

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	09/11/2018 17:09
Date Of Accident	09/11/2018 13:00
Exact Location Of Accident	ALONG THOMSON RD(INFRONT OF THOMSON MEDICAL CTR)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA1163T
Insured/Policyholder	
Name Of Registered Owner	TAY BEE CHOO
NRIC No	S1174601B
Email Address	BEETAY9@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98309623
Alternative Phone No	OTHERS-98309623

Vehicle Particulars

Manufacturer	HYUNDAI
Model	TUCSON
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	2100435559-03
Cover Note Number	

Driver

Name of Driver	TAY BEE CHOO
NRIC No	S1174601B
Date Of Birth	09/12/1955
Occupation	INDOOR
Date Of Driving Pass	31/10/1973
Driving Experience	45 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98309623
Fax Number	
Contact Number	OTHERS-98309623
EMail Address	BEETAY9@GMAIL.COM

Address	31D CHANCERY LANE
Postcode	1130
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?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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

PLEASE REFER TO 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	SGT7722R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WANG YUAN JUN
NRIC/Passport Number	S8205403J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLE3954J
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	HAR CHAW KHEAN
NRIC/Passport Number	S7678317I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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.

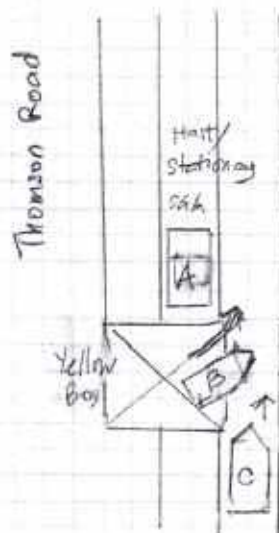
Policyholder's Signature
Date & Time:

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

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

9 Nov 2018, 3:20pm

SKETCH PLAN



A: SGA 1163T

B: SGT 7722R

C: SLE 3954J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- 1) My car A (SGA 1163T) was stationary, in front of yellow box.
- 2) Car B exited from Thomson Med Ctr, moved across yellow box approaching into lane 1
- 3) Car C moving in lane 1, hit Car B
- 4) Car B then hit my car (A) on the right

DECLARATION

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

Policyholder's Signature
Date & Time:

9 Nov 2018, 3.20pm

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

9 Nov 2018, 3.20pm

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

9 Nov 2018, 3.20pm

Date of Accident	Time of Accident	Country / Exact Location of Accident
9/11/18	1300hrs	Along Thomson Road (infront of Thomson Medical Bldg Centre)

DETAILS OF OWN VEHICLE	
Vehicle Registration No:	SGA1163 T
Name of Owner:	Tay Bee Choo
Owner IC:	S1174601B
Vehicle Model & Type (Audi/Toyota etc)	Hyundai Tucson
Exact purpose of veh.	Private / Commercial
Are you claiming your own insurance?	Own Damage / Third Party / Reporting Only
Insurance Company	AIG
Type of Policy	Comprehensive / Commercial / Third Party
*Policy Number	2100435559-03
*Contact Nbr	98309623
*Alternative contact nbr	98309623
DRIVER	
Name of Driver	As Above
Driver IC	S1174601B
Date of Birth	9/12/1955
Occupation	Landscaper (indoor) / outdoor
*Yrs of Driving Experience	45 years
Gender	F
Contact No	98309623
Address	31 D Chanany Lane SE
Email Address	beetay9@gmail.com
Employee of Insured's Company?	NO
If no, state relationship of Driver with Insured.	Self
Driver's own vehicle no. & Insurance company	
DETAILS OF INJURED PERSONS 1	
Name	
Address	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	

GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (eg. Chain collision, head-on collision, side swipe, front rear)	
Weather Conditions	Clear / Raining / Others (pls state)
Road Surface	Wet / Dry / Others
Video Footage	Yes / No
Offer by other workshop	Yes / No
*No. of passengers incldg driver	1 pax
OTHER INFORMATION	
Was anybody injured in the accident? *	Yes / No
Was any other vehicle or property damaged? (including Witness)	Yes / No
DETAILS OF POLICE ACTION	
Accident reported to the Police?	Yes / No
If yes, state which police station	N/A
Notice of Intended Prosecution given?	Yes / No

DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Reg. No.	SGT 7722 R (B)
Vehicle Make / Model / Colour / Properties	
Name of Driver	Wang Yuan Jun
IC / FIN / Passport Nbr	S 8205403 J
Contact Nbr	
Address	
Insurance Company	
*No. of passengers including driver	1 pax
DETAILS OF WITNESS	
Name	
Approximate age	
Were seatbelts worn?	Yes / No
Conveyed to hospital by ambulance?	

cc-shunfati@singnet.com.sg SLE 3954J (C)
Har Chaw Khean
57678317 I (1 pax)

REPUBLIC OF SINGAPORE **DRIVING LICENCE**


Licence Number: **S1174601B**

Name: **TAY BEE CHOO**

Birth Date: **09 Dec 1955**

Issue Date: **22 Aug 2003**

1000761356K



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1174601B**

Name: **TAY BEE CHOO**

鄭美珠

Race: **CHINESE**

Date of Birth: **09-12-1955**

Country of Birth: **SINGAPORE**

Sex: **F**





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

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

31 Oct 1973

NP 428A

Licence No: **S1174601B**

1321551

S1174601B

1321551

Blood Group: **A+**

Date of issue: **03-10-1993**

Address: **31D CHANCERY LANE
SINGAPORE 1130**



HYUNDAI AUTO PROTECTOR (DELUXE) PRIVATE VEHICLE

Name of Policyholder : Tay Bee Choo
Period of Insurance : 30 Oct 2018 To 29 Oct 2019
Engine No. : G4NAFU087393
Chassis No. : KMHJ3813MGU079692

Vehicle No. : SGA1163T
Policy No. : 2100435559-03
Endorsement No. :
Issued Date : 26 Sep 2018

ABOUT THE COVER

Make/Model : HYUNDAI TUCSON 2.0
Engine Capacity/Tonnage : 1,975.00 CC
Driver Restriction : NA

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2015
Insuring with COE/PARF : 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 Authorized 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

* 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 - \$0 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$0

Named Driver and Excess (where applicable)

Tay Bee Choo

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

1 Komoco Motors Pte Ltd. Add: 253 Alexandra Road Singapore 159936 64735588

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: NA

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).

0500581453

KOMOCO TRADING PTE LTD - GNE
 253 ALEXANDRA ROAD
 SINGAPORE 159935

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE