Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 22/10/2018 18:03

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Birth

Occupation

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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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. 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.	5
	ACCIDENT STATEMENT
Date Of Report	20/10/2018 09:43
Date Of Accident	16/10/2018 20:50
Exact Location Of Accident	ALONG WOODLANDS AVE 6
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLB1878A
Insured/Policyholder	
Name Of Registered Owner	KOH JOO HONG
NRIC No	S2162828Z
Email Address	KYMGROOVE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97538520
Alternative Phone No	Others-97538520
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200 SEDAN EDITION E (R18 LED SR)
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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	
Cover Note Number	
Driver	
Name of Driver	CHAN THIAN SENG
NRIC No	S2078960C

05/04/1947

20/06/1975

43 YEARS AND 3 MONTHS

INDOOR

Gender **MALE**

Mobile Number (LOCAL) +65-98737662

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 349 WOODLANDS AVE 3 #11-51

Postcode 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 DRY Road Surface

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

NO

1

YES

NO

YES Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Police Station Name WOODLANDS EAST N.P.C

Police Station Address ROAD: 3 WOODLANDS DRIVE 63, POSTCODE: 737890, COUNTRY: SINGAPORE

TEL NO: - FAX NO: **Police Station Contact**

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

KINDLY REFER TO ATTACH POLICE REPORT NO.T20181019/2204.

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

SJK7539R Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver ROBERT Y.S. LIM NRIC/Passport Number

Contact Number

91578688

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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.
- 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 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 :
 - 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:
 - 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		
SJK 7539 R BOZ NB D ASSLB 1879	è n	
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Ave 9.		
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Kron Horris
Refy to attached Police Regent		7
mportant:	~	- Reporting Only
ou have been advised by the workshop that in the event that you wish to laim against your own policy (OD CLAIM), There is a FOURTEEN (14)		- Claim OD
AYS CLAUSE WHEREBY MUST BE MADE within the stimulated time frame		- Claim TP
rom the day of the occurrence.		- 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

(if driver not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890

1 of 4 Report No. T/20181019/2204

Tel No: 1800-7679999

REPORT	OE A	TRACEIC	ACCIDENT
KEPUKI	Or A	TRAFFIL:	ACCUMENT

Date/Time Report Made: 19/10/2018 22:29		Made:	Vide Report No.:	Station Diary No.: 187	
Informa	nt's Partic	ulars			
Name of	f Informant: HIAN SEN		Address: APT BLK 349 WOODLAND 730349	OS AVENUE 3 #11-51 SINGAPORE	
	/ ID No.: D / S20789	60C	Contact No.: Home/Office: Mobile: 98737662		
National SINGAP	ity: ORE CITIZ	EN.	Email:		
Sex: Male	Age: 71	Date of Birth: 05/04/1947	Type of Informant:		
Race: Chinese			Language: Chinese	Institution / School Name:	
Occupation: Retiree			Driving Licence Information Class: 3	: Date of Expiry:	

General Infor	mation of the Accide	∍nt	(247)	
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 16/10/2018 20:50	Type of Location Straight Road
Location: Along Road 1 WOODLAND: Weather:				
Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Light
Type of Collis Moving Vehic	ion: le Against - Parked V	ehicle		Anyone conveyed by ambulance:

Vehicle No.:	Type	Make	Model	Color	Condition	No of Passenger
SJK7539R	Car				Slightly Damaged	0
SLB1878A	Car				No Damage	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Woodlands East N.P.C.

3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

CONTINUATION OF REPORT

2 of 4 Report No. T/20181019/2204

Name	T Date of V C 11					
Name	Robert Y.S. Lim		ID No).	NIL	
Related Vehicle	SJK7539R (Car)			Conta	act No.	91578688
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Dis		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	of Injury		
Driver	MALE TO THE STATE OF	A SOURCE S	APRIL DE	Sidness of	STATE OF THE PERSON NAMED IN	
Name	CHAN THIAN SENG			ID No.		S2078960C
Related Vehicle	SLB1878A (Car)		Conta	ct No.	98737662	
Hospital/Clinic	NIL			Class Driving Licence Expiry	e &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
NO. Of Dave grant	ed Medical Leave	NIL	Degree o		NIL	

Brief Details.

On 16/10/2018 at about 2050hrs, I was driving my car (SLB1878A, silver Mercedes) at the most left lane along Woodlands Drive 16 when I stopped due to the traffic light turning red. There was another car (SJK7539R, black Toyota) in front of me.

When the traffic light turned green, I slowly drove my car. But I realised that the said car in front of me did not move at all. When I realised that, I could not brake in time and the front of my car slightly hit against the rear of the said car.

Subsequently, the driver of the said car namely Robert Y.S. Lim (Private Driving Instructor), HP: 91578688 / 96300005, alighted from his car and we exchanged particulars. My car was not damaged. However, the rear of his car had some scratches. I gave my name card to him and told him that he could look for me to claim compensation from repairing his car when he wanted to. He agreed and we left the scene. No one was injured from the accident.

