SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

7. By the loagement of this report to the insurers, you hereby conse aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	23/10/2018 10:15
Date Of Accident	23/10/2018 06:55
Exact Location Of Accident	CTE AYER RAJAH EXPRESSWAY BEFORE BRADDELL EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKT778D
Insured/Policyholder	
Name Of Registered Owner	LEOW KOK TONG SAMUEL
NRIC No	S7718004D
Email Address	SAMUELLOEW@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98763934
Alternative Phone No	Office-98763934
Vehicle Particulars	
Manufacturer	CITROEN
Model	GRAND C4 PICASSO-1.6 D E-HDI ETG6 INTENSIVE (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?	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	2100474857-02
Cover Note Number	
Driver	
Name of Driver	LEOW KOK TONG SAMUEL
NRIC No	S7718004D
Date Of Birth	01/07/1977

INDOOR

08/12/1998

19 YEARS AND 10 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-98763934

Fax Number

Contact Number OFFICE-98763934

EMail Address SAMUELLOEW@HOTMAIL.COM

Address 34 INGGU ROAD

Postcode 757370 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 **CHAIN COLLISION**

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

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Passenger 1 Name: : AUSON LEOW XIANG RUI

Gender: : Male

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Police Station Name ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE

YES

Police Station Address ROAD: 81 ANG MO KIO AVE 3, POSTCODE: 569929, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4519999 - FAX NO: 65535679

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

TAKEN BY POLICE Remarks/ Reasons:

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKL1550D Vehicle Make/Model/Colour LEXUS IS250A **Details Of Properties**

Vehicle Category PRIVATE CAR

Name of Driver ONG CHYE PENG ERIC

NRIC/Passport Number S7145135F Contact Number 91259477

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGP3452S
Vehicle Make/Model/Colour HONDA CIVIC

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKK5470P

Vehicle Make/Model/Colour VW PASSAT

Details Of Properties

Vehicle Category PRIVATE CAR

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 UNKNOWN

Approximate Age Injuries Sustain

Injured person in which vehicle? SGP3452S

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

Sketch Plan

SEKETCH PLAN 9: SK	K54570P	
	K77780	
- +	SKL ISSOD	
	GP 34525	
0	561-27-22	
Lane 2	A HAMA	
Lane 1		
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	4.
·	2 1	
W	eles to patien reports ,	Much
	And the state of t	1
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	-	-
·		
	[
		1
DECLARATION		1 .1.0
/We declare the foregoing particulars	are true in every respect.	23/11/18
(V		
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- Sy 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 un derstand, 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.
- (6) 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.

P olicyholder Signature

Date & Time:

Oriver's Signature , (If driver is not the policyholder) Dete & Time:

Reporting Centre Personnel's Signature Name:

rvame:

NRIC/FIN No .:





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929 1 of 4 Report No. T/20181023/2013

Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 23/10/20	ne Report N 18 09:38	Made:	Vide Report No.:	Station Diary No.:	
Informat	nt's Partice	ulars			
	Informant: OK TONG,		Address: 34 INGGU ROAD SINGA	PORE 757370	
ID Type / ID No.: NRIC NO / S7718004D		Contact No.: Home/Office: Mobile: 97863934			
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age:	Date of Birth: 01/07/1977	Type of Informant: Driver		
Race: Chinese		•	Language:	Institution / School Name:	
Occupati PILOT	on:	11.50	Driving Licence Information Class: 2B,2A,2,3	n: Date of Expiry:	

General Infor	mation of the Accident				
Type of Accident:	Injury Attended by Police			Type of Location: Straight Road	
CENTRAL EX	Traveling Toward Road XPRESSWAY HEXPRESSWAY ADELLEXIT	2			
Weather: Clear	,	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGP3452S	Car	HONDA	CIVIC 1.6L VTI AUTO	Silver	Condition	0
SKK5470P	Car	VOLKSWAGO N	PASSA	Grey		0
SKL1550D	Car	TOYOTA	LEXUS IS250 AUTO STD	Silver		1

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

Report No. T/20181023/2013

CONTINUATION OF REPORT

Details of V	ehicle Invo	lved				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKT778D	Car	CITROEN	GRAND C4 PICASSO 1.6 BLUEHDI EAT6 S/R	White	Slightly Damaged	1

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SKT778D	AIG ASIA PACIFIC INSURANCE PTE.	2100474857-02	13/07/2018	12/07/2019	

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of Pedestrian Crossing: NA			
Driver						
Name	NG JIAN WEN, BERTF	RAM		ID No.	-	S8317069G
Related Vehicle	SKK5470P (Car)			Conta	ct No.	91128313
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disch	narge	NIL	7 ⁴ · · · · · · · · · · · · · · · · · · ·
No. of Days gran	ted Medical Leave	NIL	Degree of Injury NIL			
Driver						
Name	ONG CHYE PENG ER	IC		ID No.		S7145135F
Related Vehicle	SKL1550D (Car)			Contact No.		91259477
Hospital/Clinic	NIL .			Class Driving Licence Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch	narge	NIL.	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	100 Annual Conference 100 An





