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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

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

- 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.

The same of the sa	ACCIDENT STATEMENT
Date Of Report	19/11/2018 11:33
Date Of Accident	17/11/2018 10:50
Exact Location Of Accident	PIE (CHANGI) BEFORE LORNIE ROAD EXIT LANE 2
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV8079M
Insured/Policyholder	
Name Of Registered Owner	TAN SENG POH
NRIC No	S1479100J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96799229
Alternative Phone No	OTHERS-96799229
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE, LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800003017
Cover Note Number	
Driver	
Name of Driver	TAN SENG POH
NRIC No	S1479100J
Date Of Birth	07/05/1961
Occupation	OUTDOOR
Date Of Driving Pass	15/12/1978
Driving Experience	39 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96799229
Fax Number	AT UTDO OCTORODO

OTHERS-96799229

NOEMAIL

Address

BLK 330 SERANGOON AVENUE 3

#07-379

Postcode

550330

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

AFTER RAIN

Road Surface

WET

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?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: PASSENGER

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

50 SERANGOON AVE 2

Police Station Name Police Station Address

ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181118/2040

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJV755X

Vehicle Make/Model/Colour

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 2

Vehicle Registration Number

SCK9988Y

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category 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

TAN SENG POH

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SLV8079M

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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 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)

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)
 - (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
- 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 Sign

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name:
ROS L. INSTANTO

NRIC/FIN No.:

KETCH PLAN	PIR CHANG	1) BKFORK	LORMIFE R	OOD EX	17 CONI	E 2	
	_	- Au	- M		:		
		BDIAD Sura	e > nd mpsol				
DESCRIBE CIRC	UMSTANCES OF THE	ACCIDENT					
	- to pole		No = T,	12012 111	f /204	a	
					/		
			-/-				
DECLARATION I/We declare the	e foregoing particulars a	re true in every res	spect.		w	19/11	/sold
Policyholder Sig Date & Time:	partice	Driver's Signature (If driver is not the Date & Time:	policyholder)	Nam	orting Centre Pe ee: C/FIN No.:	ROS LI	w/





1 of 3

Report No. T/20181118/2040

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129

Tel No: 1800-4880999

REPORT	 		4000	DE SAFE
9690191		APPE :		COP 10 T

	A TRAFFIC			Louisian Diens No.	
Date/Tim 18/11/20	e Report M 18 15:05	ade:	Vide Report No.:	Station Diary No. 41	
Informat	nt's Particu	lare in the second	SUPPLY AND DE	建的原料。	
Name of TAN SER	Informant NG POH		Address APT BLK 330 SERANGOON A SINGAPORE 550330	AVENUE 3 #07-379	
ID Type	/ ID No.: 0 / S147910	00J	Contact No.: Home/Office: Mobile: 96799229		
National	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 57	Date of Birth: 07/05/1961	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3	Date of Expiry:	
	010000000000000000000000000000000000000				

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/11/2018 10:50	Type of Location Straight Road
	EXPRESSWAY vards Changi before	Lornie Road Exit Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collis chain collision				Anyone conveyed by ambulance: No

Betails of V	ehicle Invo	lved	A Anton	N N	F	200
Vehicle No.	-	Make	Model	Color	Condition	No of Passenger
SCK9988Y	Car	TOYOTA		Maroon	Slightly	0
SJV755X	Car	HYUNDAI	THE ITE	Grey	Slightly Damaged	0
SLV8079M	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Black	Seriously Damaged	

Datalla of Vehicle Insurance		
Vehida No. I fraimance Company	Insurance No Effective	Expiry Date



T/20181118/2040

2 of 3

Report No. T/20181118/2040

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129

Tel No: 1800-4880999

CONTINUATION OF REPORT

Details of V	ehicle insurance			T- 1 -
Vehicle No.	Insurance Company	Insurance No		Explry Date
SLV8079M	AIG ASIA PACIFIC INSURANCE PTE.	1800003017	17/01/2018	16/01/2019

Any Pedestrian In No of Pedestrian			Use of Per	destriar	Cross	ang. NA
Name	TAN SENG POH			ID No		S1479100J
Related Vehicle	SLV8079M (Car)			Conta	ct No.	96799229
Hospital/Clinic	MOUNT ALVERNIA	HOSPITAL		Class Drivin Licent Expire	9	Class: 3 Date of Expiry: NIL
Date Treatment	18/11/2018		Date Disc			/2018
	ted Medical Leave	05	Degree of	Injury	NIL	

Brief Details.

On 17/11/2018 at about 1050hrs, I was driving my car Black Mitsubishi bearing SLV8079M along PIE towards Changi before Lornie Road Exit on lane 2 with a passenger (relative) on-board. The traffic was heavy but moving smoothly and the road surface was also wet. A maroon Toyota bearing SCK9988Y was in-front of my which suddenly came to a stop causing to a apply jam brake. I managed to stop my car on time. Suddenly a hitting impact came from the rear of my car causing my car to hit onto the maroon car infront of my car. I made a check on my passenger and he was fine. I then came out of my car to make a check and discovered that I was involved in a chain collision involving another Grey Hyundai bearing SJV755X which hit my car from the rear. No one was injured at scene. My car's front and rear suffered damages. I exchanged particulars with the other drivers and left.

On 18/11/2018 at about 0430hrs when I woke up, I felt pain at my back. I then went to Mount Alvernia Hospital to see a doctor and was given 5 days of MC. I am lodging this report for insurance purpose.





3 of 3

Report No. T/20181118/2040

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129

Tel No: 1800-4880999

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 LOGHANATHAN S/O AYYASAMY	Signature Of Informatic
Signature Of Interpreter: Not applicable	Date/Time: 18/11/2018 15:05
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp	Sinnature:

Ser Lore Police Force

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A) Date of Accident: 17 / 1/ /2018 (dd/mm/yy) Time of Accident: ehicle Make & Model: Policyholder's Name / IC No. Driver's Name / IC No. : Driver's Contact No. : Company Contact No: Insurance Company: Email address (if any): Relationship between Owner & Driver: (Please CIRCLE one only) (wner) Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: What do you wish to claim? (Please TICK one only) Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose) Exact purpose for which the vehicle Occupation (nature of job) Was being used at time of accident? Private use / Work purpose No. of Passengers (Including Driver): Passenger Name: Gender Male / Female Passenger Name: Gender : Male / Female Weather condition & Road conditions? (On the day of accident) Raining & Wet / After-Rain & Wet / Clear & Dry / Drizzling & Wet / Others: Was there any video captured by your Car Camera? No (If YES) Injured Person' Name: Any Injuries: Yes / Injuries Sustain: _ Injured Person in Which Vehicle: ___ Police Report filed: No (If YES) Which Police Station:

The Other Party(s) Details:

1. Driver's Name / IC No:		_ Vehicle No: SJV 755X
Driver's Contact No:	Insurance Company (If any):	77. SQLY FAMILIAN THE FLOOR
2. Driver's Name / IC No:		_ Vehicle No: _SCK 9988Y
Driver's Contact No:	Insurance Company (If any):	
*Independent Witness (If Any):	Cor	ntact No:
Preferred Workshop Name:	Con	tact No:

^{*}If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.





Injuren Je Juse





4



CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE COMMERCIAL AUTO PROTECTOR COMMERCIAL VEHICLE

Name of Policyholder : TAN SENG POH

Period of Insurance

: 17 Jan 2018 To 16 Jan 2019

Engine No.

: 3A92UGP2555

Chassis No.

: MMBSTA13AJH000991

Vehicle No.

: SLV8079M

Policy No.

: 1800003017

Endorsement No. **Issued Date**

: 17 Jan 2018

ABOUT THE COVER

Make/Model

: MITSUBISHI Attrage 1.2 CVT

Engine Capacity/Tonnage : 1193 Tonnage

Sum Insured : Market Value

First Year of Registration : 2018

Driver Restriction

- NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

Any person who is driving on the Policyholder's order or with their permission.
This Policy will indemnify the Policyholder or any authorised driver only if hershe 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

Age Condition

: All Age Condition

Limitation as to use*

Use for the carriage of passengers or goods in connection with the Policyholder's business. Use for social, domestic, pleasure purposes and business purposes of any person to whom the Vehicle is hired.

I) use for driving belief driving test, racing, pace-making, reliability trial or speed-testing.

2) use whitst drawing a trailer except the towing (other than for reward) of anyone disabled users. Presented by propelled vehicle; and A SOUTH LE ty purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Verticles (Third-Party Risks and Democratical Included under these headings. on) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be

EXCESS

Section 1

Fire - \$0 Own Damage - \$2000 Theft - \$0 Flood Cover - \$0

Property Damage - \$2000

Windscreen: \$100

Named Driver and Excess (where applicable)

TAN SENG POH - \$2000 (Own Damage) \$2000 (Property Damage)

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

1.Cycle & Carriage Customer Service Centre (For windscreen claim only). Add: 330 Ubi Rd 3 Singapore 406550 67461000

Cycle & Carriags Body & Paint Centre Add. 209 Pandari Gardens-Singapore 609339 65684501

For other: Approved Reporting Commo/AIG Authorised Repeirers, please contact our 24-hour accident emergency hotine at +55 6336 6200. Alternatively, you may miler to AIG website www.arg.com.ug or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

If the vehicle is used for the carriage of passenger for hire or reward, such driver must be named under the Policy and registered with an intermediary which facilitates the carriage of passengers for hire or reward. Should you decide to include any other driver, please indicate. (Company reserves the right to acceptiveject the inclusion of any Named Drivers).

Hire Purchase Company/Employer's Loan: Goldbell Financial Services Pte Ltd

I/We hereby cartify that the policy to which this Certificate of insurance relates is insurance with the provisions of the Motor Vanicies(Thert Perty Rinks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1997 (Maleysia) and Motor Vehicles (Third Perty Rinks) Rules, 1999 (Maleysia).

0500720794

CYCLE & CARRIAGE - LAWLIM 239 ALEXANDRA ROAD SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. **AUTHORISED REPRESENTATIVE**