

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	27/03/2019 16:23
Date Of Accident	14/03/2019 22:00
Exact Location Of Accident	ALONG SCOTTS ROAD TOWARDS ORCHARD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDU45M
Insured/Policyholder	
Name Of Registered Owner	TAN LEE HOON
NRIC No	S1660100D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98623804
Alternative Phone No	OTHERS-98623804
Vehicle Particulars	
Manufacturer	BMW
Model	535i GT-3.0 D/AB 2WD GAS/D TC HUD SR (A)
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	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	2100405031-03
Cover Note Number	
Driver	
Name of Driver	TAN LEE HOON
NRIC No	S1660100D
Date Of Birth	19/11/1964
Occupation	INDOOR
Date Of Driving Pass	23/03/1993
Driving Experience	25 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98623804
Fax Number	
Contact Number	OTHERS-98623804
Email Address	NOEMAIL

Address 24 PARADISE ISLAND
 Postcode 098489
 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 COLLISION - HEAD TO REAR
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 2
 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: : TAN EE KHENG
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name ORCHARD NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-7359999 - FAX NO: 67331934
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190314/2179

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 SDL1318S
 Vehicle Make/Model/Colour PEUGEOT 3008
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver LIM SUI MAY PETRINA
 NRIC/Passport Number S7429893A
 Contact Number 98283839
 Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	TAN LEE HOON
Approximate Age	
Injuries Sustain	NECK AND BACK PAIN
Injured person in which vehicle?	SDU45M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	TAN EE KHENG
Approximate Age	
Injuries Sustain	NECK AND BACK PAIN
Injured person in which vehicle?	SDU45M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.

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.

