## SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 1. Please report <u>correctly</u> 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 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 conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	02/11/2018 12:27
Date Of Accident	01/11/2018 17:30
Exact Location Of Accident	ALONG BISHAN ROAD (OUTSIDE BISHAN MRT)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ3898P
Insured/Policyholder	
Name Of Registered Owner	TIO KIM CHAU
NRIC No	S0233642A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83762718
Alternative Phone No	Others-83762718
Vehicle Particulars	
Manufacturer	SUZUKI
Model	S-CROSS 1.6
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	2100443406-02
Cover Note Number	
Driver	
Name of Driver	KOH GUAY LAN BERNADETTE
NRIC No	S0707439E
Date Of Birth	13/09/1948

**INDOOR** 

22/12/1969

48 YEARS AND 10 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96556273

Fax Number

**Contact Number** 

EMail Address NOEMAIL

Address BLK 231 HOUGANG STREET 21

#10-322

Postcode 530231
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 - CHANGE/CROSS LANE

Weather Conditions DRIZZLING

Road Surface WET

**Other Information** 

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

Passenger 1 Name: : ANGIE

Gender: : Female

NO

4

Passenger 2 Name: : MARGARET

Gender: : Female

Passenger 3 Name: : GEK KEOW

Gender: : Female

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name SENGKANG NPC

Police Station Address ROAD: 2 SENGKANG SQUARE #01-02, POSTCODE: 545025, COUNTRY:

**SINGAPORE** 

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT:T/20181102/2027.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES YES

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number YP5034P Vehicle Make/Model/Colour LORRY

**Details Of Properties** 

**Vehicle Category** COMMERCIAL VEHICLE Name of Driver ZAKARIA BIN OSMAN

NRIC/Passport Number S1732568Z

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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
- (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
- 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.
- 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

for complying with requirements under any regulations, laws or court orders.

Policyborder's Signature

Date & Time:

- 2 MOV 2018

12=27hs

Ba Driver's Signature

Date & Time: 2 MOV 2018

12=27/10

Reporting Centre Personnel's Signature Name: Poh Kwee Choo Name:

NRIC/FIN No.:

S6840583A

CLARITY HIS RESULT WAS A

TCH PLAN		
	BISHAN ROAD	
		LANE ]
	YP5034 P.	LANE 2
	5 KZ 3898P	LANE 3
		LANE 3
BUS STOP/L	PIN E	PICK UP BAY
		Pick up 1819
ONDE CIDCULACEA MOSS	OF THE ACCIDENT	
CRIBE CIRCUMSTANCES		
please refe	r to Police report = 7/2	2018/102/2027.
		<u> </u>
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	111111111111111111111111111111111111111	10.0
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		1000
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ARATION		
declare the foregoing partic	ulars are true in every respect.	
\/		1,00
W>	Ba	
holder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
& Time: aaaa	(If driver is not the policyholder)	Name:
& Time: NOV 2018	Date & Time: -2 MOV 2018	NRIC/FINAL Kwee Choo \$6840583A
CONTROLS From Vs.	- Z MOY 2018	S6840583A





1 of 3

Report No. T/20181102/2027

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE

545025 Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/11/2018 11:06		lade:	Vide Report No.:	Station Diary No.: 63		
Informan	t's Partic	ulars	TO DESIGN SHEET			
	nformant: AY LAN BE	ERNADETTE	Address: APT BLK 231 HOUGANG S 530231	TREET 21 #10-322 SINGAPORE		
ID Type / NRIC NO	ID No.: / S070743	39E	Contact No.: Home/Office:	Mobile: 96556273		
Nationality	y: DRE CITIZ	EN	Email:			
Sex: Age: Date of Birth: Female 70 13/09/1948			Type of Informant: Driver			
Race: Chinese		• •	Language: Institution / School Na			
Occupation: RETIRED			Driving Licence Information: Class: 3 Date of Expiry:			

General Inform	nation of the Accide	ent	17	
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 01/11/2018 17:30	Type of Location: Straight Road
Location: Along Road 1 BISHAN ROA OUTSIDE BIS	'VD			
Weather: Drizzling	51 b W 1 1 1 1 3 5	Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collis BETWEEN M	ion: OVING VEHICLE-RE	EAR TO HEAD	-	Anyone conveyed by ambulance: No

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SKZ3898P	Car				Slightly Damaged	3
YP5034P	Lorry				No Damage	2

