn right into the carpark of blk 655 Jalan Tenaga. When I was proceeding with the right turn, all of a sudden I felt a impact from my right side. Subsequently, I realized that a motorcycle had collided to the right side of my vehicle when I had wanted to make the right turn. After the accident, there was a military driving instructor whom had came down and render assistance. However, I am unsure if he did see how did the accident happen. He also assisted to call for ambulance and the motorcyclist was subsequently conveyed by ambulance to Changi General Hospital.





Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

3 of 3 Report No. T/20180709/2132

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:			
Sgt 2 CHOO YOU CHENG, EUGENE	T M			
Signature Of Interpreter: Not applicable	Date/Time: 09/07/2018 17:05			
Officer In Charge Of Case: TP / GIT / Insp MOHAMMED FADZLY BIN ABDUL AZIZ Contact No.: 65476355	Classification Of Case:			
Authentication Stamp NP168				
SIONATI	JRE .			





# CERTIFICATE OF INSURANCE

Endorsement No.

#### NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Tan Kuo Keng

Vehicle No. : SLL6816T 
 Period of Insurance
 : 06 Mar 2018 To 05 Mar 2019

 Engine No.
 : MR20452757W
 Policy No. : 2100503230-01

Chassis No. : SJNFBAJ11U1915700 Issued Date : 05 Feb 2018

#### ABOUT THE COVER

Make/Model : NISSAN QASHQAI 2.0 PREMIUM 2014

Engine Capacity/Tonnage : 1,997.00 CC Sum Insured : Market Value First Year of Registration : 2017 Driver Restriction Off Peak Car : No Insuring with COE/PARF : Yes

#### 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 his/her permission. This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

: All Age Condition Age Condition

Limitation as to use\* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

#### EXCESS

Section 1 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Tan Kuo Keng - \$600 (Own Damage)

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

1.TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 628099 62622212

2 Autolution Industrial Add: 19 Ubi Road 4 Singapore 408623 64909656
3.T.C AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513
4.Tan Chong Motor Sales Add: 913 Bukit Timah Road Singapore 589623 64694091 64694092 6
5.Tan Chong Motor Sales Add: 17 Lorong 8 Toe Payoh Singapore 319254 63570753 63570754

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from ITunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

I/We 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 Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1998 (Malaysia).

0500610427

TAN CHONG CREDIT PTE LTD-LSE 911 BUKIT TIMAH ROAD

SINGAPORE 589622 ANSP-MOTOR

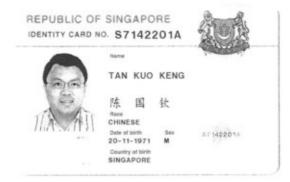
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

prile

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

**OWNER'S NRIC & DRIVING LICENCE** 

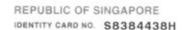
















WANG LIJIAO

王 丽 娇 CHINESE

Date of birth Sex 30-12-1983 F Country of birth CHINA

50384438H

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

Class 3A Motor cars without clutch pedals (Auto) with unladen 16 Dec 2016 weight = 3000kg with = 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

NP 428A

4853623

NRIC No. S8384438H

16-04-2012

APT BLK 661 JALAN DAMAI #05-129 SINGAPORE 410661

# **Accident Photo**



# **Accident Photo**



# **Accident Photo**



## **CHASSIS NUMBER**

