

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 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.

ACCIDENT STATEMENT

Date Of Report	05/11/2018 09:38
Date Of Accident	04/11/2018 20:15
Exact Location Of Accident	DORSET ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU5116P
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	SIM SIOK HUEN IRENE NEE CHEAM
NRIC No	S0337276F
Email Address	ALVINLYNETTESIM@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97489518
Alternative Phone No	Office-NOPHONE

Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.5 HATCHBACK (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
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	1700091130
Cover Note Number	

Driver

Name of Driver	SIM KIA HONG ALVIN
NRIC No	S7040387J
Date Of Birth	24/11/1970
Occupation	INDOOR
Date Of Driving Pass	11/05/1992
Driving Experience	26 YEARS AND 5 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97458237
Fax Number	
Contact Number	
EMail Address	ALVINLYNETTESIM@YAHOO.COM.SG
Address	11 ROBIN LANE
Postcode	258241
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE RPT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WITH TP; WILL UPLOAD ONCE RECEIVED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5560G
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

TAXI

TAN ENG WHAT

98593106

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

UNKNOWN

35

SLIGHT

SHC5560G

YES

YES

DETAILS OF INJURED PERSON 2

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

UNKNOWN

5

SHC5560G

YES

YES

Sketch Plan

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.
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 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. 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:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 5 Nov 2018
9 a.m.


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



Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/11/2018 22:57		Vide Report No.: A/20181104/0158		Station Diary No.: 117	
Informant's Particulars					
Name of Informant: SIM KIA HONG ALVIN			Address: 11 ROBIN LANE SINGAPORE 258241		
ID Type / ID No.: NRIC NO / S7040387J			Contact No.: Home/Office: Mobile: 97458237		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 24/11/1970	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: CIVIL SERVANT			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/11/2018 20:15	Type of Location: Straight Road
Location: Along Road 1 DORSET ROAD				
Near junction Carlisle Road				
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 - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5560G	Taxi					2
SLU5116P	Car	MAZDA	3 Hatchback 1.5	Silver	Slightly Damaged	0

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



Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

CONTINUATION OF REPORT

Driver				
Name	Tan Eng What		ID No.	NIL
Related Vehicle	SHC5560G (Taxi)		Contact No.	98593106
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	SIM KIA HONG ALVIN		ID No.	S7040387J
Related Vehicle	SLU5116P (Car)		Contact No.	97458237
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

I am the driver of the vehicle, SLU5116P.

On 04/11/2018 shortly after 2000hrs, I was slowly travelling along Dorset Road, towards Kampong Java Road. I was slowly travelling along Lane 2 of the road, which is the most left lane of Dorset Road. There is a total of two lanes in that road. Both lanes of the road is a one way road leading to Kampong Java Road. While travelling along Lane 2 of Dorset Road, I signaled right, and quickly checked my mirror/blindspot. As I believed that the lane was clear, I proceeded to make a Lane change to Lane 1.

While making the lane change, I felt a collision from my right. Therefore, I made a check, and found out that a Transcab Red Taxi, bearing registration plate, SHC5560G, had collided onto the right side of my vehicle. The collision caused my vehicle's front right fender dents and scratches to wheel hub. I then approached the taxi driver, and noticed that he was fine, and did not complained of any injuries. However, the taxi had two passengers, an Indian female (aged around 35 years old) and her son (aged around 5 years old) seated at the rear passenger seat. I was not sure whether the Indian female was wearing her seatbelt. The Indian female complained of left neck pain.

A while later, an ambulance arrived at scene and conveyed the Indian Female to a hospital. Subsequently, I was attended by Traffic Police officers at scene.

All the parties involved had exchanged their details. I have an in-car camera installed in my vehicle, and it has been taken by the Traffic Police officer. In addition, I have photos of the damages of my vehicle.

I wish to add that at that point of time, the lane was dimly lit.



SINGAPORE
POLICE FORCE



T/20181104/2097

4 of 4

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20181104/2097

CONTINUATION OF REPORT

Sketch Plan

Informant is ~~not able~~ to provide sketch plan

system error

Sgt 2 Lee Ming Cai
Khob

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:
E /
Sgt 2 MUHAMMAD KHABIR BIN FAROUKH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/11/2018 22:57

Officer In Charge Of Case:
TP / GIT /
Sgt 2 LEE MING CAI

Classification Of Case:

Contact No.: 65476960

SINGAPORE
POLICE FORCE
Authentication Stamp
NP168

SN 072

SIGNATURE



**SINGAPORE
POLICE FORCE**



T/20181104/2097

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

3 of 4

Report No. T/20181104/2097

CONTINUATION OF REPORT



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: A/20181104/10158

I, Sgt 1180099 Abdulla
(Recipient's Name, NRIC or Passport No. / Rank and No.)

of TP
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 ONE 16GB BLACK BLAUPUNKT MICRO SD CARD
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

from SIM KIA HONG ALVIN, S9040387J
(Name, NRIC or Passport No. / Rank and No.)

of 11 ROBIN LANE SC258241
(Address / Police Station / NPC / NPP)

on 4/11/2018 at 2140hrs
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

[Signature]
(Signature)

(Name, NRIC or Passport No. / Rank and No.)

Received by:

[Signature]
(Signature)

Sgt 1180099 Abdulla
(Name, NRIC or Passport No. / Rank and No.)

Other Remarks: IO Chain



CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Mrs Sim Siok Huen Irene Nee Cheam
Period of Insurance : 04 Dec 2017 To 03 Dec 2018
Engine No. : P520478058
Chassis No. : JM6BN24A8J0187362

Vehicle No. : SLU5116P
Policy No. : 1700091130
Endorsement No. :
Issued Date : 18 Dec 2017

ABOUT THE COVER

Make/Model : MAZDA 3 1.5 SKYACTIV
Engine Capacity/Tonnage : 1,496.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2017
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 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.

EXCESS

Section 1

Fire - \$0 Own Damage - \$1100 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Mrs Sim Siok Huen Irene Nee Cheam - \$1100 (Own Damage)

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

1. Trans Eurocars Pte Ltd Add: 5 Ubi Close, Singapore 408605 63958899

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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

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).

0503599190

ARF (AP) PTE LTD - MAZDA
 7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX
 SINGAPORE 069111
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Signature

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSCHFZ

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7040387J

Name
SIM KIA HONG ALVIN



沈佳豪

Race
CHINESE

Date of Birth
24-11-1970

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S7040387J

Holder's Name
SIM KIA HONG ALVIN

Birth Date 24 Nov 1970

Issue Date 28 Apr 2003




1349317



NRIC No. S7040387J



Blood Group A+ Date of Issue 46-10-1993

11 ROBIN LANE
SINGAPORE 258241

NRIC No. S7040387J Date: 19-03-2007 PIN: 5662854

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

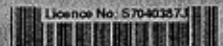
PASS DATE 11 May 1992

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

93458237

NP 425A

License No. S7040387J



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

