

## 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	24/11/2018 12:52
Date Of Accident	24/11/2018 10:15
Exact Location Of Accident	UPPER THOMSON TOWARDS SEMBAWANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD1909J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THAM SHUEN LOONG
NRIC No	S7606880A
Email Address	THAMSHUENLOONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88763478
Alternative Phone No	Others-88763478

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8
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	REPORTING ONLY
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	100469679-02
Cover Note Number	

### Driver

Name of Driver	MICHAELA SENG SU-FERN (XIN SUFEN)
NRIC No	S7826266D
Date Of Birth	15/09/1978
Occupation	INDOOR
Date Of Driving Pass	31/10/1998
Driving Experience	20 YEARS AND 0 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-91832238
Fax Number	
Contact Number	
EMail Address	MICHAELA_SENG@YAHOO.COM
Address	14 MATLOCK RISE
Postcode	358549
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	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?	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

I was driving straight in the middle lane and suddenly heard a loud bang on my left side and saw a motorcyle through my left window hitting the left wing mirror. Motorcyclist fell over with minor injuries. Traffic police Muhd Sarmani attended to the call. Police said no report from us is required. Motorcyclist said he was going to Tan Tock Seng Hospital on his own. No ambulance needed.

#### 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	FBK2125D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	CHIA YAM HENG

NRIC/Passport Number	S0492694C
Contact Number	63544728/91783088-SON (MR CHIA)
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1	
Name	CHIA YAM HENG
Approximate Age	
Injuries Sustain	RIGHT KNEE SCRAPED; STIFF RIGHT SHOULDER
Injured person in which vehicle?	FBK2125D
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

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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: 24 NOV 2018

Driver's Signature

(If driver is not the policyholder)

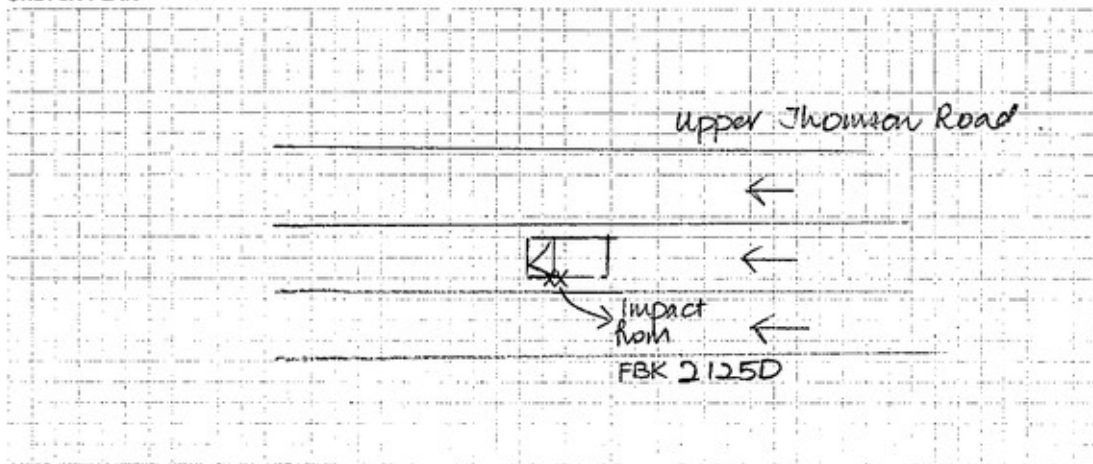
Date & Time: 24 NOV 2018

Reporting Centre Personnel's Signature

Name: Deborah Lai

NRIC/FIN No.: S7332811Z

# SKETCH PLAN




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight in the middle lane and suddenly heard a loud bang on my left side and saw a motorcycle through my left window hitting the left wing mirror. Motorcyclist fell over with minor injuries	
Time of accident -	10 15h
Date of accident -	24/11/18
Place of accident -	Upper Thomson Rd towards Sembawang, Before junction of Jalan Todak, nearest Lamp Post 58
Traffic Police Muhd Sarmani attended to call. Police said no report from us required. Motorcyclist said he was going to Tan Tock Seng Emergency Hospital on his own, no ambulance needed.	

## DECLARATION

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

<p>Policyholder's Signature</p> <p>Date &amp; Time: 24 NOV 2018</p>	 <p>Driver's Signature (If driver is not the policyholder)</p> <p>Date &amp; Time: 24 NOV 2018</p>	<p>Reporting Centre Personnel's Signature</p> <p>Name: Deborah Lai</p> <p>NRIC/FIN No.: S7332811Z</p>
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GPB/001/2018/01/01 Form A7

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# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Tham Shuen-Loong (Tan Junlong)  
Period of Insurance : 07 Jun 2018 To 06 Jun 2019  
Engine No. : 2ZR1775422  
Chassis No. : JTDGG20W10J004353

Vehicle No. : SLD1909J  
Policy No. : 2100469679-02  
Endorsement No. :  
Issued Date : 08 May 2018

### ABOUT THE COVER

Make/Model : TOYOTA NEW WISH  
Engine Capacity/Tonnage : 1,798.00 CC  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2016  
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 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 - \$600 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreen : \$100

#### Named Driver and Excess (where applicable)

Tham Shuen-Loong (Tan Junlong) - \$600 (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](http://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: HONG LEONG FINANCE LTD

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).