On 19/10/2018 at about 1805hrs, I received a call from Robert Y.S. Lim (HP: 96300005). Prior to that, I called him multiple times but he did not pick up the calls. I wanted to solve the matter amicably with him. wife is the car owner, she spoke to him over the phone and tried to reach to an agreement. But he free to meet us and mentioned about lodging a Police report. After that, he hang up the

> sived a call from Robert Y.S. Lim's colleague (Tel: 67552891) 'already lodged a Police report. Thus, I am lodging a





Police Station Of Origin: Woodlands East N.P.C.

3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

CONTINUATION OF REPORT

3 of 4 Report No. T/20181019/2204

I wish to state that I have an in-car camera at the front of my car which was working at that point of time and it recorded the accident. No Government property was damaged, no one was injured and no foreign vehicle was involved in the accident.





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

CONTINUATION OF REPORT

4 of 4

Report No. T/20181019/2204

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: J / Sgt 2 SER WEN LIANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/10/2018 22:29
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact 10 96 16151 Authentication Stamp NP168 Signature:	Classification Of Case:
Singapore Police Force	



Charge Office 10 Ubi Avenue 3 Singapore 408865

NP 168 No :	16/10/2018 @ 2010h	d Address:	Chan thian Ser BIE 349 (Vocal) HII-51 C>0789602 96737662 >0/10/2016	ands Americ 3
Dear Sir / Madam I wish to arner Thuse are se	ki amoudanale T	he rolen	of my car is	Marcon
and I was are that is all.	ving At the most.	HEF MIN	alay way	A3 petre S
		•		
•				
				12
			a.	

Yours faithfully





REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2162828Z



KOH JOO HONG

Race CHINESE 17-11-1954

Country/Place of birth UNKNOWN

525028267

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

Motor Gars and Motor Tractors the weight of which unladen does not exceed 2500 kilogram



5900340



EN-S2162828Z



09-03-2018

APT BLK 349 WOODLANDS AVENUE 3 #11-51 SINGAPORE 730349



CERTIFICATE OF INSURANCE

MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : Koh Joo Hong

Period of Insurance : 28 Apr 2018 To 27 Apr 2019
Engine No. : 27492030555490
Chassis No. : WDD2120342R293654

: WDD2120342B293654 Chassis No.

Vehicle No. Policy No.

: SLB1878A : 2100462819-02

Endorsement No.

Issued Date : 13 Mar 2018

ABOUT THE COVER

Driver Restriction

Make/Model : MERCEDES Benz E200 2.0 Sedan Edition E

Engine Capacity/Tonnage : 1,991.00 CC

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2016

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

: NA

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 freexperienced 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, demonstrate planesure purposes and for the Policyholder's business. Yhis Policy does not cover use for time or reward, driving tellion, criving test, racing, pace-making, reliability that or specific

Loss of Use 2000cc

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Tried Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1967 (Mataysia), are not to be included under these headings.

Section 1 Fire - \$0 Own Damage - \$500 Thot: - \$0 Fixed Cover - \$0

Section 2 Property Damage + \$0

Named Driver and Excess (share applicable)

Koh Joo Hong - \$800 (Own Damage)

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

1.Euros Service Center (For accident reporting only). Add: 330 Ulti Road 3 Singapore 409650 67412338. 2 Pandan Loop Service Center – Body Carle & Repair (For accident repair & accident reporting). Add: 108 Pandan Loop Singapore 128378 67770388.

For other: Approved Reporting Centres/ARG Authorised Reporters, please contact our 24-hour accident energency hotims at +65 6338-6200. Alternatively, you may refer to AVG website www.avg.com.sg or AVG SG Mobile Aug. Simply search and download "AVG SG" from (Tunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Daimler Financial Services Africa & Asia Pacific Ltd

If We hereby centry that the guildy to which this Centificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Roaks and Compensation) Act (Cep. 185), Part IV of the Road Transport Act. 1967 (Mikeysia) and Motor Vehicles (Third Party Rights) Ruses, 1959 (Mikeysia).

0504380249

CYCLE & CARRIAGE - MINIMIN 239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

78 Shereon Winy #07-16 AliG Building \$079120 | 7+65 6419 3000 | P+65 6415 3729 | www.aig.com.sg

AIG Asia Pacific Insurance Pte. Ltd.



















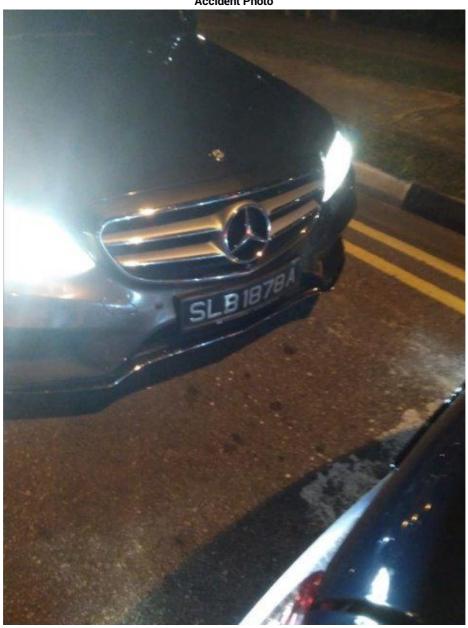








Accident Photo







Accident Photo

