

## 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	21/08/2018 10:16
Date Of Accident	21/08/2018 07:00
Exact Location Of Accident	INFRONT OF UNIT 165 LORONG KISMIS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDM1980Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG CHEE SENG
NRIC No	S7100546A
Email Address	ONG_CHEE_SENG@YAHOO.COM
Mobile Phone No	(LOCAL) +65-94574383
Alternative Phone No	Office-94574383

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 (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	2100361879-04
Cover Note Number	01/02/2018-31/01/2019

### Driver

Name of Driver	LOW YIN CHOO
NRIC No	S7126902G
Date Of Birth	01/08/1971
Occupation	INDOOR
Date Of Driving Pass	01/09/2005
Driving Experience	12 YEARS AND 11 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-94574383
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 539 BUKIT PANJANG RING ROAD 24-849
Postcode	670539
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	COLLIDED INTO PARKED VEHICLE
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?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE SKETCH PLAN

#### 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	SKW4380A
Vehicle Make/Model/Colour	B
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW YEE
NRIC/Passport Number	S6820587E
Contact Number	90997519

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

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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.
- (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
  - (ii) for complying with requirements under any regulations, laws or court orders.

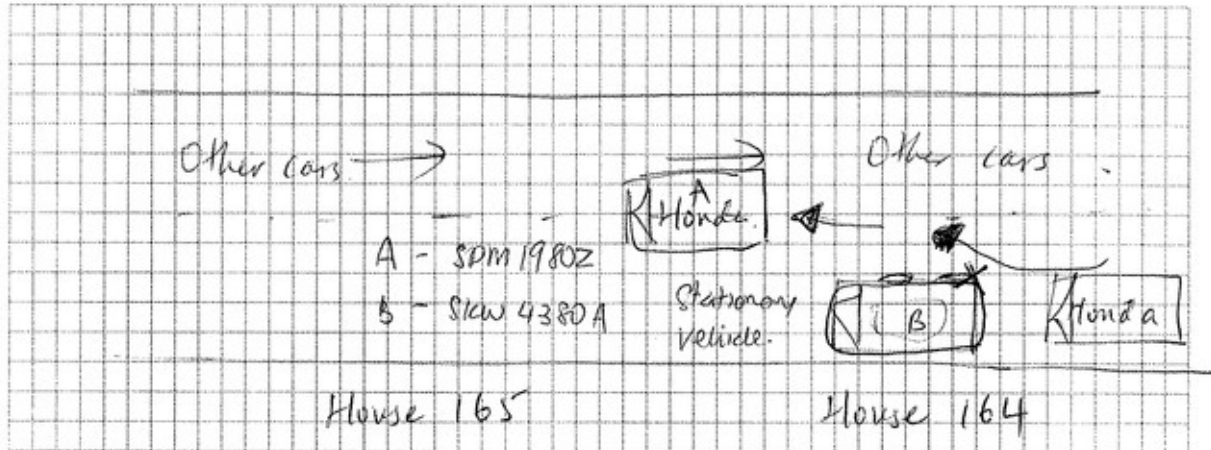
Policyholder's Signature

Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Lorong Kismis towards Bukit Timah Primary School. Some cars were coming from the opposite side and I have to move in and out of the lane.

While moving right, I hit a stationary car parked outside House 164, by accident. It was about 7am and it was a still slightly dark.

### Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.



- Reporting Only
- Claim OD
- Claim TP
- Claim OD/ TP at other workshop

### DECLARATION

I/WE declare the foregoing particulars are true in every respect.

Policyholder's signature  
Date & Time

Driver's Signature 21/8/18 9.40 a.m.  
(if driver not the policyholder)  
Date & Time

Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : ONG CHEE SENG  
 Period of Insurance : 01 Feb 2018 To 31 Jan 2019  
 Engine No. : R18A1712059  
 Chassis No. : RN61010636

Vehicle No. : SDM1980Z  
 Policy No. : 2100361879-04  
 Endorsement No. :  
 Issued Date : 15 Jan 2018

### ABOUT THE COVER

Make/Model : HONDA STREAM 1.8  
 Engine Capacity/Tonnage : 1,799.00 CC  
 Driver Restriction : NA  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2007  
 Insuring with COE/PAF : 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.

