

## 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	05/12/2018 19:25
Date Of Accident	04/12/2018 19:15
Exact Location Of Accident	JUNCTION ALONG CHOA CHU KANG NORTH 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF3570R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	QUAH AH BENG
NRIC No	S1760094Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96699592
Alternative Phone No	Others-96699592

### Vehicle Particulars

Manufacturer	SUBARU
Model	XV-2.0 I-S EYESIGHT AWD CVT (A)
Exact Purpose for which vehicle was being used at time of accident	
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	
Cover Note Number	1800130294

### Driver

Name of Driver	BENJAMIN QUAH YONG JIE
NRIC No	S9440053H
Date Of Birth	29/10/1994
Occupation	INDOOR
Date Of Driving Pass	16/09/2014
Driving Experience	4 YEARS AND 2 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-90217433
Fax Number	
Contact Number	OTHERS-90217433
E-Mail Address	NOEMAIL
Address	APT BLK 787 CHOA CHU KANG NORTH 6 #10-206
Postcode	682787
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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)	2
Passenger 1	Name: : BAVEN TAN ZONG WEI Gender: : Male

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	<b>ROAD:</b> 20 CHOA CHU KANG ST 52 #01-02 , <b>POSTCODE:</b> 689286 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Refer Sketch Plan and police report

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK5828X
-----------------------------	----------

Vehicle Make/Model/Colour Details Of Properties	HONDA VEZEL
Vehicle Category	PRIVATE HIRE
Name of Driver	SOMAN KUBENDRAN
NRIC/Passport Number	S8285073B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	BENJAMIN QUAH YONG JIE
Approximate Age	24
Injuries Sustain	LOWER BACK PAIN
Injured person in which vehicle?	SMF3570R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

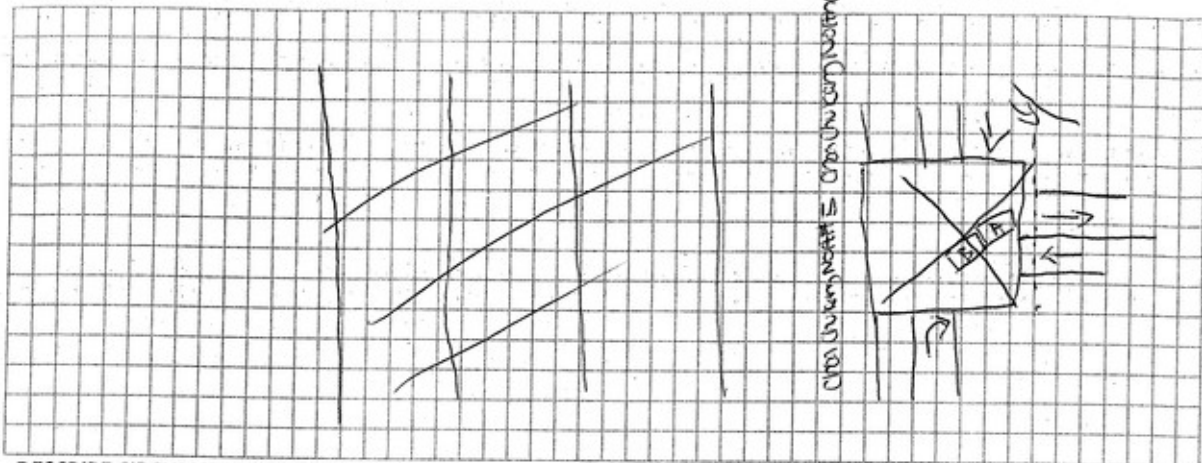
Name	BAVEN TAN ZONG WEI
Approximate Age	23
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SMF3570R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**Sketch Plan**