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





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

2 of 3 Report No. T/20181102/2027

## CONTINUATION OF REPORT

Name	KOH GUAY LAN BERNADETTE		ID No.		S0707439E	
Related Vehicle	SKZ3898P (Car)		898P (Car) Contact No		ct No.	96556273
Hospital/Clinic	NIL			Class Driving Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL .		Date Disci	harge	NIL	
No. of Days granted Medical Leave NIL Degree of			Injury	NIL		
Driver %	A	1 . 1 . 1 . 1 . 1 . 1	Windshield Co.		77	1111 - 11.0 17.
Name	Zakaria Bin Osman		ID No		S1732568Z	
Related Vehicle	YP5034P (Lorry)		Contact No.		NIL	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dise			harge	NIL	
No. of Days gran	of Days granted Medical Leave NIL			Injury	NIL	

## Brief Details.

On 01/11/2018, at about 1730hrs, I was driving my vehicle bearing: SKZ3898P at Bishan road, third lane. I had pick up 1 of my friend namely Gek Keow at the said place pick up point. I had then signal my vehicle to the right and further inch out to check for oncoming vehicle. As the road was clear, I had proceeded to inch out towards the third lane(bus lane). I had signaled and further inched out to the second lane, as the road was clear. As my vehicle was 3/4 in the said lane, a lorry bearing plate number: YP5034P, who was driving fast had suddenly collided into my vehicle. I do not know where the vehicle was from. The left rear side of the lorry had collided into my front right of my vehicle. No one is injured. The said driver had then alighted his vehicle and ask me to lodge a police report. We had also exchange particulars, the driver name is Zakaria Bin Osman(NRIC:S1732568Z).

I am lodging a report as asked by the said driver as he mentioned that he will do the necessity as he is the employee of the lorry he was driving. I had an in car camera in my vehicle.





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999 3 of 3 Report No. T/20181102/2027

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 The Report: F / Sgt 2 NOR'AISAH BINTE MOHD PERDAUS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/11/2018 11:06
Officer In Charge Of Case: TP / GIA / Staff-Sgt-WONG-SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp  NP168 Supplier Signature:  Done Police Force	



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Tio Kim Chau

Period of Insurance : 16 Dec 2017 To 15 Dec 2018 Engine No. : M16A1987348

Engine No. Chassis No.

: TSMJYA22S00405824

Vehicle No.

Issued Date

: SK73898P : 2100443406-02

Policy No. Endorsement No.

: 28 Nov 2017

ABOUT THE COVER

Make/Model SUZUKI S-CROSS

Engine Capacity/Tonnage : 1,586.00 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 persons and is driving on the Policyholder's order or with his her persons.
This Policy will indemnify the Policyholder or any authorised driver only if heathe meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young ansfor the perienced Driver Excess" ("YER") 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, demostic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving surface, driving test, racing, pace-traking, reliability trial or speed-lessing, the carriage of goods other than samples in connection with any study or business or use for any purpose in connection with Motor Triads.

Loss of Use 1500cc - 1500cc Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Trains-Party Risks and Compensation) Act (Cap. 166) and Section 95 of the Road Transport Act, 1967 (Malaysia), are not to be included under these headings.

Section 1 Fire - S0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - 50

Windscreen: \$100

Named Driver and Excess (where applicable)

Tio Kim Chau - \$600 (Dvm Daniage)

## 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 of the Sole Agent's workshop.
For other Approved Reporting Centres/AIG Authorises Repairers, please contact our 24-hour accident emergency hotine at +65 6006 6000. Alternatively. You may refer to AIG website twww.aig.com.sg or AIG SIG Mobile App. Simply search and download "AIG SIG" from (Tunes or Google Play.

## IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

IWe 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, 1887 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1899 (Malaysia).

0030213000

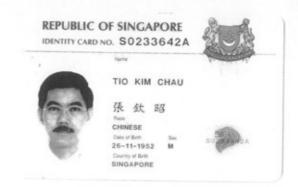
AIG ASIA PACIFIC INSURANCE PL

78 SHENTON WAY #07-16 AJG BUILDING

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE





## REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0707439E





## KOH GUAY LAN BERNADETTE

许月兰

CHINESE 13-09-1948 F

SINGAPORE





2206930 NRC № S0707439E

A\* 16-07-1994

APT BLK 231 HOUGANG STREET 21 #10 – 322 SINGAPORE 530231 NRIC No: \$0707439E Date: 29(07/200

Date: 29/07/2007 No: 5746233 .

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of 22 Dec 1969 which unladen does not exceed 2500 kilograms

NP 428A

## **Accident Photo**



## **Accident Photo**







**CHASSIS NUMBER** 