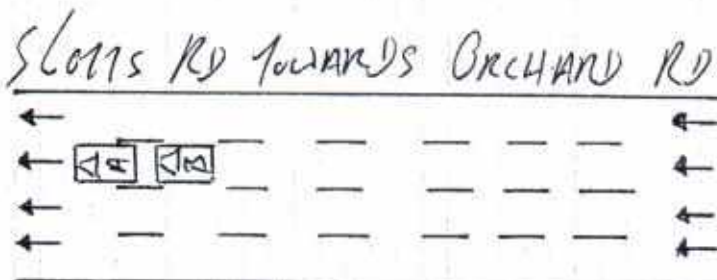

Policyholder's Signature / Date & Time


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

 21/03/2019
Witnessed by Reporting Centre Personnel

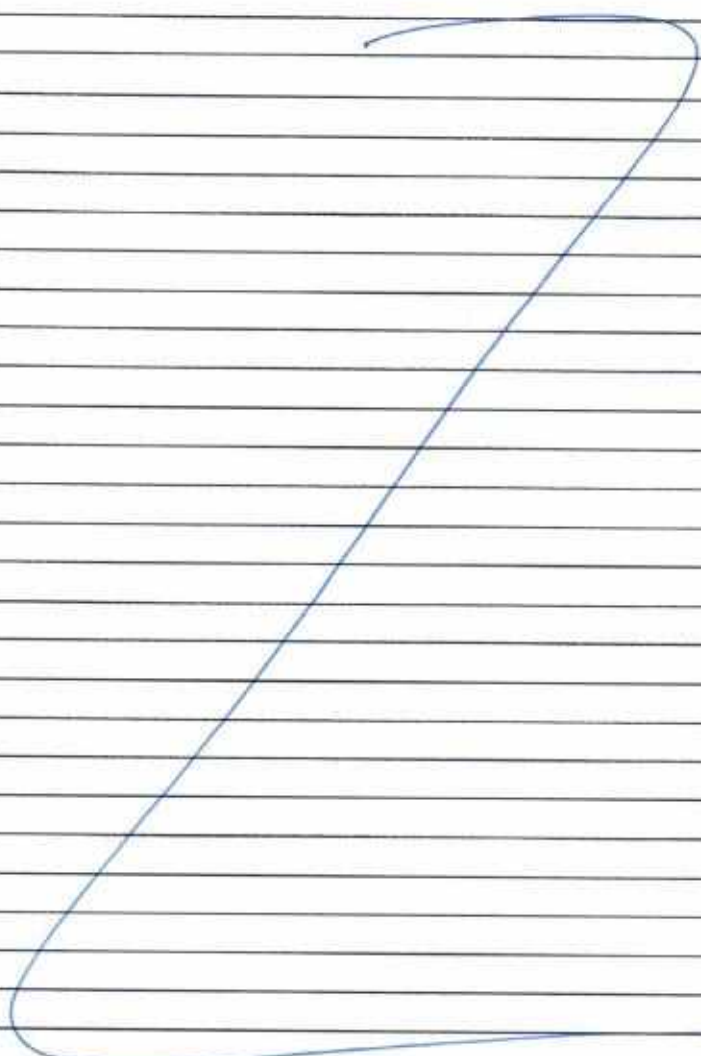
Sketch Plan

VECHA: SDU45M
VECHB: SDL13185




Describe Circumstances of the Accident


As stated in Police Report. 1/20190314/2179



Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


Driver's Signature (If driver is not the policyholder) / Date & Time

 27/03/2019
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20190314/2179

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572

1 of 4

Report No. T/20190314/2179

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/03/2019 23:34	Vide Report No.:	Station Diary No.: 143
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Informant's Particulars

Name of Informant: TAN LEE HOON		Address: 24 PARADISE ISLAND SINGAPORE 098489	
ID Type / ID No.: NRIC NO / S1660100D		Contact No.: Home/Office: Mobile: 98623804	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 54	Date of Birth: 19/11/1964	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: INVESTOR		Driving Licence Information: Class: Date of Expiry:	

General information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/03/2019 22:00	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 SCOTTS ROAD ORCHARD ROAD IN FRONT OF GOODWOOD PARK HOTEL				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
SDL1318S	Car	PEUGEOT	3008	Black		0
SDU45M	Car	BMW	535i GT 3.0 AT D/AB 2WD GAS/D TC HUD SR	Red		1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20190314/2179

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572

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Report No. T/20190314/2179

Tel No. 1000-7339999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDU45M	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100405031-03	20/03/2018	19/03/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LIM SUI MAY PETRINA		ID No.	S7429893A
Related Vehicle	SDL1318S (Car)		Contact No.	98283839
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
Driver				
Name	TAN LEE HOON		ID No.	S1660100D
Related Vehicle	SDU45M (Car)		Contact No.	98623804
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
Passenger				
Name	TAN EE KHENG		ID No.	S1695961H
Related Vehicle	SDU45M (Car)		Contact No.	91991899
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



**SINGAPORE
POLICE FORCE**



T/20190314/2179

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572

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Report No. T/20190314/2179

CONTINUATION OF REPORT

Brief Details.

On 14/03/19 at about 10pm, I was driving my car SDU45M along Scotts Rd towards Orchard Rd direction along the 3rd lane from the left. I had stopped at the traffic light in front of Goodwood Park hotel due to Red light. When the traffic light turned Green, I was moving off slowly when I felt a sudden collision coming from the rear of my car. I then got out of the car and saw another car SDL1318S behind mine to have hit onto the rear of my car. I then exchanged particulars with the driver. I later overheard her telling her father over the phone that she was not concentrating earlier on before the collision.

I wish to state that I had felt headache, pain on the back of the neck, backache, pain on my fingers joints and slight difficulty in breathing after the collision. My passenger who was sitting on the rear seat had felt pain on the back of the neck as well. The driver did not complain of any injury or pain when we were exchanging particulars. I did not notice any passenger inside the other car. We will be seeing a doctor at a later time for our pain.



**SINGAPORE
POLICE FORCE**



T/20190314/2179

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No. 1800-733333

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Report No. T/20190314/2179

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:

E /

Sr Staff Sgt CHAN CHEE SENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/03/2019 23:34

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SN 172

SIGNATURE

Email: sim@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 14/03/2019 (dd/mm/yy) Time of Accident: 22:00 (24-HR-FORMAT)

Vehicle No.: SDU4SM Vehicle Make & Model: BMW 535I

Exact location of Accident: SCOTTS RD TOWARDS ORCHARD RD

Policyholder's Name / IC No.: TAN LEE HOON S1660100D

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 98623804 Company Contact No.: _____

Driver's Address: 24 PARADISE ISLAND SC098489

Insurance Company: ALG Email address (if any): _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

☒ Owner / ☐ 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 was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

No. of Passengers (Including Driver): 02

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: TAN LEE HOON
TAN EE KHEEN male

Injuries Sustain: NECK & BACK Injured Person in Which Vehicle: SDU4SM

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: ORCHARD N.P.C.

