#### 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 <u>truthful and accurate</u> 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 consent to the archiving of this report at the centre and to copies of the report being made available

foresaid.	
	ACCIDENT STATEMENT
Date Of Report	22/02/2019 12:51
Date Of Accident	21/02/2019 17:40
Exact Location Of Accident	PIE TOWARDS TUAS 12.6KM
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SJR1798L
nsured/Policyholder	
Name Of Registered Owner	TUANG KENG POH
NRIC No	S6848041H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90187173
Alternative Phone No	Others-90187173
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS-1.5 E (M)
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy or repair to your vehicle?	YES
f No, Please state action to be taken	
/ehicle Category	PRIVATE CAR
nsurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100142647-09
Cover Note Number	
Driver	
Name of Driver	TUANG KENG POH
NRIC No	S6848041H
Date Of Birth	22/12/1968

**INDOOR** 

25/04/2008

10 YEARS AND 9 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-90187173

Fax Number

**Contact Number** OTHERS-90187173

**EMail Address NOEMAIL** 

Address BLK 494 BUKIT PANJANG RING ROAD #08-633

Postcode 670434 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 CLEAR** Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number WB6718U (COMMERCIAL VEHICLE)

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

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) 5

Passenger 1 Name: : CHEN LILIN

> Gender: : Female

Passenger 2 Name: : UNKNOWN

> Gender: : Female

Passenger 3 : UNKNOWN Name:

> Gender: : Male

Passenger 4 : UNKNOWN Name:

> Gender: : Female

#### **Details of Police Action**

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE

NO

Police Station Address ROAD: 42 FAJAR ROAD, POSTCODE: 679005, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8929999 - FAX NO: 67673650

Was notice of intended Prosecution given?

If Yes, against whom?

### **Circumstances of Accident**

KINDLY REFER TO ATTACH POLICE REPORT NO.T/20190222/2003.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

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

Vehicle Registration Number WB6718U

Vehicle Make/Model/Colour TOYOTA HILUX

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver CHENG CHEE WEI

NRIC/Passport Number G8046795N

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SKN902T

Vehicle Make/Model/Colour TOYOTA MARK X

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver WONG HENG KIT

NRIC/Passport Number S0190711E

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF INJURED PERSON 1**

Name TUANG KENG POH

Approximate Age

Injuries Sustain 3 DAYS MC Injured person in which vehicle? SJR1798L

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

# **DETAILS OF INJURED PERSON 2**

Name UNKNOWN (PASSENGER)

Approximate Age
Injuries Sustain

Injured person in which vehicle? SJR1798L

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### Sketch Plan

#### SKETCH PLAN

#### 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.
- 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.
- 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.
- 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.
- 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

22/26/2019

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

SKETCH PLAN			
Lane 3			
Hane 2			
Hane IV			
	reign my car	157	apore
	-Cit		aF111111111111
DESCRIBE CIRCUMSTANCES OF THE	ACCIDENT	HIGH	W 9 0 2 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Refer to police	report		
Important:			- Reporting Only
You have been advised by the workshop claim against your own policy (OD CLAIN	1). There is a FOURTEEN (14)	V	- Claim OD
DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.			- Claim TP
DECLARATION			- Claim OD/ TP at other workshop
1/WE declare the foregoing particular 22 FEB 19  Jew 1212hr.s	s are true in every respect.		A
Policyholder's signature Date & Time	Driver's Signature (if driver not the policyholder)		Reporting Centre Personnel's Signature Name:

Date & Time

Nric/Fin No.





1 of 4 Report No. T/20190222/2003

Police Station Of Origin:

Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/02/2019 00:54			Vide Report No.: G/20190221/0167	Station Diary No.:		
Informa	nt's Partic	ulars		CONTRACTOR OF THE CONTRACTOR O		
	Informant: KENG POI		Address: APT BLK 434 BUKIT PANJAI SINGAPORE 670434	NG RING ROAD #08-633		
ID Type NRIC NO	/ ID No.: D / S684804	41H	Contact No.: Home/Office:	Mobile: 90187173		
Nationali SINGAP	ity: ORE CITIZ	EN	Email:	Woolie. 90107173		
Sex: . Male	Age: 50	Date of Birth: 22/12/1968	Type of Informant: Driver	•		
Race: Chinese Occupation: Lead technician			Language: Institution / School Na			
			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:		

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 21/02/2019 17:40	Type of Location Straight Road
	EXPRESSWAY			
Close		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Traffic Control: One Way Not Controlled Type of Collision:				
One Way				Traffic Volume: Moderate

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SJR1798L	Car	ТОУОТА	VIOS E MANUAL	White	Seriously Damaged	4
SKN902T	Car				Slightly	2
WB6718U	Car				Damaged Slightly Damaged	0