**SINGAPORE ACCIDENT STATEMENT**

Accident Date & Time: 14/11/2018 1913hrs		
Accident Location: <del>Singapore</del> Junction along Chon Chu Kang North St6		
Vehicle Number: SMF3570R	Make/Model: XV	
Policy Holder Name: Quah Ah Beng		
NRIC/ROC: S17200942	Mobile: 9669592	
Email: —		
Insurance Company: AIG		
Policy Number: 1800130294	Policy Period:	
Policy Coverage: Comprehensive ( / )	Third Party ( )	Third Party Fire & Theft ( )
State Action Taken: Claim Own Policy ( )	Claim Third Party ( / )	Reporting Only ( )
Driver Name: Benjamin Quah		
NRIC: S944005317	Mobile: 902171433	
Date Of Birth: 29 / 10 / 1994	Driving Pass Date: / /	
Gender: Male ( / ) Female ( )	Occupation: Indoor ( ) Outdoor ( )	
Address: Blk 787 Chon Chu Kang North 6 #10-206		
Is driver an employee of the insured's company: Yes ( ) No ( / )		
If No, Relationship of the driver with the insured:		
Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( / ) Sibling ( ) Hirer ( )		
Weather Conditions: Clear ( / ) Raining ( ) Others ( )		
Road Surface: Dry ( / ) Wet ( ) Others ( )		
Was any foreign vehicle involved in this accident? Yes ( ) No ( / )		
Was anybody injured in the Accident? Yes ( / ) No ( )		
Was there any video captured by Car Camera? Yes ( / ) No ( )		
Number of Passenger (Including Driver): 2		
1) Bowen Tan (M)      2)      3)      4)		
Was the accident reported to the police? Yes ( / ) No ( / ) "attach Police Report, if any"		
3 <sup>rd</sup> Party Name: SOMAN KUBENDRAN		
Vehicle Number: SLK5828X	Make & Model: SLK5828X	
NRIC: SE285073B	Mobile No:	
Witness Details (if any):		
NAME:	NRIC :	Mobile No:
Other remark: if any		

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

From junction when making a right turn, a lady rushed out from the zebra crossing on bicycle. I brake in time but SLK5828X hit me from behind.

### **Important:**

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

- Reporting Only
- Claim OD
- Claim TP
- Claim OD/ TP at other workshop

### DECLARATION

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

Policyholder's signature  
Date & Time

Driver's Signature  
(if driver not the policyholder)  
Date & Time

Reporting Centre Personnel's Signature  
Name: Jeff Teh  
Nric/Fin No.


## 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.:



## COVER NOTE

## SUBARU AUTO PROTECTOR PRIVATE VEHICLE

The following is covered on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder : Quah Ah Beng  
 Period of Insurance : 03 Nov 2018 to 04 Nov 2019  
 Engine No. : FB20YE77057  
 Chassis No. : JF1GT7KL5JG047593



Vehicle No. :  
 Cover Note No. : 1800130294  
 Endorsement No. :  
 Issued Date : 02 Nov 2018

## ABOUT THE COVER

Make/Model : SUBARU XV 2.0I-S EYESIGHT AWD CVT  
 Engine Capacity/Tonnage : 1,995.00 CC Sum Insured : Market Value First Year of Registration : 2018  
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : 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" ("YIDER") 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, 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. 169) 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)  
 Quah Ah Beng - \$800 (Own Damage)

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

1. Motor Image Enterprises Pte Ltd Add: 19 Lorong 8 Toa Payoh Singapore 319255 64170100

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: DBS BANK LTD

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.  
 We hereby certify that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 169), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.

0500619212

TAN CHONG CREDIT SUBARU-TEY  
 911 BUKIT TIMAH ROAD  
 SINGAPORE 599622

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Mobile*


AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

Cathy-VV Tsai

78 Shenton Way #07-16 AIG Building S079120 | T: +65 6419 3000 | www.aig.com.sg

AIG Asia Pacific Insurance Pte. Ltd.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9440053H



Name  
BENJAMIN QUAH YONG JIE

柯詠杰

Race  
CHINESE

Date of birth  
29-10-1994

Country of birth  
SINGAPORE

Sex  
M

S9440053H

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S9440053H

Name:  
BENJAMIN QUAH YONG JIE

Birth Date: 29 Oct 1994

Issue Date: 16 Sep 2014




002346315D

4401772



NRIC No. S9440053H



Date of issue  
12-05-2009

Address  
APT BLK 787 CHOA CHU KANG NORTH 6  
#10-205  
SINGAPORE 682787

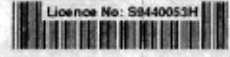
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 16 Sep 2014

