

## 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	13/05/2019 15:37
Date Of Accident	12/05/2019 22:00
Exact Location Of Accident	UPPER THOMSON ROAD TOWARDS SEMBAWANG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG6000R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOH MUN LENG
NRIC No	S1721865D
Email Address	CHANFAMILY35@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97876776
Alternative Phone No	Others-97876776

### Vehicle Particulars

Manufacturer	LEXUS
Model	RX200T-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	2100470558
Cover Note Number	

### Driver

Name of Driver	CHAN KOK BENG
NRIC No	S1699742J
Date Of Birth	27/01/1965
Occupation	INDOOR
Date Of Driving Pass	16/05/1989
Driving Experience	29 YEARS AND 11 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98176676
Fax Number	
Contact Number	
E-Mail Address	DANNYCKB@OUTLOOK.COM
Address	35 CASUARINA WALK
Postcode	574091
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	SFS6000P
	-
	-
Insurance Company of Driver's Own Vehicle	MSIG Insurance (Singapore) Pte. Ltd.
	-
	-

#### 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	JPP997 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	5
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: : SOH MUN LENG Gender: : Female
Passenger 2	Name: : BRENDON CHAN Gender: : Male
Passenger 3	Name: : CARA CHAN Gender: : Female

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 81 ANG MO KIO AVE 3 , <b>POSTCODE:</b> 569929 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4519999 - <b>FAX NO:</b> 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO THE ATTACHED SKETCH PLAN & POLICE REPORT T/20190513/2003 FOR THE CIRCUMSTANCE OF ACCIDENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
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Was there any video captured by Car Camera? YES  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMF808B  
Vehicle Make/Model/Colour BMW  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver KWOK JIN HONG  
NRIC/Passport Number S8017792E  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JPP997  
Vehicle Make/Model/Colour HYUNDAI WHITE  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver LIM CHEE KEONG  
NRIC/Passport Number P50519045475  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKV549M  
Vehicle Make/Model/Colour TOYOTA PRIUS  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver LEE SHI MEI  
NRIC/Passport Number S8500697E  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

# Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20190513/2003

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

1 of 5

Report No. T/20190513/2003

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/05/2019 00:52		Vide Report No.: E/20190512/0157		Station Diary No.: 20	
<b>Informant's Particulars</b>					
Name of Informant: CHAN KOK BENG			Address: 35 CASUARINA WALK SINGAPORE 574091		
ID Type / ID No.: NRIC NO / S1699742J			Contact No.: Home/Office: Mobile: 98176676		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 27/01/1965	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALES DIRECTOR			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 12/05/2019 20:00	Type of Location: Straight Road
Location: Along Road: UPPER THOMSON ROAD				
Towards Sembawang Road direction Lamp Post Number: 146				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
JPP997	Car	HYUNDAI		White	Slightly Damaged	3
SFB6883Y	Car	MERCEDES BENZ	E200	Black	Slightly Damaged	1
SGG6000R	Car	LEXUS	RX200	Blue	Slightly Damaged	3
SKV549M	Car	TOYOTA		Blue	Slightly Damaged	0
SMF8000B	Car	BMW		Blue	Slightly Damaged	2

Accident Sketch Plan



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T/20190513/2003

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2 of 5

Report No. T/20190513/2003

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGG6000R	MSIG INSURANCE (SINGAPORE) PTE. LTD.	A28884956QMY	16/02/2019	15/02/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	LIM CHEE KEONG		ID No.	950613045475
Related Vehicle	JPP997 (Car)		Contact No.	NIL
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	LYE YOON SAN		ID No.	S26705951
Related Vehicle	SFB6883Y (Car)		Contact No.	NIL
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	CHAN KOK BENG		ID No.	S1699742J
Related Vehicle	SGG6000R (Car)		Contact No.	98176676
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 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/20190513/2003

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Tel No: 1800-4519999

3 of 5

Report No. T/20190513/2003

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LEE SHI MEI	ID No.	S8500697E
Related Vehicle	SKV549M (Car)	Contact No.	NIL
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
<b>Driver</b>			
Name	KWOK JIN HONG	ID No.	S8017792E
Related Vehicle	SMF808B (Car)	Contact No.	NIL
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

**Brief Details**

On 12/05/2019 at about 2200hrs, I was driving along Upper Thomson Road towards Sembawang Road in my vehicle SGG600JR on lane 2. While travelling, vehicle JPP997, which was in front of me suddenly brake. I quickly applied my vehicle brake as well however unable to stop in time and collided onto the front vehicle before it comes to a complete stop. About few seconds later, I felt an impact on the rear of my vehicle. When all vehicle comes to a stop, I alighted from my vehicle and discovered that there are 5 vehicle involved in an accident.

