#### 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 <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 aforesaid.

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	30/03/2019 14:28
Date Of Accident	29/03/2019 14:45
Exact Location Of Accident	PIE TWDS TUAS 17KM BEFORE OVERHEAD BRIDGE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJB6399G
Insured/Policyholder	
Name Of Registered Owner	CHAN POH GEOK
NRIC No	S1584392F
Email Address	CHOO.BOONCHUAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97666190
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER-2.0 I-L (SJ) (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL/LEISURE
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	1700019726-01
Cover Note Number	
Driver	

Name of Driver CHOO BOO CHUAN

NRIC No S6801211B

Date Of Birth 28/01/1968

Occupation INDOOR

Date Of Driving Pass 22/07/1989

Driving Experience 29 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97666190

Fax Number

Contact Number

EMail Address NOEMAIL

41E LORONG L TELOK KURAU Address

Postcode 425458

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 **CHAIN COLLISION** 

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

6

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Passenger 1

NO

YES

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NAME: : M

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes.Please state which Police Station

Police Station Name MARINE PARADE NEIGHBOURHOOD POLICE CENTRE ROAD: 300 MARINE PARADE ROAD, POSTCODE: 449296, COUNTRY:

YES

Police Station Address **SINGAPORE** 

Police Station Contact TEL NO: 1800-4428999 - FAX NO: 62447678

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

REFER TO POLICE REPORT T/20190330/2003

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 SLK4497Z

Vehicle Make/Model/Colour MAZDA 3 BRONZE

**Details Of Properties** FRONT & REAR PORTION

PRIVATE CAR Vehicle Category Name of Driver YANG WEI LI NRIC/Passport Number S8822590B **Contact Number** 90237565

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

### **Accident Sketch Plan**

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	SKEYCH PLAN PIE ZOWARDS TWO BERDE EDVENTION
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	DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
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300.00	DECLARATION NEXT YEAR
	I/We declare the foregoing particulars are true in every respect.
	a a a land of the state of the
	Chambridge Control Personnel's Signati
	Driver's Signature ( Sm As)
	Date & Time: 30/3/19 //am - (If driver is not the policyholder) Date & Time: 30/3/19 //am - (If driver is not the policyholder) Name: Name
	Date & Time. 30 0000
	SIARME SKETCHPIENFORM_V3

#### **Accident Sketch Plan**

I welrad to state that after difting a lighting from my oar to magast, I saw some one.

Southed on the overhead bipole about southon away in fail along the same brue as I was driving it divolves at The was. The was driving it divolves at Those. The traffic build up and slow about may be due to the parsonic prosence up there along to the speed check and I think this is along speed check and I think this is

#### Common Statement

### SKETCH PLAN

### IIVIPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
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- 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, advicewedge, agree and consent that:

- 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 insurer 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 t 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")
- all insurer(s) who have insured vahicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permit 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 agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Pur (c)
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, - (d) 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 frauc 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: 20

Driver's Signature (If driver is not the policyholder)

56801211

Date & Time:

8 10c howards EN 00 11 @

Reporting Centre Personnel's Signatu 1 cman

NRIC/FIN No .: S&10(83 | F

SIARMC SketchPlanForm\_V3

#### **INSURANCE CERT**



# CERTIFICATE OF INSURANCE

#### SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder Period of Insurance

: Chan Poh Geok

: 23 Jun 2018 To 22 Jun 2019

Engine No.

: FB20Y682926

Chassis No.

: JF1SJ5KC5HG089969

Vehicle No. Policy No.

Issued Date

: SJB6399G : 1700019726-01

Endorsement No.

: 25 May 2018

ABOUT THE COVER

Make/Model

: SUBARU Forester 2.0i-L

Engine Capacity/Tonnage : 1,995.00 CC Driver Restriction

: NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2017 Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

a) The Poscyholder b) Any other persons 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 25 and/or has less than 2 years' driving experience.

Age Condition

: All Age Condition

"mitation as to use" :

only for social, demostic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hite or reward, driving fution, driving test, racing, pace-making, reliability trial or specif-lesting, 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

\* Unitations rendered inspersive by Socilon 8 of the Motor Vehicles (Third-Party Risks and Compression) 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 Properly Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Chan Poh Geok - \$800 (Own Damage)

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

1.Motor Image Enterprises Pte Ltd. Add: 19 Lorong 6 Toe Psych Singapore 319255 64170100

For other: Appeaved Reporting Centres/AIC Authorised Repairers, please contact our 24-hour accident emergency hothre at +65 6338 6200. Alternatively, you may refer to AIC website www.aig.com.aig or AIC SC Mobile App. Simply sourch and download "AIC SC" from ITunes or Google Play.

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

WWe hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Perty Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1967 (Malaysia) and Motor Vehicles (Third Perty Risks) Rules, 1959 (Malaysia).

