

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	12/03/2019 17:21
Date Of Accident	12/03/2019 11:15
Exact Location Of Accident	960 OLD CHOA CHU KANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLA3330E
Insured/Policyholder	
Name Of Registered Owner	LEE KAH BING
NRIC No	S7287173A
Email Address	SHANICE.LOW@SLA.COM.SG
Mobile Phone No	(LOCAL) +65-92302887
Alternative Phone No	Office-92302887

Vehicle Particulars	
Manufacturer	LEXUS
Model	NX200T-2.0 (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	2100448458
Cover Note Number	

Driver	
Name of Driver	LOW CHOON FONG
NRIC No	S7866103H
Date Of Birth	11/10/1978
Occupation	INDOOR
Date Of Driving Pass	16/12/2010
Driving Experience	8 YEARS AND 2 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-92302887
Fax Number	
Contact Number	
E-Mail Address	SHANICE.LOW@SLA.COM.SG
Address	BLK 38 JALAN RUMAH TINGGI #10-250
Postcode	150038
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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)	4
Passenger 1	Name: : JANET TAN Gender: : Female
Passenger 2	Name: : MR TAN Gender: : Male
Passenger 3	Name: : MRS. TAN Gender: : Female

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

PLEASE REFER TO SKETCH PLAN

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	PC7608X
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Vehicle Make/Model/Colour Details Of Properties	TOYOTA VAN SILVER
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	97269555
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

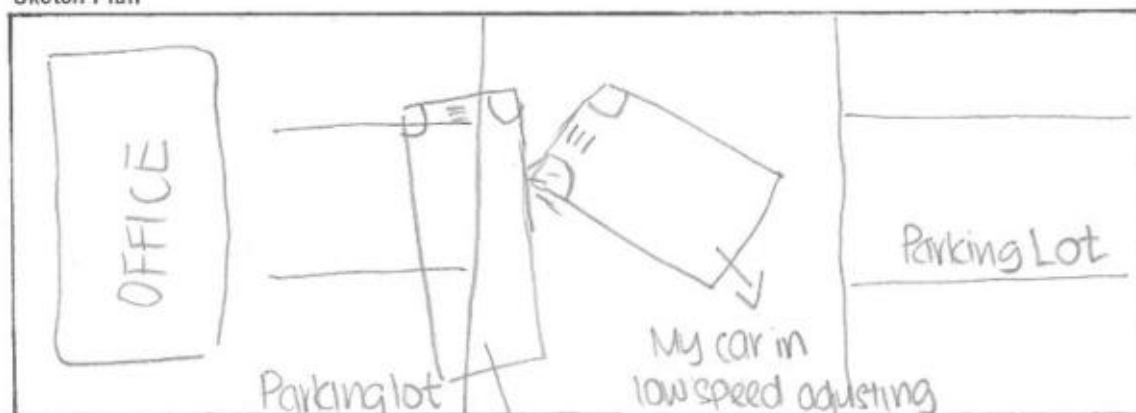
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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

Witnessed by Reporting Centre Personnel

Sketch Plan



Common Statement

Describe Circumstances of the Accident

was reversing

I was ~~doing~~ parking and making slight adjustments. While I ~~go~~ ^{was} still in the midst of parking into the carpark lot. While reversing, I noticed a van on my left and it was at a safe distance for me to complete my reversal of my car.

However, to my surprise, the van just barged towards my car direction and the first hit was on the front left of my car near to the front lights. Based on my drawing, the van ~~extra~~ is on the parking lot space. From my perception the driver recklessly drive the van and he didn't stop a beat ~~that~~ even I was right in front of him making reversal to my car. While he was driving, he even drive into the empty parking lots trying to avoid my car. But due to his poor judgement, ~~he~~ he still collide onto my car.

