MBM118091950 / Borneo Motors (S) Pte Ltd - Leng Kee ENTRY DATE & TIME: 17/07/2018 09:14 SUBMITTED BY: Siti Nabilah Binte Abdul Rahim

## 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	17/07/2018 09:14		
Date Of Accident	16/07/2018 12:15		
Exact Location Of Accident	NEWTON CIRCUS		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	EU1868L		
Insured/Policyholder			
Name Of Registered Owner	NERA FOONG HOH YEE		
NRIC No	S2510050F		
Email Address	VERA.FOONG@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-97372600		
Alternative Phone No	Office-97372600		
Vehicle Particulars			
Manufacturer	LEXUS		
Model	ES300H-2.5 EXECUTIVE (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	2100434432		
Cover Note Number			
Driver			
Name of Driver	NERA FOONG HOH YEE		
NRIC No	S2510050F		
Date Of Birth	28/09/1949		

**INDOOR** 10/12/1980

37 YEARS AND 7 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97372600

Fax Number

Contact Number OFFICE-97372600

EMail Address VERA.FOONG@GMAIL.COM
Address 53 CAIRNHILL RD #31-01

Postcode 229664
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

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Insurance Company of Driver's Own Vehicle

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# **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

3

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: : RHONA

Gender: : Female

Passenger 2 Name: : AH LOON
Gender: : Female

## **Details of Police Action**

Was the accident reported to the police?

If Yes,Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

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?

NO

Was there any audio recorded?

NO

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

Vehicle Registration Number SHB7824M

Vehicle Make/Model/Colour RED/TRANSCAB

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

## IMPORTANT NOTICE

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- 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.
- 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)

Lunderstand, 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 law yers/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	Circus Pip	A-E4/868L
	( )	B-548 7824N
£1	Timek	
57.	Poas .	
	Scatte P.	

escribe Circumstances of the	Accident	
I am driving so	atts road second law on the had pass Bt. Timat 1st exist to go into the first left law t	- aft going to
Newton local do 1	had pass Bt. Timel 1st exit +	he text come quickly
to may left side as	I hat my Fit bumped by I	was still exint
On the cities	to a total the Plant 1. Pl lane t	& Newdon road
Cyoned the circles	10 de 1720 de 1000 att	1000
straight.		
Declaration		
Decialation		
We declare the foregoing particular	are true in every respect.	
THE SECOND SITE TO RESIDENCE OF THE SECOND	menter and the section of the sectio	
1 -0 2000 0		
Policyholder's Signature / Date &	Driver's Signature (if driver is not the policyholder) / Date	Witnessed by Reporting Centre
Time	& Time	Personnel



## MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: Vera Foong Hoh Yee
VEHICLE NUMBER	: EU 1868 L
DATE/TIME OF ACCIDENT	: 16.7.18 1215
PLACE OF ACCIDENT	: Newton Circus
THIRD PARTY VEHICLE (IF ANY)	:_ SH87824m
*********	************
From home 31-01 Carr Heading to Toa Par	Joh Hub' S3 Cairmhill Road.
	C DRINKS BEFORE YOU DRIVE ON THE DAY OF IE TRAFFIC POLICE CONDUCT ANY BREATHE, WHAT IS THE RESULT?
WHAT IS THE TYPE OF COLLISION TO ALL VEHICLES INVOLVED?	ON AND THE EXTENSIVENESS OF THE DAMAGES
	ER/S INJURED? IF INJURED, WHICH HOSPITAL? FIC POLICE FOR INVESTIGATION?
Vera Foong Hah 4- Name:  I Affirmed The Above Information Is G	

AIG Asia Pacific Insurance Pte. Ltd. AIG Building 78 Shenton Way #07-16 Singapore 079120 Tel: 6419 3000

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# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Vera Focas Hoh Yee Period of Insurance : 23 Oct 2017 To 22 Oct 2018 : 2AR1323509

Engine No. Chassis No. : JTHBW1GG102100028 Vehicle No. : EU1888L : 2100434432-02 Policy No.

Endorsement No.

Issued Date : 15 Sep 2017

Make/Model LEXUS ES HYBRID

First Year of Registration : 2015 Engine Capacity/Tonnage : 2,494.00 CC Sum Insured : Market Value Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*

a) The Propyriology to Auty ethic particle who is disking on the Policyhetider a cruter or with highlar puriospore. This Policy and improvedly me Policyhetider or any authorized driver only if heritar meets the specified age consistion.