0500619216

TAN CHONG CREDIT SUBARU-HHK 911 BUKIT TIMAH ROAD SINGAPORE 589622

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

#### **DRIVER IC & LICENSE**













Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 1 of 4 Report No. T/20190330/2003

Tel No: 1800-4428999

REPORT	OF A	TRAFFIC	ACCIDENT

Date/Time Report Made: 30/03/2019 00:32			Vide Report No.: E/20190329/0102	Station Diary No.; 2		
Informa	nt's Partice	ulars	Mary Mary Mary			
	Informant: 800 CHUA		Address: 41E LORONG L TELOK KURAU SINGAPORE 42545			
ID Type / ID No.: NRIC NO / S6801211B			Contact No.: Home/Office:	Mobile: 97666190		
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Age: Date of Birth: Male 51 28/01/1968			Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: REMISIER			Driving Licence Information Class: 3	n: Date of Expiry:		

General Infor	mation of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/03/2019 14:45	Type of Location:	
towards Tuas	EXPRESSWAY  direction before 17km ma			Road Speed Limit:	
Weather: Clear		Road Surface: Dry		riodu opeed Ellin.	
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy	
Type of Collis Between Mov	sion: ving Vehicles - Head To R	ear		Anyone conveyed by ambulance: Yes	

Details of V	ehicle Invo	lved		THE ROLL		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJB6399G	Car					1
SJL2826P	Car					0
SKR2062H	Car					0
SKV4471B	Car					2
SLA968K	Car					0



T/20190330/2003

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Date Treatment NIL
No. of Days granted Medical Leave

2 of 4 Report No. T/20190330/2003

Tel No: 1800-4428999

### CONTINUATION OF REPORT

Vehicle No.	Typ	e	Make	Mode	1	Color	C	ondition	No of Passenge
SLK4497Z	Car								2
Details of Po		the second second second	Address to the second						AN ARMS THE RES
Any Pedestri	an Ir	volved: N	No.						
No. of Pedes	trian	s Injured	NIL		Use o	f Pedestrian	Cross	sing: NA	
Driver									
Name		CHOO	BOO CHUAN			ID No		S68012	211B
Related Vehi	icle	SJB639	9G (Car)			Conta	ct No.	976661	90
Hospital/Clinic NIL					Drivin Licen			Class: 3 Date of Expiry: NIL	
Date Treatment NIL Date I						Discharge	NIL		
					e of Injury NIL				
Driver	10	Thous	Or of Street of	And the last	100		43/13	all Editors	OF REAL PROPERTY.
Name		MUHAMMAD FIRDAUS BIN NO			AH	ID No	ID No.		344D
Related Veh	icle	SJL2826P (Car)				Conta	Contact No.		107
Hospital/Clin	ic	NIL				Drivin Licen	Class of Driving Licence & Expiry Date		NIL FExpiry: NIL
Date Treatm	ent	NIL			Date	ate Discharge NIL			
No. of Days granted Medical Leave NIL						ee of Injury	NIL		
Driver	5 75				00 - Table	- Varyana	1000	A 44 1	ALLEY OF THE PARTY OF
Name		CHONG HON SIONG				ID No.		S70028	804B
Related Veh	icle	SKR2062H (Car)			Contact No.		910002	238	
Hospital/Clin	ic	NIL				Class Drivin Licen	g	1310424000000	NIL f Expiry: NIL

NIL

Date Discharge NIL
Degree of Injury NIL





Police Station Of Origin; Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Report No. T/20190330/2003

3 of 4

Tel No: 1800-4428999

#### CONTINUATION OF REPORT

Driver						
Name	CHEW KOK KIONG			ID No.	ę.	S8111318A
Related Vehicle	SKV4471B (Car)			Conta	ct No.	90903678
Hospital/Clinic	NIL					Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			harge	NIL	
No. of Days gran	ted Medical Leave	Degree o	f Injury			
Driver						
Name	KENNARD LAN ZI ANN			ID No		S9241788C
Related Vehicle	SLA968K (Car)			Contact No.		83224860
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

#### Brief Details.

On 29/03/2019 at about 1445hrs, I was driving my vehicle (SJB 6399G) on the first lane of a four lanes road along Pan Island Expressway towards Tuas direction. The traffic was heavy at that time of the accident. The car in front of mine applied his brakes. As such, I applied my brakes as well. Suddenly, I heard 2 "bump" sound from the back of my car. I then alighted from my vehicle and realized that it was a chain collision. We then exchanged particulars with each other and waited for the Traffic Police arrival. I wished to state that I have an in-car camera inside my vehicle and I had already handed over to the Traffic Police.

The driver who collided behind my vehicle is Yang WeiLi, S8822590B. Unfortunately, I did not managed to get his contact number.

I wished to state that after I alighted from my vehicle, I saw someone seated on the overhead bridge about 50metres away in front along the same lane as I was driving in the direction of Tuas. The traffic build up may be due to the person's presence up there doing speed check and I think this is a traffic hazard.