NP 428A

License No: S9440053H







**SINGAPORE  
POLICE FORCE**



T/20181205/2121

1 of 4

Report No. T/20181205/2121

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/12/2018 17:42	Vide Report No.:	Station Diary No.: 92
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**Informant's Particulars**

Name of Informant: BENJAMIN QUAH YONG JIE		Address: APT BLK 787 CHOA CHU KANG NORTH 6 #10-206 SINGAPORE 682787	
ID Type / ID No.: NRIC NO / S9440053H		Contact No.: Home/Office: Mobile: 90217433	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 24	Date of Birth: 29/10/1994	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name: Kaplan
Occupation: Student		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/12/2018 19:15	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 CHOA CHU KANG NORTH 5 CHOA CHU KANG NORTH 6				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLK5828X	Car	HONDA	VEZEL HYBRID 1.5 CVT		Slightly Damaged	0
SMF3570R	Car	SUBARU	XV 2.0I-S EYESIGHT AWD CVT		Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20181205/2121

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

2 of 4

Report No. T/20181205/2121

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	SOMAN KUBENDRAN	ID No.	S8285073B
Related Vehicle	SLK5828X (Car)	Contact No.	94597080
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	BENJAMIN QUAH YONG JIE	ID No.	S9440053H
Related Vehicle	SMF3570R (Car)	Contact No.	90217433
Hospital/Clinic	ONELIFE FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/12/2018	Date Discharge	05/12/2018
No. of Days granted Medical Leave	02	Degree of Injury	NIL
<b>Passenger</b>			
Name	BAVEN TAN ZONG WEI	ID No.	S9547298B
Related Vehicle	SMF3570R (Car)	Contact No.	98366019
Hospital/Clinic	ONELIFE FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/12/2018	Date Discharge	05/12/2018
No. of Days granted Medical Leave	02	Degree of Injury	NIL

**Brief Details.**

On 4/12/2018 at about 1915hrs, I was driving SMF3570R at the junction between Choa Chu Kang North 5 and North 6 when I met with an accident with SLK5828X. I was at the junction of Choa Chu Kang North 5 and North 6 and turning right to Stagmont Ring, there was a lady cyclist suddenly cycle across a pedestrian crossing in front of me. The pedestrian crossing was blinking and left with about 2 seconds. I stepped on the brake. Suddenly, SLK5828X hit me from the rear. Both drivers alighted and exchanged particulars.

On 5/12/2018 I went to the clinic as I have pain on my lower back and was given 2 days mc. My



**SINGAPORE  
POLICE FORCE**



TZ

2 of 4  
25/2/12

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

CONTINUATION OF REPORT

passenger who was with me has neck pain and also given 2 days mc.

I am making this report for insurance claim.



**SINGAPORE  
POLICE FORCE**



1720181205021

Police Station Of Origin  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No: T720181205021


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:

 EDWINA CHEW HUI LING

Signature  
Signature Of Interpreter:  
Not applicable

**Singapore Police Force**

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 SITIMARSITA BINTE BOHARI  
Contact No.: 65476219

Authentication Stamp  
NP198

Signature Of Informant:



Date/Time:  
05/12/2018 17:42

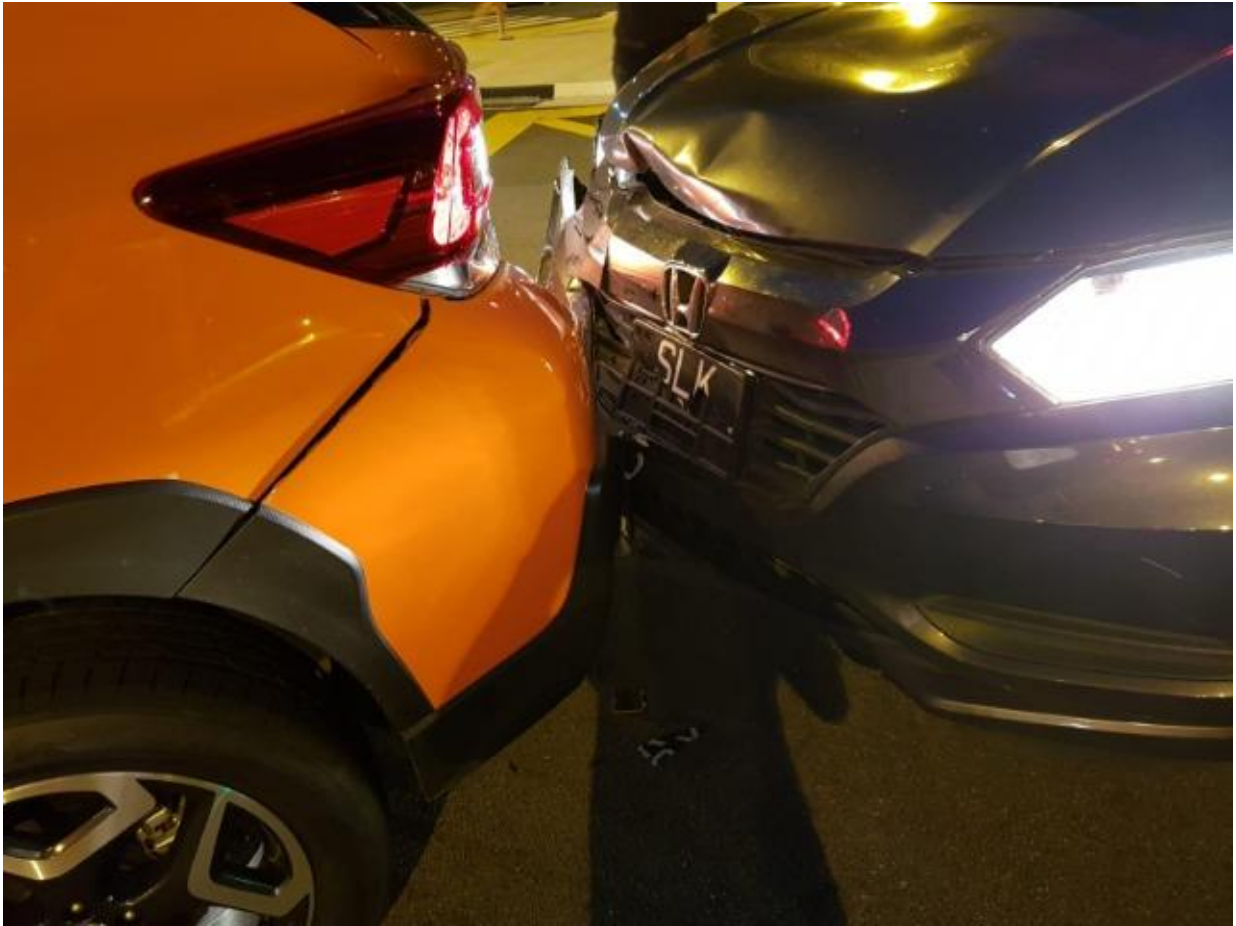
Classification Of Case:

Accident Photo





Accident Photo



Accident Photo



Accident Photo

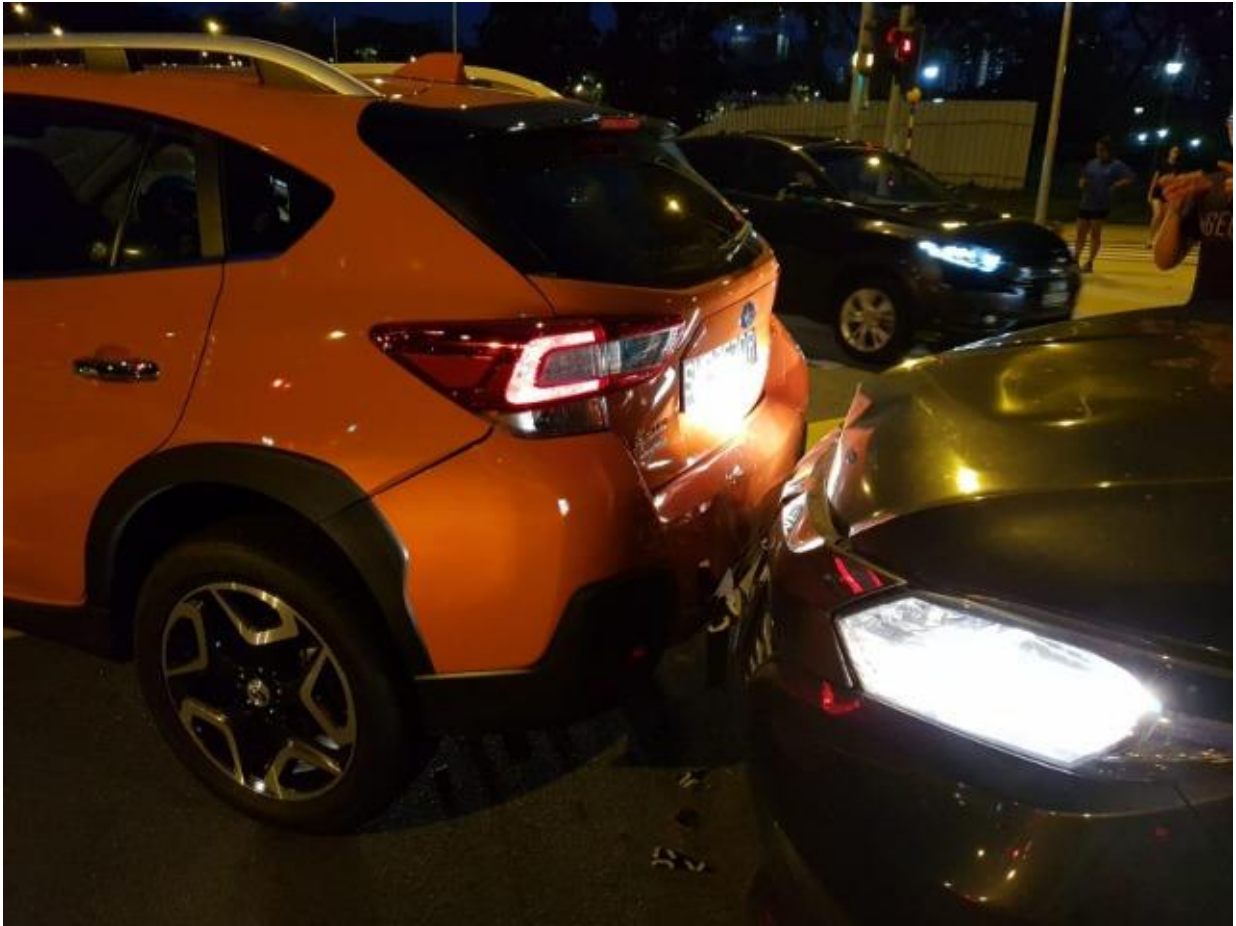




Accident Photo



Accident Photo



# Driving License



# Identification Card

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

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc 13 Dec 2006  
Class 3 Motor Cars <= 3000kg with <=7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 13 Dec 2006

NP 426A

NPIC No: S6285073B

4401772

Barcode

NPIC No: S9440053H

Address

12-05-2009

APT BLK T87 CHOA CHU KANG NORTH 6  
#10-206  
SINGAPORE 682787

9004203

Barcode

NPIC No: S6285073B

Address

INDIAN

11-02-2009

APT BLK 519 BEDOK NORTH AVENUE 1 #02-374  
SINGAPORE 460519

NPIC No: S6285073B Date: 03/07/2012 No: 7077549

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

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <=7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 16 Sep 2014

NP 426A

NPIC No: S9440053H



Accident Photo



Accident Photo



Accident Photo



Accident Photo





## Driving License



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

