

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 | 29/04/2019 17:36 |
| Date Of Accident | 22/03/2019 07:00 |
| Exact Location Of Accident | PIE EXIT 9 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJV4943T |
| Insured/Policyholder | |
| Name Of Registered Owner | LIM SAI HIANG JOANNE |
| NRIC No | S0096124H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-93660599 |
| Alternative Phone No | Others-93660599 |

Vehicle Particulars

| | |
|--|-----------------------|
| Manufacturer | TOYOTA |
| Model | COROLLA ALTIS-1.6 (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? | YES |
| If No, Please state action to be taken | |
| 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 | 2100188753 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | PHUA CHENG SWEE MAURICE |
| NRIC No | S0302495D |
| Date Of Birth | 27/04/1941 |
| Occupation | INDOOR |
| Date Of Driving Pass | 18/02/1975 |
| Driving Experience | 44 YEARS AND 1 MONTH |

| | |
|---|-------------------------------------|
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93660599 |
| Fax Number | |
| Contact Number | |
| E-Mail Address | NOEMAIL |
| Address | BLK 72 BEDOK SOUTH AVENUE 3 #22-446 |
| Postcode | 460072 |
| 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 | 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? | 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) | 1 |

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

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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 | SLL6571Z |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

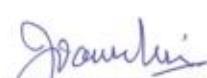
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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.
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.:

29/4/19

SKETCH PLAN

| | |
|---|--|
|  | Vehicle A - SJV 4943 T B - CLL 6541 Z |
| | Legend  |

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

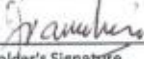
Driver of Car A suffered a brain haemorrhage suddenly on 22 March 2019 at about 7am. He could not control the car and did not stop when he saw Car B stopping at a pedestrian crossing. So Car A hit Car B.

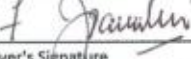
Driver of Car A was brought to Changi General Hospital immediately as he vomited at the scene and did not seem coherent. He was found to have a severe brain haemorrhage at CGH and passed away on 30 March 2019.


Traffic police kept both car A and B and only released the cars on 24 Apr 2019.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.


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.:


29/4/19

REPUBLIC OF SINGAPORE
CERTIFICATE OF REGISTRATION OF DEATH

DEATH REGISTRATION NO

292892B

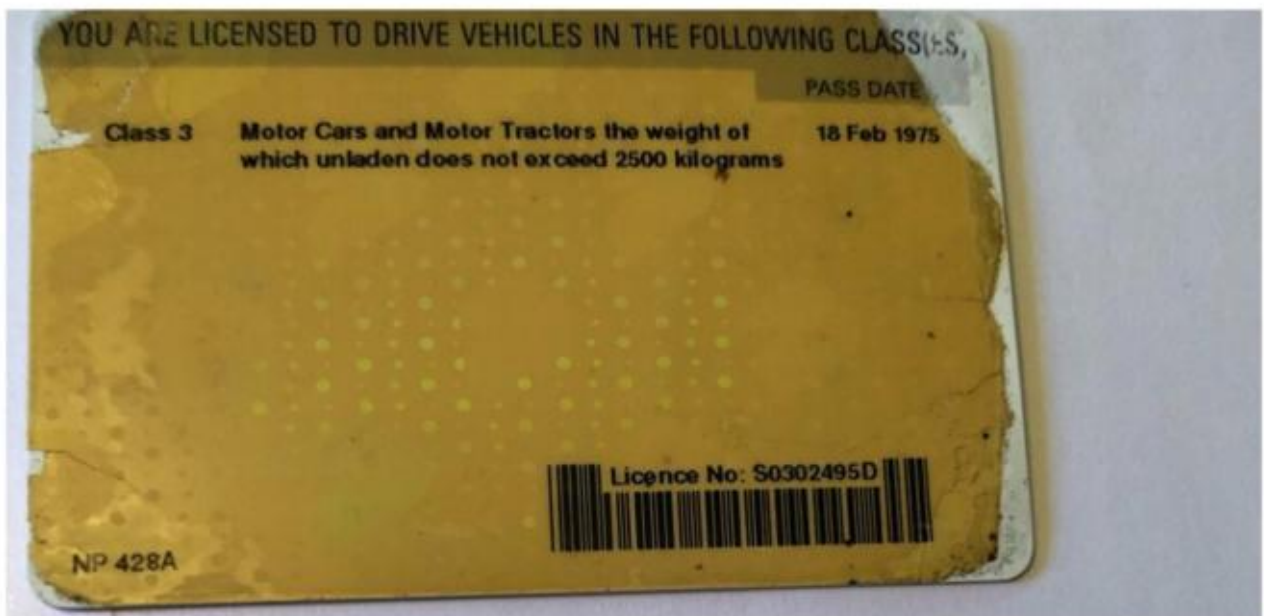
| | | | | |
|-----------------------------|---|---|---|--------|
| DECEASED | Death registered at CHANGI NEIGHBOURHOOD POLICE CENTRE, SINGAPORE | | | |
| | Full name of deceased PHUA CHENG SWEE MAURICE | | | |
| | NRIC/Identification Document No S0302495D | Sex MALE | Date of birth 27-04-1941 | |
| | Race/Ethnic Group CHINESE/HOKKIAN | Nationality SINGAPORE CITIZEN | Country/Place of birth SINGAPORE | |
| CAUSE OF DEATH BY CERTIFIER | Home Address APT BLK 72 BEDOK SOUTH AVENUE 3 #22-446 SINGAPORE 460072 | | Date and hour of death 30/03/2019 1830 | |
| | Place of Address where death occurred ST ANDREW'S COMMUNITY HOSPITAL | | Approximate interval between onset and death | |
| | | | Years | Months |
| | | | Days | Hours |
| INFORMANT | I. (a) SPONTANEOUS INTRACRANIAL HEMORRHAGE Disease or Condition leading to death (b) Antecedent Causes (c) II Other Significant conditions | | | |
| | Name and official status of person certifying cause of death DR MUHD AZMI HIZAN, MEDICAL PRACTITIONER | | Certificate of Cause of Death Reference No.: N390708 Date: 30/03/2019 | |
| | Name PHUA JIN LI, BILL | I certify that the above information given by me is correct. | | |
| | Address APT BLK 72 BEDOK SOUTH AVENUE 3 #22-446 SINGAPORE 460072 | Informant's Signature:  30/03/2019 Informant's Signature: _____ Date: _____ Thumb impression: _____ | | |
| REGISTRATION OFFICER | Name of Registration Officer TEO YEE WAN RENNY Designation REGISTRATION OFFICER Date 30/03/2019 | | Changi NPC No. 9 Simei Street 2 Singapore 529914 Tel: 1800-5277889 | |

| | | |
|------------------------------|--|---|
| DISPOSITION | PERMIT TO BURY/CREMATE BODY [The Environment Public Health Act (Chapter 95)] | |
| | Place of Burial or Place of Cremation MANDAI CREMATORIUM | Religious type CHRISTIAN |
| INFORMANT MAKING APPLICATION | I. PHUA JIN LI, BILL. NRIC/Identification Document No S9233893B apply for a permit to <input type="checkbox"/> bury + <input checked="" type="checkbox"/> cremate + 292892B the deceased referred to in the Death Certificate No. For application to cremate only: <input checked="" type="checkbox"/> I certify that to the best of my knowledge, the deceased has no written direction that he/she should not be cremated + | Informant's Signature:  30/03/2019 Informant's Signature: _____ Date: _____ Thumb impression: _____ |
| | The Certificate of Cause of Death certifies that there is <input checked="" type="checkbox"/> No evidence of poornaker in the body of the deceased + <input type="checkbox"/> Evidence of poornaker/device removed from the body of the deceased + Permit is approved. 30/03/2019 Date | Changi NPC No. 9 Simei Street 2 Singapore 529914 Tel: 1800-5277889 for Community Health Services |

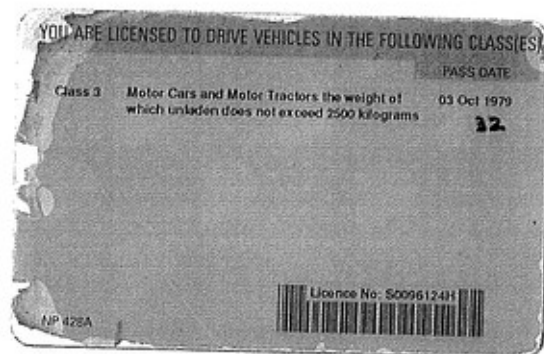
Driver IC



Driving License



Owner IC



Ins cert



Policy No. : 2100188753-09
Period of Insurance : 28 Jan 2019 to 27 Jan 2020

Issued Date : 14 Jan 2019

Name of Policyholder : Lim Sai Hiang Joanne
Address : 72 Bedok South Ave 3
#22-446
SINGAPORE 460072
Occupation/Nature of Business : Executives