T/20181023/2013

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Report No. T/20181023/2013

3 of 4

Tel No: 1800-4519999

CONTINUATION OF REPORT

Driver			CHARLES OF THE PARTY OF THE	100000000000000000000000000000000000000	1	077400045
Name	LEOW KOK TONG,	SAMUEL		ID No.		S7718004D
Related Vehicle	SKT778D (Car)			Conta	ct No.	97863934
Hospital/Clinic	NIL .		•	Class Driving Licent Expiry	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

On 23/10/18 at about 0655hrs, I was driving my car bearing registration number SKT778D along CTE towards AYE before Bradell Exit.

The car bearing registration number SKK5407P, who was in front of me, came to a stop. As such, I stopped my vehicle too.

However, I suddenly felt a collision to the rear of my vehicle. I came down to make a check and realized that the vehicle bearing registration number SKL1550D had collided to the back of my vehicle. And at the back of his vehicle was another vehicle bearing registration number SGP3452S. My car rolled forward and bumped slightly to the car in front of me as a result of the collision. It was a four car collision.

I wish to state that I was not injured. However, the driver of the last vehicle SGP3452S was injured and was sent to the hospital by ambulance.

Traffic police subsequently came down to scene. F/20181023/0059

My inbuilt camera's memory card from my vehicle was taken by Traffic Police.





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929 Tel No: 1800-4519999 4 of 4 Report No. T/20181023/2013

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 report number as reference.

Signature Of Officer Recording F / Sgt 2 KIAM JIN HUAT	The Report:	Signature Of Informant	
Signature Of Interpreter: Not applicable		Date/Time: 23/10/2018 09:38	
Officer In Charge Of Case: TP / GIT / Staff Sgt MA JUNXIANG Contact No.: 65476251		Classification Of Case:	_
Authentication Stamp NP168	Singapore Pol	. 0	



CERTIFICATIE OF INSURANCE

CITROEN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Leow Kok Tong, Samuel Period of Insurance : 13 Jul 2018 To 12 Jul 2019

: 10JBHD3054551 Engine No.

: VF73ABHZTGJ679399 Chassis No.

Vehicle No. : SKT778D Policy No. : 2100474857-02

Endorsement No.

Issued Date : 19 Jun 2018

ABOUT THE COVER

Make/Model : CITROEN Grand C4 Picasso 1.6 Blue HDi eAT6

Engine Capacity/Tonnage : 1,560.00 CC Driver Restriction : NA

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*:

a) The Policyholder b) Arry other person who is driving on the Policyholder's order or with his/her permission. This Policy with indemnity the Policyholder or any authorised driver only if holishe meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" (TDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving expenence.

Age Condition : 35 years old and above

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 tallion, driving test, racing, pade-making, reliability shall or speed-lesting, 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.

Section 1 Fire - 90 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Windscreen: \$100

Named Driver and Excess (where preficable)

Leow Kok Tong, Samuel - \$600 (Own Damage)

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

Cycle & Camage Authorised Service Centre. Add: 20 Leng Kee Rd Singapore 159094 64708680
 Cycle & Camage Authorised Service Centre (For reinductive dain only). Add: 330 Ubi Rd 3 Singapore 408050 67451000
 Cycle & Camage Body & Paint Centre. Add: 209 Pandan Gerdens Singapore 609339 65884501

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

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

MWe 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 Componisation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Molaysia) and Motor Vehicles (Third Party Risks) Rules, 1989 (Molaysia).

0502847602

CYCLE & CARRIAGE - DORYEO 239 ALEXANDRA ROAD

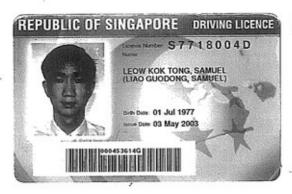
SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte, Ltd.

prile

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

9



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$7718004D





LEOW KOK TONG, SAMUEL

廖国栋

Race CHINESE

01-07-1977 M

8. - MOG4.:

Country of both SINGAPORE

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

PASS DATE

Class 28 Motorcycles not exceeding 200 cc
Class 2 Motorcycles between 201 cc and 400 cc
Class 3 Motorcycles exceeding 400 cc
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

02 May 1997 09 Jun 1998 26 Feb 2002 68 Dec 1998

NRIC No. S7718004D

18-07-2007

34 INGGU ROAD SINGAPORE 757370

NRIC No: \$77180040

Date: 31/10/2012 No: 7177600

4073883

NP 428A

Licence No: S7715004D























