### 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 <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 aforesaid

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	18/09/2018 14:24
Date Of Accident	17/09/2018 17:15
Exact Location Of Accident	TAMPINES ST 81 TOWARDS TAMPINES AVE 8
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SBY600M
Insured/Policyholder	
Name Of Registered Owner	KOW LUEN CHANG
NRIC No	S0151087H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94893966
Alternative Phone No	OTHERS-94893966
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY 1.6 PREMIUM
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	2100419399-03
Cover Note Number	

### Driver

Name of Driver KOW LUEN CHANG

NRIC No S0151087H

Date Of Birth 25/09/1951

Occupation INDOOR

Date Of Driving Pass 18/06/1975

Driving Experience 43 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94893966

Fax Number

Contact Number OTHERS-94893966

EMail Address NOEMAIL

Address 66 GUAN SOON AVENUE

Postcode 489637

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 2
Was any body injured in the Accident? YES
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 1

Number of Passengers (Including Driver)

### **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

If Yes, against whom?

### **Circumstances of Accident**

ON 17/09/2018 AT ABOUT 5.15PM. I WAS DRIVING ALONG TAMPINES ST 81 TOWARDS THE DIRECTION OF TAMPINES AVE 8. WHEN MY CAR APPROACHING THE CARPARK OPPOSITE BLK 822, I TURNED ON MY RIGHT-TURN SIGNAL LIGHT AND SLOW DOWN MY CAR AS I WAS PREPARING TO TURN RIGHT INTO THE SMALL ROAD LEADING TO THE CARPARK (OPPOSITE BLK 822) SUDDENLY, I HEARD A LOUD BANG AND FELT THE IMPACT OF AN OBJECT (GBF5886Y) RAMPED INTO THE BACK OF MY CAR. THE IMPACT WAS SO GREAT THAT MY CAR WAS HIT OUT OF POSITION INSTEAD OF PARALLEL TO THE CENTRE DIVIDER LINE. THE REAR AND RIGHT SIDE OF MY CAR WERE BADLY DAMAGED DUE TO THE IMPACT. I FELT MY BACK AND ABDOMEN AREA VERY PAINFUL AFTER I WENT HOME LATER. THE NEXT DAY I WENT TO CHANGI GENERAL HOSPITAL A&E TO SEE DOCTOR.

### 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 GBF5886Y

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver MUHAMMAD SHAHZWAN BIN HISSAM

NRIC/Passport Number S9013699B Contact Number 83185718

Address Postcode

Insurance Company Name

Postcode

# Name KOW LUEN CHANG Approximate Age Injuries Sustain Injured person in which vehicle? SBY600M Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address

### Sketch Plan Pg. 1

### SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

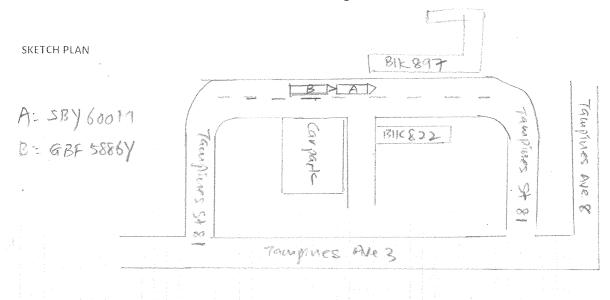
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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) 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: 1819 Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

### Sketch Plan #2 Pg. 1



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1719/18 at about 5-15 pm, I was driving along
79mpines St 81 towards sue direction of Troupines
Ave 8. When my car approaching the carparte opposite
BUC 822, I turned on my right-turn signal light and
slow down my Car as I was preparing to turn right
into the small road leading to the Carpark (apposite
Buc 822). Suddenly, I heard a loud bang and feit
the impact of an object (GBF 5886Y) ramped into the
back of my car. The impact was so great that my
car was het out of position instead of parallel to the
Centre d'urder l'ine. The rear and right side of my
Car were badly damaged due to the impact. I feit
my back and abdomen area very printal ofter I
went home later. The next day I went to changi
General Hospital ARE to See doctor.

