

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 11:46
Date Of Accident	09/11/2018 08:45
Exact Location Of Accident	ALONG WHITLEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ6226X
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Insured/Policyholder

Name Of Registered Owner	LOW LIANG
NRIC No	S1424467J
Email Address	BRYANLOW1@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97500027
Alternative Phone No	Others-97500027

Vehicle Particulars

Manufacturer	LEXUS
Model	LEXUS RX450H
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?	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	2100251335-07
Cover Note Number	

Driver

Name of Driver	LOW LIANG
NRIC No	S1424467J
Date Of Birth	12/11/1960
Occupation	INDOOR
Date Of Driving Pass	26/02/1988
Driving Experience	30 YEARS AND 8 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97500027
Fax Number	
Contact Number	OTHERS-97500027
E-Mail Address	BRYANLOW1@YAHOO.COM
Address	8 ROBIN LANE
Postcode	258238
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 ON 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	
Was any body injured in the Accident?	NO
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
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

I am the driver of Car C (SJZ 6226X) driving at 40kpm at 0845am on Whitley Road. Failing to see Car B (SKB 1222D) stopping as the car ahead was making a right into Malcolm Road, I failed to stop in time and rear ended Car B which rear ended Car A (SGF 4536E).

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	SKB1222D
Vehicle Make/Model/Colour	LEXUS GS450 HYBRID / GREY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TANG TECK TIAN
NRIC/Passport Number	
Contact Number	68417757

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGF4536E

Vehicle Make/Model/Colour

TOYOTA WISH/SILVER

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MS SUM

NRIC/Passport Number

Contact Number

96627007

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

Name: : UNKNOWN

Gender: :

Sketch Plan

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: - 9 NOV 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:



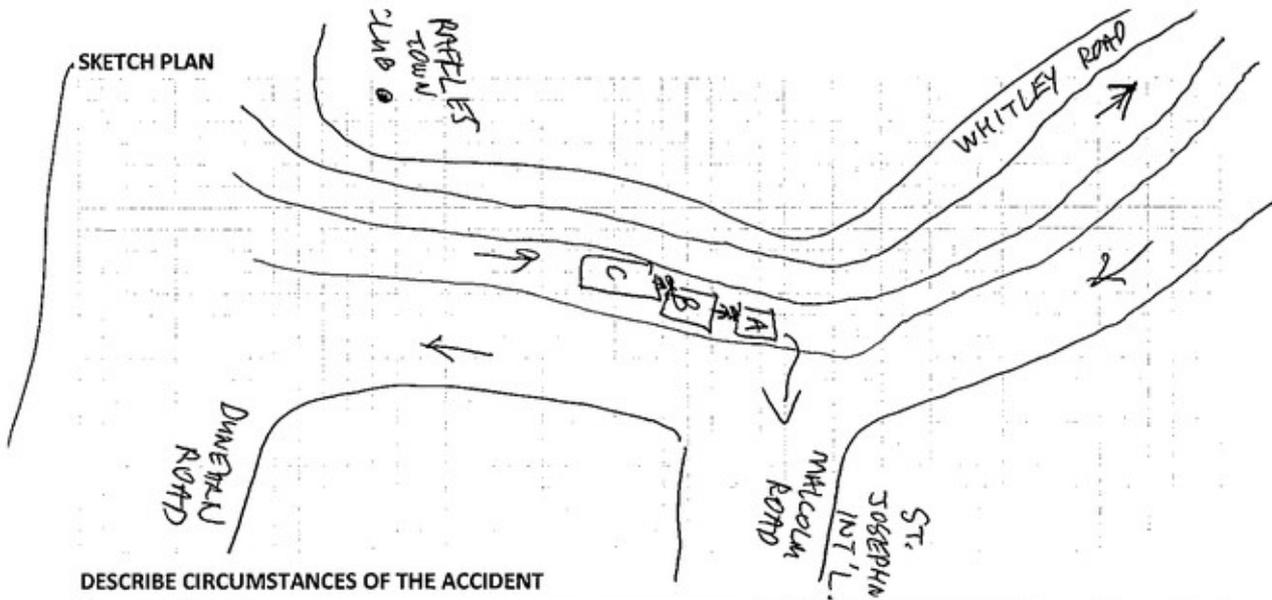
Reporting Centre Personnel's Signature

Name:

Deborah Lai

NRIC/FIN No.:

S7332811Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I'M ~~THE~~ DRIVER OF CAR C (SJZ6226X) DRIVING AT 40 KPH AT 845 AM ON WHITLEY ROAD. FAILING TO SEE CAR B (SKB1222D) STOPPING AS THE CAR AHEAD WAS MAKING A RIGHT INTO MALCOLM ROAD. I FAILED TO STOP IN TIME AND REAR ENDED CAR B WHICH REAR ENDED CAR A (SGF4536E).

DECLARATION

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


 Policyholder's Signature
 Date & Time: 9 NOV, 11.30 AM


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 9 NOV, 11.30 AM


 Reporting Centre Personnel's Signature
 Name: Deborah Lai
 NRIC/FIN No.: S7332811Z



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Low Liang
Period of Insurance : 30 May 2018 To 29 May 2019
Engine No. : 2GRJ085288
Chassis No. : JTJBC11A802003405

Vehicle No. : SJZ6226X
Policy No. : 2100251335-07
Endorsement No. :
Issued Date : 08 May 2018

ABOUT THE COVER

Make/Model : LEXUS RX450H
Engine Capacity/Tonnage : 3,456.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2009
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 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 - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Low Liang - \$800 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)
Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.
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

I/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).

0504588000

SPEEDO CAPITAL PTE LTD
33 UBI AVE 3 #01-75 VERTEX
SINGAPORE 408868

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSC255

Driver NRIC

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1424467J



Name

LOW LIANG

Race

CHINESE

Date of Birth

12-11-1960

Sex

M

Country of Birth

SINGAPORE



2043800



NRIC No. S1424467J

Blood Group

O+

Date of issue

20-05-1994

8 ROBIN LANE
SINGAPORE 258238

NRIC No: S1424467J

Date: 06-07-2005

No: 5042248

Driver Driving Licence

REPUBLIC OF SINGAPORE DRIVING LICEN



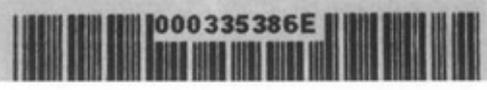
Licence Number: **S 1424467J**

Name:

LOW LIANG

Birth Date: **12 Nov 1960**

Issue Date: **29 Mar 2003**



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

Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	26 Feb 1988
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Scene Photo



Scene Photo



Scene Photo



Accident Photo



Accident Photo



Accident Photo



Chassis Number