Details of Vehicle Insurance	
Vehicle No. Insurance Company	Insurance No Effective Expiry Date
	Lxpiry Date





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

2 of 4 Report No. T/20190222/2003

CONTINUATION OF REPORT

	ehicle Insurance	the process of the second contract of the	or organization to the con-	A RELIGIOUS PROPERTY.
	Insurance Company	Insurance No	Effective	Expiry Date
SJR1798L	AIG ASIA PACIFIC INSURANCE PTE.	2100142647-09	11/06/2018	10/06/2019

Any Pedestrian	on Involved		9-23		6.250	44.00	
No. of Pedestria			Lies of D	adaatsi.	- 0		
Driver	10 K 12 C C C C C C C C C C C C C C C C C C	a No. to supple	Use of P	edestria	n Cross	sing: NA	
Name	TUANG KENG POH			ID No	).	S6848041H	
Related Vehicle	SJR1798L (Car)			Conta	act No.	90187173	
Hospital/Clinic	NIL			Class Drivin Licen	ng	Class: 2B,2A,3 Date of Expiry: NIL	
Date Treatment	NIL		Date Dis				
No. of Days gran	ted Medical Leave	NIL	Degree o				
Driver			ALIEN NA SAN	Manager 1	2000	PROBLEM NO ANNUAL	
Name	Wong Heng Kit			ID No		S0190711E	
Related Vehicle	SKN902T (Car)			Conta	ct No.	NIL	
Hospital/Clinic	NIL			Class Drivin Licend	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Disc			NIL			
No. of Days gran	ted Medical Leave	NIL	Degree o				
Driver	The House are a second		2 29.00	SOUTH STATE	20000000		
Name	Cheng Chee Wei			ID No.		G8046795N	
Related Vehicle	WB6718U (Car)		Contact No.		NIL		
Hospital/Clinic	NIL			Class Driving Licence Expiry	g e&	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL		
lo. of Days grant	ed Medical Leave	NIL	Degree of	finium	NIL		





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

3 of 4 Report No. T/20190222/2003

CONTINUATION OF REPORT

#### Brief Details.

On 21/2/2019 at around 1750hrs, I was driving my car Toyota Vios (SJR1798L) along PIE 12.6KM towards TUAS with 4 passengers in my car. I was on lane 1 when I saw the vehicle in front of my Toyota Mark X (SKN902T, Driver: Wong Heng Kit S0190711E) slowly came to a stop due to a traffic jam, so I did the same. All of a sudden, I felt a collision from the rear of my vehicle which caused my vehicle to surge forward and collide into the rear of the vehicle in front SKN902T. I made a check and saw a Malaysian vehicle Toyota Hilux (WB6718U, Driver: Cheng Chee Wei G8046795N) had collided into my vehicle rear. I discovered the rear boot and rear bumper had been smashed in. Out of the 4 passengers in my vehicle had complained of pain but did not want to be conveyed by the ambulance that was at scene. The other parties involved in the accident were not injured.





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

4 of 4 Report No. T/20190222/2003

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 <a href="report number">report number</a> as reference.

Signature Of Officer Recording The Report:  J /  FUAD ISKANDAR BIN JUMAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/02/2019 00:54
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID	Classification Of Case:
Contact No. 65476172	



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$6848041H





TUANG KENG POH

莊 耿 波
Race
CHINESE
Date of birth
S22-12-1968
M
Country of birth
SINGAPORE

:003804 jis

Class 18 Mointrepoiss = 200 CC 18 Dec 1990
Class 18 Mointrepoiss = 200 CC 18 Dec 1990
Class 18 Mointrepoiss between 200 CC 18 Dec 1990
Class 3 Mointre and 2000 kg with = 7 passengers, exclusive of the 25 Apr 2008
driver; and moisr tractors/subicles = 4 2500 kg.

SANEONATE S = 5 No. 9000086802
Licenson No. \$6343041H

MRIC No. SGB48041H

21-09-2006

APT BLK 434 BUKIT PANJANG RING ROAD #08-633 SINGAPORE 670434



# CERTIFICATE OF INSURANCE

# AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Tuang Keng Poh.
Period of Insurance : 17 Jun 2018 To 10 Jun 2019
Engine No: : 1N2X937262
Chasels No: : MR053HY9306116024 Vehicle No. : SJR1798L: : 2100142647-09 Polloy No. Endorsement No.