0030210150

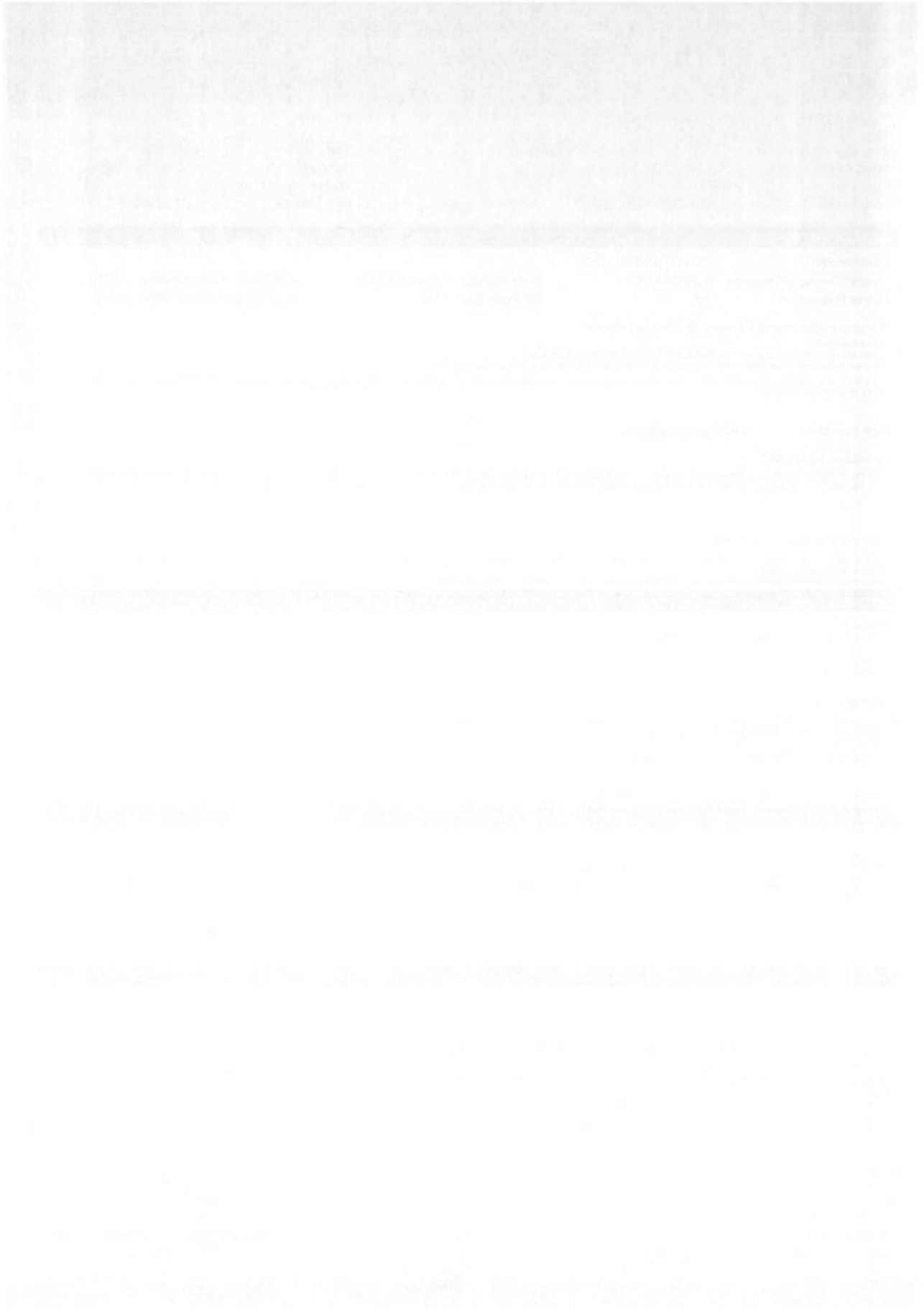
AIG - AUTO DIRECT  
78 SHENTON WAY #07-16 AIG BUILDING  
SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Manile*

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

SSPLUS



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7826266D**

Name: **MICHAELA SENG SU-FERN (XIN SUFEN)**

Birth Date: **15 Sep 1978**

Issue Date: **24 Nov 2003**

001018817E

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7826266D**

Name: **MICHAELA SENG SU-FERN (XIN SUFEN)**

Race: **辛素芬**

CHINESE

Date of Birth: **15-09-1978**

Sex: **F**

Country of Birth: **SINGAPORE**

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

Class	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	PASS DATE
Class 3		31 Oct 1998

NP 428A

Licence No: **S7826266D**

3241130

NRIC no: **S7826266D**

Address: **14 MATLOCK RISE SINGAPORE 358549**

Blood Group: **A+**

Date of issue: **12-01-2001**

Owner NRIC



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7606880A



Name

THAM SHUEN-LOONG  
(TAN JUNLONG)

譚駿龍

Race

CHINESE

Date of birth

25-02-1976

Sex

M

Country of birth

SINGAPORE

S7606880A



3853650

NRIC No: S7606880A



Date of issue

13-03-2006

2 JALAN TAMAN #06-12  
SINGAPORE 329023

NRIC No: S7606880A

Date: 13/12/2007

No: 5840156

Accident Photo



Accident Photo



Accident Photo



Chassis Number