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: SDL1318S

Driver's Contact No.: _____ Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No: _____

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

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

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1660100D



Name

TAN LEE HOON



陳俐妘

Race

CHINESE

Date of Birth

19-11-1964

Sex

F

Country of Birth

SINGAPORE



1892635



NRIC No. S1660100D



Blood Group Date of Issue

A+ 12-04-1994

24 PARADISE ISLAND
SINGAPORE 098489

NRIC No: S1660100D

Date: 11/10/2010 (R) No: 6660981



**SINGAPORE
POLICE FORCE**



D/20170412/2010

1 of 1

POLICE REPORT (NP322)

Report No. D/20170412/2010

Police Station Of Origin
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Date/Time Report Made 12/04/2017 02:54	Vide Report No.	Station Diary No. 4
Name Of Informant TAN LEE HOON	Address 24 PARADISE ISLAND SINGAPORE 098489	
ID Type / ID No. NRIC NO / S1660100D	Contact No. Home/Office Mobile 91813108	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation PROPERTY AGENT	Sex Female	Age 52
Institution/School Name	Date of Birth 19/11/1964	Race Chinese
	Language English	
Date/Time Of Incident 08/04/2017 03:15	Location Of Incident Vicinity of Paradise Island	

Brief details.

On the above mentioned date, place and time, I discovered the loss of the belowmentioned item.
Searched has been make but to no avail.

Signature Of Officer Recording The Report:
D / Staff Sgt SITI MAZRINEE BINTE ABDUL RAHMAN

Signature Of Interpreter:
Not applicable

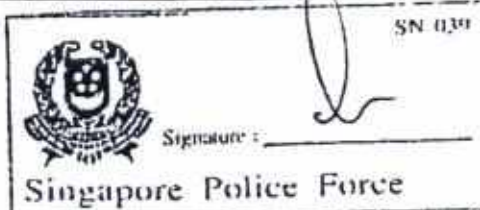
Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
CANDICE CHUA SHUMIN
Contact No.: 67740000

Signature Of Informant:

Date/Time:
12/04/2017 02:54

Classification Of Case:

Authentication Stamp



FUPO hotline number: 68429645



D/20170412/2011

1 of 1

Case Summary Form (CSF)

Report No.D/20170412/2011

Manual Form Serial No 0
Report Number D/20170412/2011
Vide Report Number D/20170412/2010
Date/Time of Report Made 12/04/2017 02:59
Place Report Lodged Clementi N.P.C
Name of Informant Tan Lee Hoon
ID Type / ID No. NRIC NO / S1660100D
Home/Office
Mobile 91813108
Email
Date/Time of Incident From 08/04/2017 03:15
Date/Time of Incident To
Incident Location 24 PARADISE ISLAND PARADISE ISLAND SINGAPORE 098489
Vicinity of Paradise Island

Brief Facts

Reference to D/20170412/2010, the below mentioned item is not reflected.

Property Information								
S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No/ IMEI/ Acct No.	Quantity	Value	Description
1	Driving License	Lost			S1660100 D	1		One driving license belongs to Tan Lee Hoon

Case Sensitivity No
Officer-in-Charge of Case D / Clementi Police Divisional Investigation Branch /
CANDICE CHUA SHUMIN
Contact No. 67740000
Classification of Case 1) NO OFFENCE DISCLOSED

HAVE MORE THAN 20 YEARS
OF DRIVING EXPERIENCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Tan Lee Hoon
Period of Insurance : 20 Mar 2018 To 19 Mar 2019
Engine No. : 13398002N55B30A
Chassis No. : WBASN22060C194614

Vehicle No. : SDU45M
Policy No. : 2100405031-03
Endorsement No. :
Issued Date : 02 Mar 2018

ABOUT THE COVER

Make/Model : BMW 535 3.0 (Sedan)
Engine Capacity/Tonnage : 2,979 00 CC
Driver Restriction : NA

Sum Insured :
Market Value :
Off Peak Car : No

First Year of Registration : 2012
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 authorized 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" ("YIDAE") if You are or Your Authorized Driver (named or unnamed) is under the age of 25 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, moving tuition, driving test, racing, pace making, reliability trial or speed meeting, 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 - 1800cc Optional

* Limitations imposed irrespective by Section 2 of the Motor Vehicles (Third-Party Risk 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/Coast - \$0

Section 2

Theft/Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Tan Lee Hoon - \$659 (Own Damages)

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

Approved Reporting Centres/AIG Authorized Repairers (for claims related repairs)

Any accident repairs to the vehicle must be carried out by one of our Authorized 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 AIG agent's workshop.

For other Approved Reporting Centres/AIG Authorized Repairers, please contact our 24-hour accident emergency hotline at +65 6336 6000. Alternatively, You may refer to AIG website www.aig.com.sg or AIG S/G Mobile App. Simply search and download "AIG S/G" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan : NA

W/A 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 Risk and Compensation) Act (Cap. 189) Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third-Party Risk) Rules, 1955 (Malaysia).

0892205000

LIM HOCK ENG

AIG BUILDING 7B SHENTON WAY #07-16

SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE

03PUC