Age Condition : All 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 Optional

\* Limitations rendered inoperative by Section 5 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 - \$800 Theft - \$0 Flood Cover - \$0

Section 2  
 Property Damage - \$0

Windscreen : \$100

#### Named Driver and Excess (where applicable)

ONG CHEE SENG - \$800 (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 first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.  
 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](http://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: NA

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, 1959 (Malaysia).

0503508000

WESTING AGENCY PTE LTD  
 BLK 26D JALAN MEMBINA #15-164  
 SINGAPORE 167026

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Mobile*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

SSPH05

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7126902G



Name  
LOW YIN CHOO

罗英珠

Race  
CHINESE  
Date of Birth  
01-08-1971 Sex  
F  
Country of Birth  
SINGAPORE

S7126902G

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7126902G

Name

LOW YIN CHOO

Birth Date: 01 Aug 1971

Issue Date: 01 Sep 2005



0190581



NRIC No. S7126902G

Blood Group Date of Issue  
O+ 17-12-1991

Address  
Blk 539, Bukit Panjang Ring Rd, #24-849  
S(670534)  
NRIC No: S7126902G Date: 21-9-98 No: 2488515

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

Class 3A Motor cars without clutch pedals <= 3000kg  
with <= 7 passengers, exclusive of the driver;  
and motor tractors/vehicles without clutch  
pedals <= 2500 kg

PASS DATE  
01 Sep 2005



NP 428A

INSURED IC





## AUTHORISATION LETTER

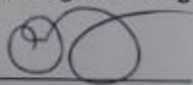


### OWNER LETTER OF CONSENT

I (Owner Name) Ong Chee Seng i/c S7100546A owner of this car no. SDM 1980 Z  
authorize the driver Low Yin Choo i/c S7126902G to file accident report which  
happened on 21 Aug 2018 at Lorong Kismis (outside unit 165).

Owner's Name: **Ong Chee Seng**

Signature \_\_\_\_\_

A handwritten signature in black ink, consisting of a stylized 'O' followed by a 'C' and 'S' intertwined, written over a horizontal line.

**AIG ASIA PACIFIC INSURANCE PTE LTD**

**MOTOR ACCIDENT INTERVIEW FORM**

NAME (DRIVER) : Low Yin Choo  
VEHICLE NUMBER : SDM 1980 Z  
DATE/TIME OF ACCIDENT : 21 Aug 2018 7a.m.  
PLACE OF ACCIDENT : Outside House 164 Lorong Kismis  
THIRD PARTY VEHICLE (IF ANY) : SKW 4380 A

\*\*\*\*\*

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

Start journey from home at Bukit Panjang and going to my work place at Bukit Timah.

**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 alcoholic drink

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

SKW 4380A scratch on the back right side of car  
SDM 1980Z (my car) front wheel misaligned and cannot be steered. Damage on left front of car.

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

No passengers and no injury.

Low Yin Choo   
Name:

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

Date: 21 Aug 2018

To: Underwriting Department / Claims Department

AIG Asia Pacific Insurance Pte Ltd (SG)

RE: Policy No.: 2100361879<sup>-04</sup> Claim No.: \_\_\_\_\_

Accident Date: 21 Aug 2018

Vehicle No.: SDM 1980 Z

My insurer will authorize the repairs to the said vehicle. In the event that evidence emerges that I was driving under the influence of alcohol or any other intoxicating substance at the time of the accident, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurer pursuant to the contract of insurance upon receipt of written demand by my insurers.

Your faithfully



Driver.  
Insured's Name:

NRIC No.:

Vehicle No.:


UNDER TAKING FORM

### UNDERTAKING

I, Low Yin Choo, (NRIC No. 57126902G), hereby confirm that the Singapore Accident Statement lodged by me on 21 Aug 2018 at \_\_\_\_\_ hours pertaining to the accident involving motor car Reg. No: SDM 1980 Z, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

Signature :   
Name of Insured / Driver : Low Yin Choo  
Nric No. : 57126902G  
Date : 21 Aug 2018

Signature : \_\_\_\_\_  
Name of Policyholder : \_\_\_\_\_  
Nric No. : \_\_\_\_\_  
Date : \_\_\_\_\_

Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