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 Tel No: 1800-4428999 4 of 4 Report No. T/20190330/2003

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report: G / Staff Sgt LIM JUN LIANG	Signature Of Informant: CIfeo Boo CHIN
Signature Of Interpreter: Not applicable	Date/Time: \$ 68 0 1211 B
Officer In Charge Of Case: TP / GIT / Sgt 2 LEE MING CAI Contact No.: 65476960	Classification Of Case:
	SIGNATURE





T/20190330/2005

Report No. T/20190330/2005

### Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No -

Report Number

T/20190330/2005

Vide Report Number

T/20190330/2003

Date/Time of Report Made

30/03/2019 00:44

Place Report Lodged

Traffic Police

Type of Informant

Driver

Name of Informant

CHOO BOO CHUAN

ID Type / ID No.

NRIC NO / \$6801211B

Home/Office

Mobile

97666190

Email

Type of Accident

Injury / Attended by Police

Drink Drive

No

Anyone conveyed by

ambulance

Yes

Date/Time of Accident

29/03/2019 14:45

#### Brief Facts.

On 29/03/2019 at about 1445hrs, I was driving my vehicle (SJB 6399G) on the first lane of a four lanes road along Pan Island Expressway towards Tuas direction. The traffic was heavy at that time of the accident. The car in front of mine applied his brakes. As such, I applied my brakes as well. I did not hit the car in front but suddenly, I heard 2 "bump" sound from the back of my car. I then alighted from my vehicle and realized that it was a chain collision. We then exchanged particulars with each other and waited for the Traffic Police arrival. I wished to state that I have an in-car camera inside my vehicle and I had already handed over to the Traffic Police.

The second driver (SLK 4497Z, Bronze Madza) who collided behind my vehicle is Yang WeiLi, S8822590B. Unfortunately, I did not managed to get his contact number but I have a photo screenshot on my handphone of his insurance certificate.



T/20190330/2005

2 of 3 Report No. T/20190330/2005

# Continuation of CSF For NP168

I wished to state that after I alighted from my vehicle, I saw someone seated on the overhead bridge about 50metres away in front along the same lane as I was driving in the direction of Tuas. The traffic build up may be due to the person's presence up there doing speed check and I think this is a traffic hazard.



3 of 3

Report No. T/20190330/2005

# Continuation of CSF For NP168

#### Sketch Plan

1 . .

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.

Case Sensitivity No

Officer-In-Charge of Case TP/GIT/

LEE MING CAI

1) INJURY / ATTENDED BY POLICE Classification of Case

### **OWNER IC & DRIVING LICENSE**



































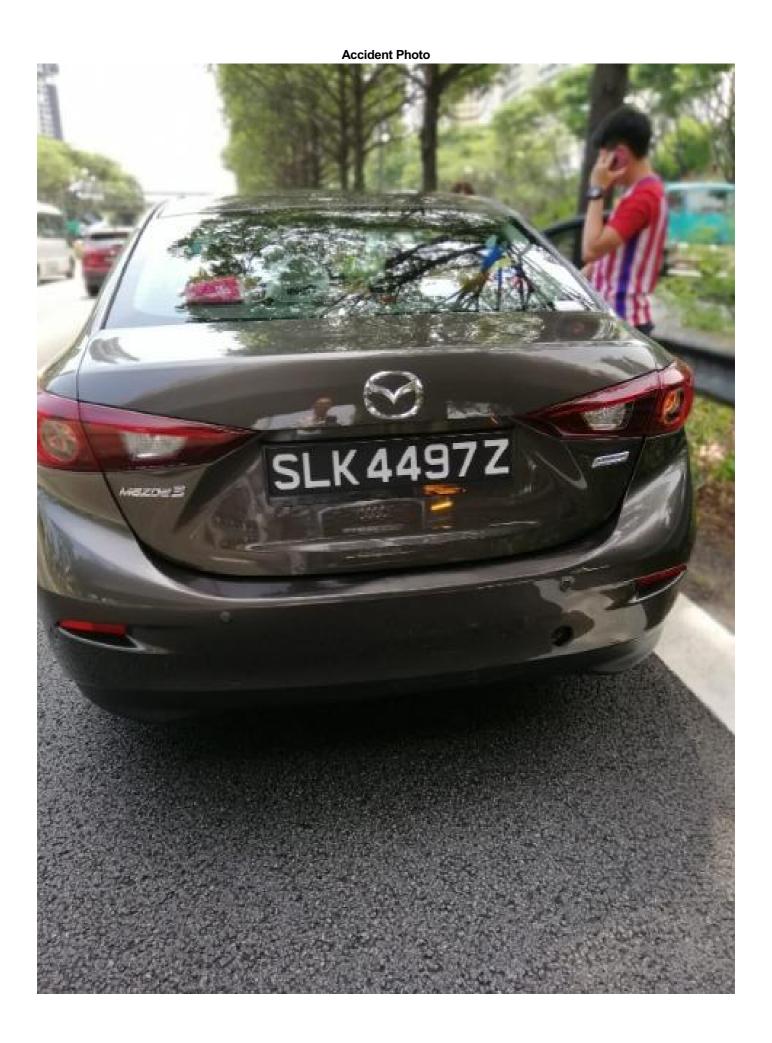


# **Accident Photo**









# **Accident Photo**