| | |
|--|---------------------------------------|
| Registration No. : SJV4943T | Engine Capacity/Tonnage : 1,598.00 CC |
| Chassis No. : MR053ZEE106166434 | Engine No. : 3ZZ4969270 |
| Seating Capacity : 5 | Body Type : Sedan |
| First Year of Registration : 2010 | |
| Make/Model : TOYOTA COROLLA ALTIS 1.6 | |
| Hire Purchase Company/Employer's Loan : HONG LEONG FINANCE LTD | |

| | | | |
|--------------------|----------------|------------------------|-------|
| Sum Insured | : Market Value | Off Peak Car | : No |
| Driver Restriction | : NA | 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 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 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.

Other Key Policy Benefits :

Act of God, PA Insured- \$50000, NCD Protector, Dealer (First 3 years from original registration) + AIG Authorised Workshops, Loss of Use 1500cc - 1000cc Optional, Key Replacement Cover- \$800, Strike, Riots and Civil Commotions, In-Car Camera Excess Waiver, Waiver of Excess, PA to Authorised Driver / Unnamed Passengers- \$10000

Page 1 of 2

Ins cert

IMPORTANT: KEEP THIS DOCUMENT IN YOUR CAR AT ALL TIMES.

What can the 24-hour AIG Auto Emergency Hotline provide for you?

- Immediate assistance after an accident
- Emergency breakdown service
- Towing service (accident or non-accident related)
- Advice on Motor Claims procedures
- Medical Referral Assistance

If no one is injured in the accident:

- You are not required to make any police report.
- Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s).
- Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident.
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.

If the accident involves injuries or damage to government property & vehicles, foreign registered vehicles or non-injury hit & run case:

- Report the accident to the police, providing full details of the circumstances of the accident.
- Record vehicle number, name and address, insurance company and policy number of the other driver(s) and vehicle(s), if applicable.
- Collect details (name, address and contact number) of witnesses and/or try to take photographs of the scene of the accident.
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.

What should I do in the event of an accident?

- Keep calm and move your car to a safe place.
- Do not admit or discuss fault or blame with the other party(ies).
- Report the accident to us with your accident vehicle (whether damaged or not) via our approved reporting centres or authorised repairers within 24 hours or the next working day of the accident.
- Submit Write/Summons/Correspondences from third party(ies) to AIG immediately.

LOSS OF USE CAR REPLACEMENT BENEFIT

Applicable only if this benefit is included in your motor insurance. Please refer to your Policy Schedule for details. Policy terms and conditions apply. Please call our customer service hotline number (65) 6419-3000 for assistance.

The Certificate of Insurance (CI) should be produced without demand when collecting the Rental Car and the Rental Car Company reserves the right to verify the identity of the holder. The CI is the property of AIG and its use is subject to the terms and conditions contained in the Loss of Use Endorsement under the policy issued to the policyholder.

Steps to activate Loss of Use Car Replacement Benefit and Important Information

1. To activate your loss of use car replacement, please contact the Rental Car Company (listed below) after filing/reporting your accident claim.
2. Your rental car will be made available within **5** working hours of activation with the Rental Car Company.
3. At the time of collection of the Rental Car, the **original** insurance policy and schedule issued by AIG, a copy of the Accident Report from the **Authorised Workshop** must be produced.
4. The number of days is based on the period your vehicle is in the repair workshop unless the number of days of loss of use entitlement is stated in the Policy.
5. Rental cars are strictly for use in Singapore only.
6. Extension of rental beyond repair period approved by AIG surveyor will be chargeable by the Rental Car Company on per day basis.
7. Upgrade of Rental Car is available upon request subject to additional charges by the Rental Car Company.
8. The rental car will be delivered (within Singapore), and **MUST BE RETURNED BACK TO the Authorised Workshop** upon collection of your accident car.

Rental Car Company: BKW Rent A Car Pte. Ltd.

Activation Hotline: 67387772

120 Lower Delta Road #02-15 Cendex Centre Singapore 169208

Operation Hours: Monday to Friday: 9am to 6pm Saturday (Half Day): 9am to 1pm

*The Rental Car Company's Terms & Conditions apply (i.e., refundable security deposit, excess liability for the Rental Car, Collision Damage Waiver, etc).