: MR053HY9306116024 Issued Date : 28 May 2018

#### ABOUT THE COVER

: TOYOTA VIOS

Engine Capacity/Tonnage : 1,497.00 CC Sum Insured : Market Value First Year of Registration : 2009 Driver Restriction : NA Off Peak Car : No 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 blather permission. This Policy will indemnity the Policyholder or any euthorised driver only if hershe meets the specified age condition.
This Policy will indemnity the Policyholder or any euthorised driver only if hershe meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Inexperienced Oriver Excess" ("IDR") if You are or Your Authorised Oriver (named or unre-

Age Condition : 40 years old and above

Limitation as to use\* :

Use only for social, dornastic and pleasure purposes and for the Paticyholder's business. This Policy does not cover use for hits or reward, driving lutter, driving lest, recing, pace-making, reliability trisl or speed-leating, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with holder Trade.

Loss of Use 1500cc - 1800cc Optional

\* Limitetione rendered inoperative by decision 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Included under these headings.

### EXCESS

Section 1 Fire - \$0 Own Damage - \$500 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - 50

Windscreen: \$100

Named Driver and Excess (where applicable)

Tuang Keng Poh - \$600 (Own Damage)

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

Approved Reporting Centree/AIG Authorised Repetres (For deline related repetrs)
Any socident repetrs to the Vehicle can be certed out of the repetre of Your choice (unless specifically excluded by Us).
For Approved Reporting Centree/AIG Authorised Repetres, please contact our 24-hour socident emergency holline at +65 8338 8200. Alternatively, you may refer to AIG website www.eig.com.eg or AIG
60 Mobile App. Climpty search and download "AIG SG" from ITunes or Google Play.

## IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: DBS BANK LTD

2 Whe hereby portly the last policy to which this Commission of Instrument policies is beyond in accordance with the provisions of the Solidor Value of Times and Companyation a

0030210223

AIQ - AUTO DIRECT

76 SHENTON WAY MOY-16 AND BUILDING

SINGAPORE 078120

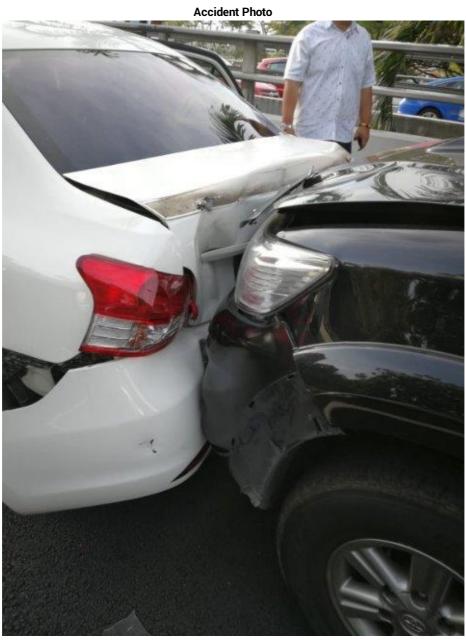
4. 91 Underwritten by AIG Asis Paulic Insuration Pto. Lid.

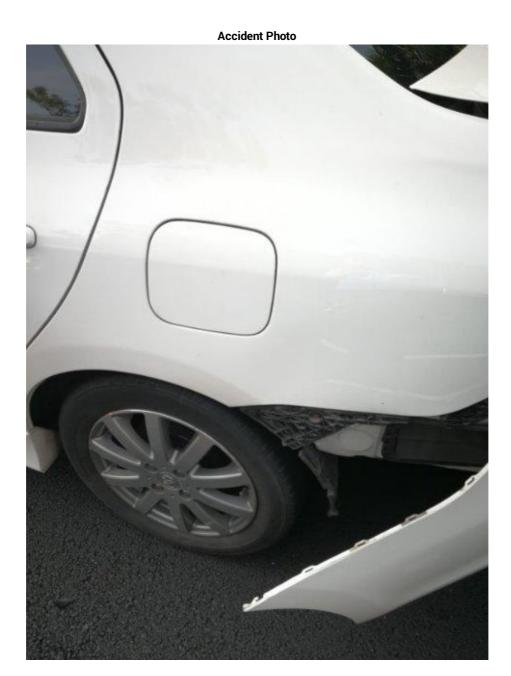
AIG Asia Pacific Insurance Pte: Ltd.

70 Sherbin Vity 607-10 ALC Building S07012013:105 CA16 Union 15 and 6015 3723 [vi

AlG Asia Pacific Insurance File, Ltd.