The first vehicle, SKV549M informed that she saw a box that fell from a vehicle as such she applied vehicle brake to avoid hitting the box. Subsequently second vehicle SFB6883Y collided, followed by third vehicle JPP997. I collided onto vehicle JPP997 and vehicle SMF808B collided onto my vehicle.

No visible injuries were seen on all involved parties and passengers. We exchanged particulars and took photos of the accident before the Traffic Police arrived. Shortly Traffic Police and Ambulance arrived. I was interviewed by Traffic Police and my in car camera SD card was handed over to the Traffic Police. I was also told to lodge a Traffic Police report regarding this accident.

All vehicle sustained slight damage. No one was conveyed to the hospital.



**SINGAPORE  
POLICE FORCE**



T/20190513/2003

4 of 5

Report No. T/20190513/2003

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Tel No: 1800-4519999

**CONTINUATION OF REPORT**

**POLICE REPORT NO. T/20190513/2003**



**SINGAPORE  
POLICE FORCE**



T/20190513/2003

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

5 of 5

Report No. T/20190513/2003

**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 **report number** as reference.

Signature Of Officer Recording The Report: F / Staff Sgt YIP WAI LEONG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/05/2019 00:52
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168	SN 085
 Signature:  Singapore Police Force	

**POLICE REPORT NO. T/20190513/2003**



## 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

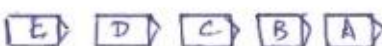
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan

	<p>A - SKV 549W B - SFB 6883Y C - JPP 997 D - SGG 600R E - SMF 808B</p>
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See police report no. T/20190513/2003 attached,

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time

are true in every respect.

Driver's Signature (If driver is not the p  
& Time

Witnessed by Reporting Centre  
Personnel



**MOTOR ACCIDENT INTERVIEW FORM**

NAME (DRIVER) : Chan Kok Beng  
VEHICLE NUMBER : SGG 6000 R  
DATE/TIME OF ACCIDENT : 12/5/2019 10pm  
PLACE OF ACCIDENT : Upp Thomson Rd towards Sembawang Rd.  
THIRD PARTY VEHICLE (IF ANY) : SMF 808 B

\*\*\*\*\*

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

Thomas Plaza to home

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?

Chain Collision

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

No

✓

.....  
Name:

**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

## AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Soh Mun Leng  
 Period of Insurance : 23 Jun 2018 To 22 Jun 2019  
 Engine No. : 8ARW295097  
 Chassis No. : JTJBAMCA102007252

Vehicle No. : SGG6000R  
 Policy No. : 2100470558-02  
 Endorsement No. :  
 Issued Date : 18 Jun 2018

### ABOUT THE COVER

Make/Model : LEXUS RX 200T  
 Engine Capacity/Tonnage : 1,998.00 CC  
 Driver Restriction : NA  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2016  
 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 authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

#### 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 - 1600cc Optional

\* Limitations rendered inoperative by Section 8 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)

Soh Mun Leng - \$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 can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For 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](http://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: TOKYO CENTURY LEASING (SINGAPORE) PTE 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).

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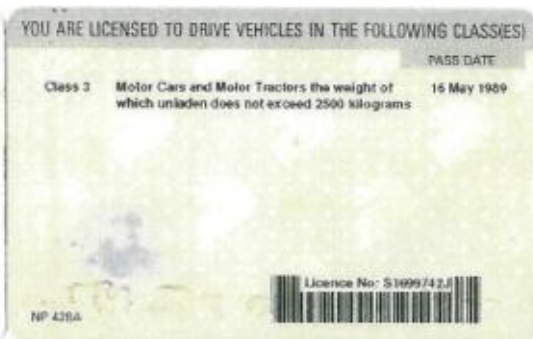
AIG - AUTO DIRECT  
 78 SHENTON WAY #07-16 AIG BUILDING  
 SINGAPORE 079120

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Manile*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

SSP05D





## UNDERTAKING

I, Chan Kok Beng, (NRIC No. S1699742J), hereby confirm that the Singapore Accident Statement lodged by me on 13/5/19 at 1130 hours pertaining to the accident involving motor car Reg. No: SGG6000R, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

Signature

: 

Name of Insured / Driver

:

Nric No.