After the collision, both parties came down from the car. The driver admitted his mistake and offered to compensate me for the damage on his own without ~~letting~~ notifying his company. 10 minutes later, the ~~boss~~ driver's boss came over, upon ~~&~~ looking and accessing to the situation. The boss apologized and offered to pay for the damages. We all left the place amicably, after exchanging contacts and taking pictures of the car, van.

1 hour later the boss called me and was speaking verily hostile remarks and even demanded compensation from me. I felt threatened and immediately went to police station to do a police statement.

P.S.: Referring back to the time of accident, the van cannot brake in time despite my car was right in front of him. Based on the pictures of the 2 vehicles, it is very obvious that the van is moving at a fast speed. (The lines of the van have after the collision was deep and long.) Whereas my car almost stationary; (the impact was concentrated at the corner.)

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

Witnessed by Reporting Centre Personnel



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : LOW CHOON FONG
VEHICLE NUMBER : SLA 3330E
DATE/TIME OF ACCIDENT : 12/03/19, 11.15am
PLACE OF ACCIDENT : 960 Old Choa Chu Kang Road
THIRD PARTY VEHICLE (IF ANY) : PC 7608X

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED
DESTINATION BEFORE THE ACCIDENT?

950 Old Choa Chu Kang Road to 960 Old Choa Chu Kang Road

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF
THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-
ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NO

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES
TO ALL VEHICLES INVOLVED?

left front to right hand ^{car} body

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL?
WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO

.....
Name: Low Choon Fong

I Affirmed The Above Information Is Given To My Best Knowledge.

AIG Asia Pacific Insurance Pte. Ltd.
AIG Building 78 Shenton Way #07-16 Singapore 079120
Tel. 6419 3000



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Lee Kah Bing
Period of Insurance : 22 Jan 2019 To 21 Jan 2020
Engine No. : 8ARW206202
Chassis No. : JTJBABZ02061623

Vehicle No. : SLA3330E
Policy No. : 2100448458-03
Endorsement No. :
Issued Date : 09 Jan 2019

ABOUT THE COVER

Make/Model : LEXUS NX 200T
Engine Capacity/Tonnage : 1,998.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2016
Insuring with COE/PAFF : Yes

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 \$5,000 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 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 - 1500cc Optional

* Limitations rendered inoperative by Section 5 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 - \$800 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Lee Kah Bing - \$800 (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 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

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).

0030211000

AIG ASIA PACIFIC INSURANCE P.L.
78 SHENTON WAY #07-18 AIG BUILDING
SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

AIGSGMOBILEAPP

78 Shenton Way #07-18 AIG Building S979120 | T: +65 6419 3000 | www.aig.com.sg

AIG Asia Pacific Insurance Pte. Ltd.

Driver Driving Licence



**SINGAPORE
POLICE FORCE**

Private & Confidential

LOW CHOON FONG

APT BLK 38 JALAN RUMAH TINGGI #10-250
SINGAPORE 150038

S7866103H C001468752
(3)

\$25/-

(Please do not detach)

12/03/2019



TRAFFIC POLICE
SINGAPORE POLICE FORCE
10, UBI AVENUE 3
SINGAPORE 408865
Tel : 65470000
www.police.gov.sg

Class 3 - 16-Dec-2010

You will receive your photocard driving licence by registered post within 10 to 14 working days from the date of application unless you made a special request to collect at Traffic Police at the time of application

You can drive while awaiting the delivery of your photocard driving licence

Please turn overleaf for important notes.

YOU CAN DRIVE WHILE AWAITING THE
DELIVERY OF YOUR PHOTOCARD
DRIVING LICENCE

Driver Nric

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7866103H



Name
LOW CHOON FONG

劉崇芳

Race
CHINESE

Date of birth
11-10-1978

Sex
F

Country of birth
MALAYSIA

S7866103H

5091509



NRIC No. S7866103H



Nationality
MALAYSIAN

Date of issue
17-12-2008

APT BLK 38 JALAN RUMAH TINGGI #10-250
SINGAPORE 150038

NRIC No: S7866103H Date: 22/03/2012 No: 8976045

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