You have to pay an additional sum of \$2,000 as "Young and/or image sense Druce Except" ("YID9") if You are or Your Authorised Druce (insmed or ventioned) in under this age of 23 and/or has less than 2 years' (Pring ingested).

Age Condition All Age Condition

Limitation as to use\* :

Use any for arript, dimensional pleasure purposes and for the Polarynolfer's currents. This Policy dust not cover use for his or revisit, driving batter, strong lest, racing pace-making, velocities and or revisit or the consequence of goods other than sensities in consection with any case in page for any purpose in consection with Moder Trade.

Losa of Use 1500cc - 1600cc Optional

Lestphons continued expensions by Section 6 of the Michael Venetics (There-Pairs Rails and Compensation) Act (Cap. 188) and Section 95 of the Point Transport Act, 1937 (Midaywa), are not to be included other throw hatchings.

Section 1 Fire - 30 Own Damage - \$800 Yout - 50 Flood Cover - 56

Section 2 Property Damage - SD

Windsgroom: \$100

Named Driver and Excess (knew applicable)

Verz Frong Neh Yan - \$800 (Over Damage)

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

Approved Papering Cerman AIO Auditoread Paperins (For claims national reading)
Any acclaims repens to the Vehicle must be certain but by one of our Authorised Represent. Within the that 5 years of the test registration of the Vehicle in Sengagore. You have the option of hering this accurate repens claimed over in the Sub-Age-tra institution.

All the contraction of the Vehicle in Sengagore. You have the option of hering this accurate repenses Reportance on the Vehicle in Sengagore. You may retire to AIO account from our AIO account from the AIO acco

Hire Purchase Company/Employer's Loan: NA

While hissibly profely that the policy to which this Compensation of true-cance related in opportunities and the provisions of the Motor Verlicles (Three Party Risks and Actor Verlicles (Three Party Risks) Rules 1900 (Maleysta) and Rules 1900 (Maleysta) Rules 1900 (Maleysta

0050211000

AIG ASIA PACIFIC INSURANCE PL TE SHENTON WAY #67-16 AIG BUILDING

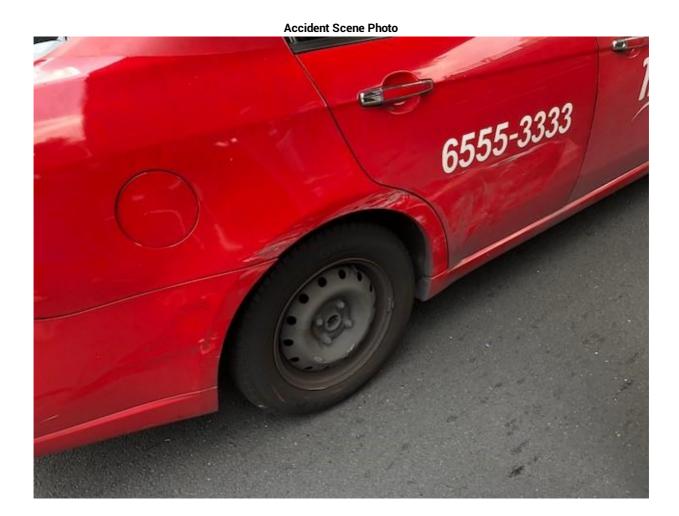
SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE







**Accident Scene Photo** 



**Accident Scene Photo** 



**Accident Scene Photo** 



**Accident Scene Photo** 



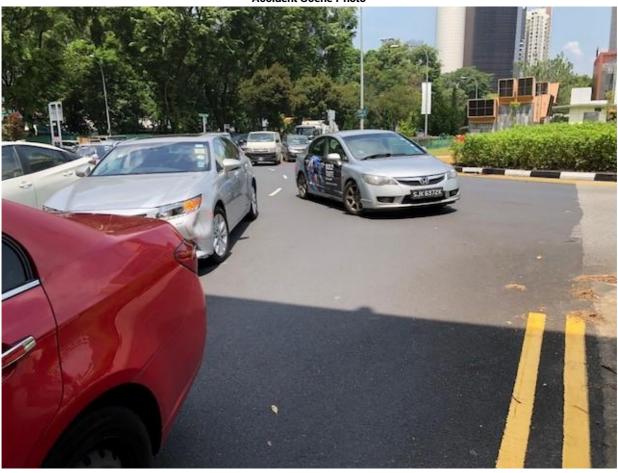
**Accident Scene Photo** 



**Accident Scene Photo** 



**Accident Scene Photo** 



**Accident Scene Photo** 