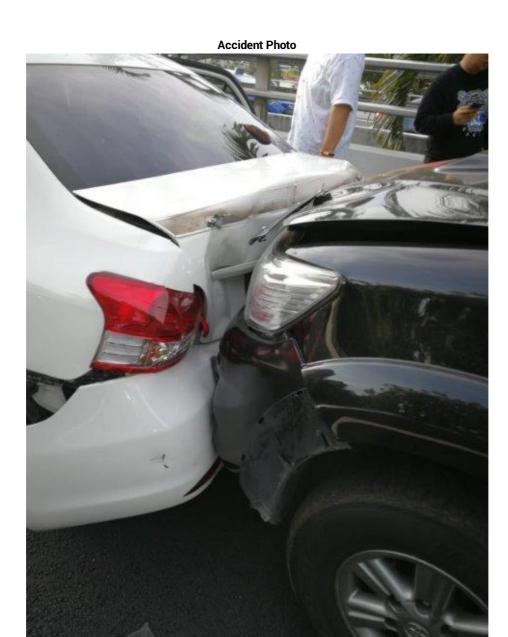


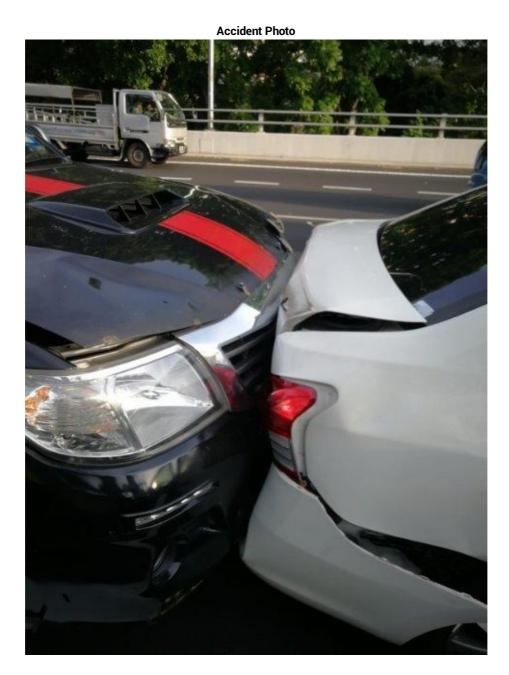


















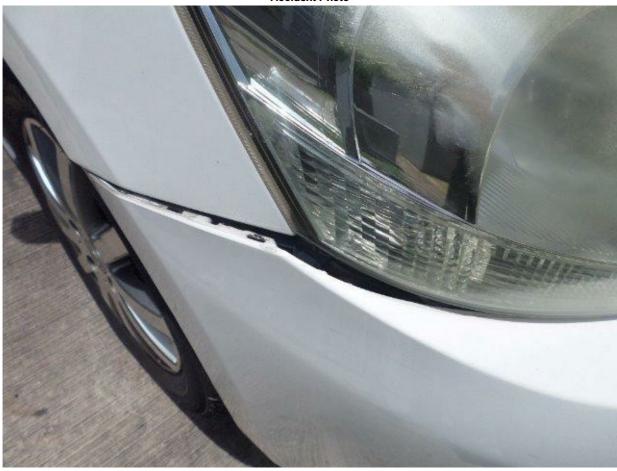




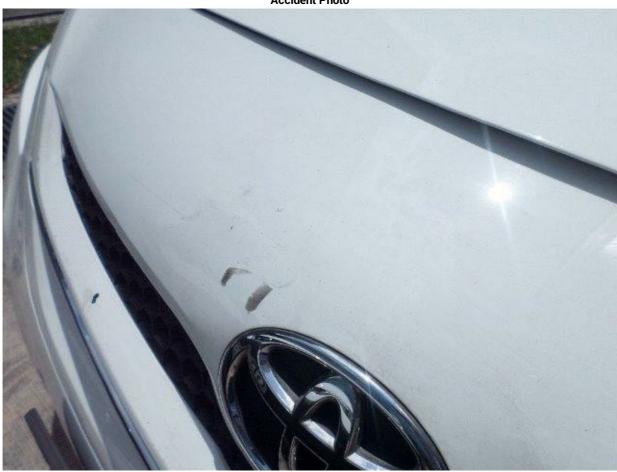


**Accident Photo** 











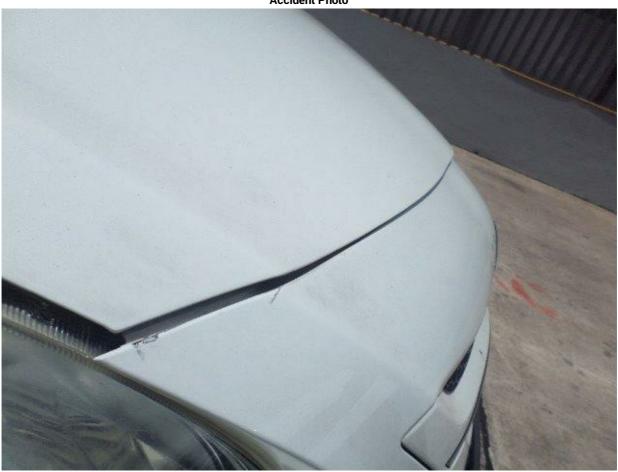


















**Accident Photo** 