### DECLARATION

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

Policyholder's Signature
Date & Time: 18918

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:



# Gertificante of Insulance

### NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : KOW LUEN CHANG

Period of Insurance : 29 Jun 2018 To 28 Jun 2019

: HR16969356B Engine No.

: MNTBBAB17Z0023884 Chassis No.

Vehicle No. Policy No.

: SSY 600M : 2100419399-03

Endorsement No.

Issued Date

: 01 Jun 2018

### ABOUT THE COVER

Make/Model

NISSAN SYLPHY 1 6 PREMIUM

Engine Capacity/Tonnage 1,595.00 CC : NA Driver Restriction

Sum tinsured . Market Value Off Peak Car No

First Year of Registration 1, 2015

Insuring with COE PARF

Person or Classes of Persons Entitled to Drive\*

a) The Palayholder b) Any other person who is change on the Policyholder's according with this but communic. Directing with protecting the Policyholder or any purchased cover only when ship the same of policyholder or any purchased cover only when ship the policyholder or any purchased cover only when ship the policyholder or any purchased cover only when ship the policyholder or any purchased cover only when the policyholder or any purchased cover only when the policyholder is a policyholder.

You have to pay an additional sum of \$3,000 as 10 ours and or increasing the Exercising States are or having an additional sum of \$3,000 as 10 ours and or increasing the exercising superiorities.

Age Condition

: All Age Condition

Limitation as to use\*

Use only by social, domestic and processor purposes and for the flybryholder's business. This flybryholder's boson book and conversas for the notion of sometic and processor business and for the flybryholder's business of size for any pursons on commercial with Motor Traditional Commercial States (Section 2014).

\*\* Undefined repotents importantly \$5 Section 6 of the Motor Vehicles (Theo.Part., Bisks and Compensation) Act (Cap. 189) and Section 95 of the Read Transport Act, 1887 (Malaysia), are not to be included under these headings.

### EXCESS

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

Section 2 Property Damage - S0

Windscreen: \$100

Named Driver and Excess (where applicable)

KOW LUEN CHANG - \$600 (Own Damage)

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

1.TC AutoChric Add No.1, Sich Loi. Yang Road Singapore 628098 6262212
2.AutoChric Add No.1, Sich Loi. Yang Road Singapore 428623 64908660
3.TC AutoChric Add 25 Long Kee Road Singapore 458623 64908660
3.TC AutoChric Add 25 Long Kee Road Singapore 159907 61038511 67038512 61038513
4.Tan Chong Motor Sales Add 913 Built Trent Road Singapore 359623 64694091 64694021 64694023
5.Tan Chong Motor Sales Add 17 Lotong 8 Toa Payoh Singapore 319254 63570753 63570753

For other Approved Reporting Centres/AIG Authorised Repairers, please corract our 24-hour accepted emergency houses at +65-6336-6300. Abstractively, you may refer to AIG website ways alig com 55 or AIG SQ Mobile App. Scripty scarch and commond fAIG SQ\* from IT uness or Google Play.

### IMPORTANT NOTES

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

While handby confly that the policy to which this Ceroficate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Companisation) Art (Cap. 189), Part IV of 2 inc. Rose (Tompsort Act, 1967, (Maleysia) and Notor Vehicles (Third Party Risks) Rules, 1969 (Maleysia). 1001174

0500610525

TAN CHONG CREDIT PTE LTD - NCP

911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE

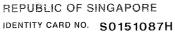
SINGAPORE 689622 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pts. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

78 Shericon Way 507 16 AIG Building S070120 [1 +65 6410 3000 [F +65 6416 3723 ] www.aig.com.sq.

### Sketch Plan #4 Pg. 1





KOW LUEN CHANG



高仁彰 Race CHINESE

Date of birth Sex
25-09-1951 M
Country of birth
SINGAPORE