IMPORTANT NOTICE

If you sell your motor vehicle, this Notice is **IMPORTANT** and **MUST** be complied with. Policyholders are hereby warned that under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap.99), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

The Policyholder is further warned that on the sale of a motor vehicle, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap.88).

This Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agrees to cover the new owner, they will issue a new Certificate of Insurance in the new owner's name. The premium chargeable may vary according to the new owner's profile.

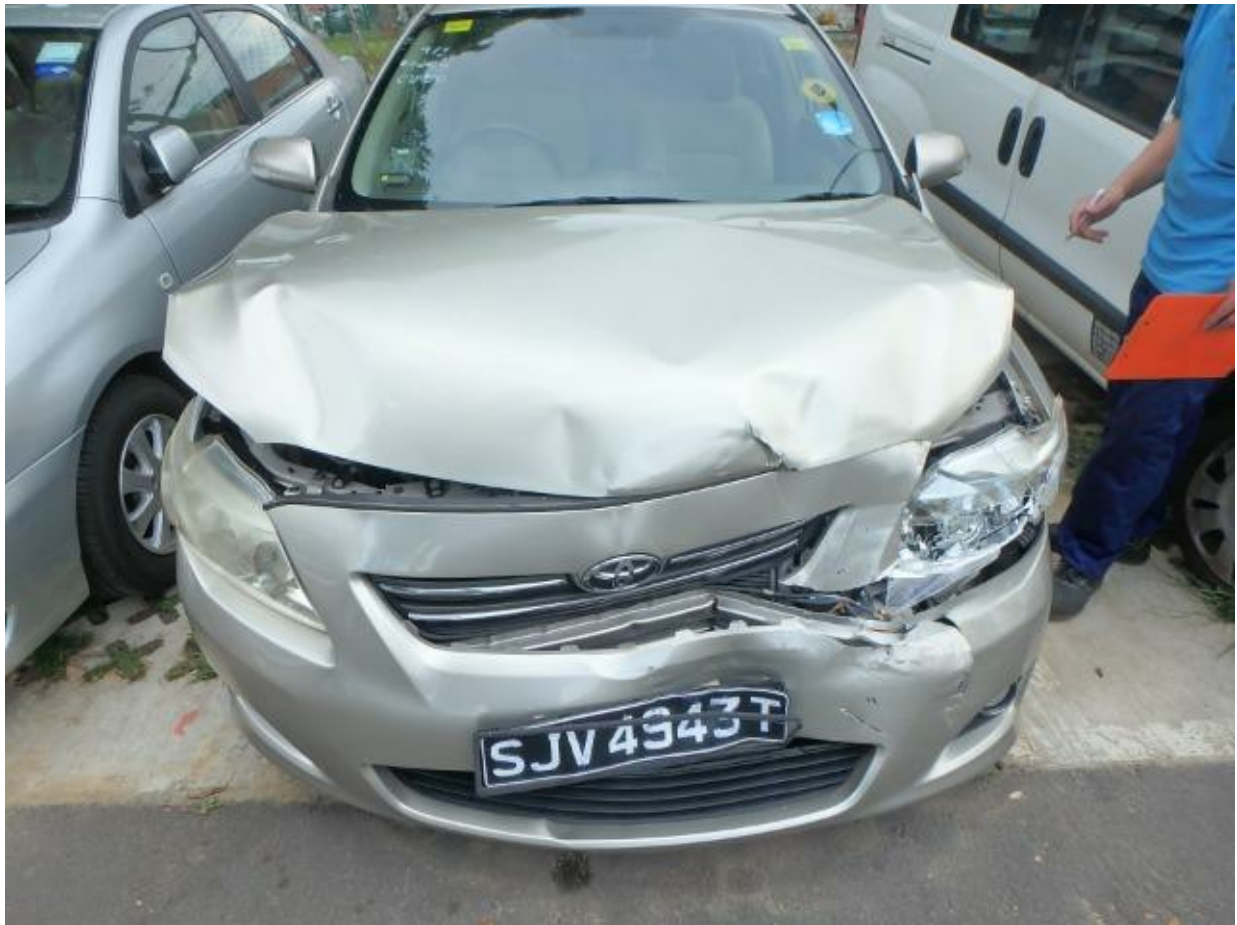
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