:

Date

:

Signature

:

Name of Policyholder

:

Nric No.

:

Date

:

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

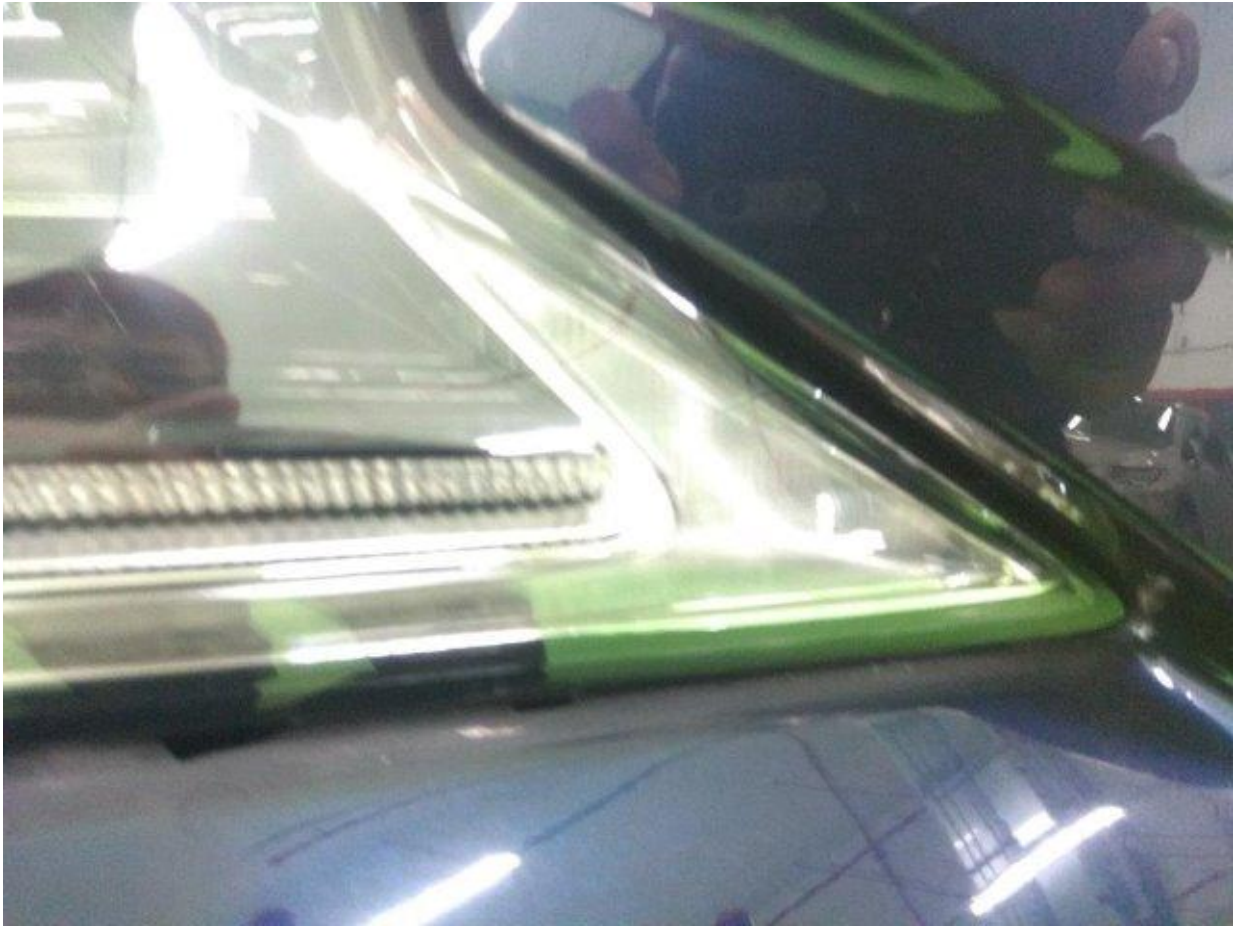


Accident Photo





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Accident Photo

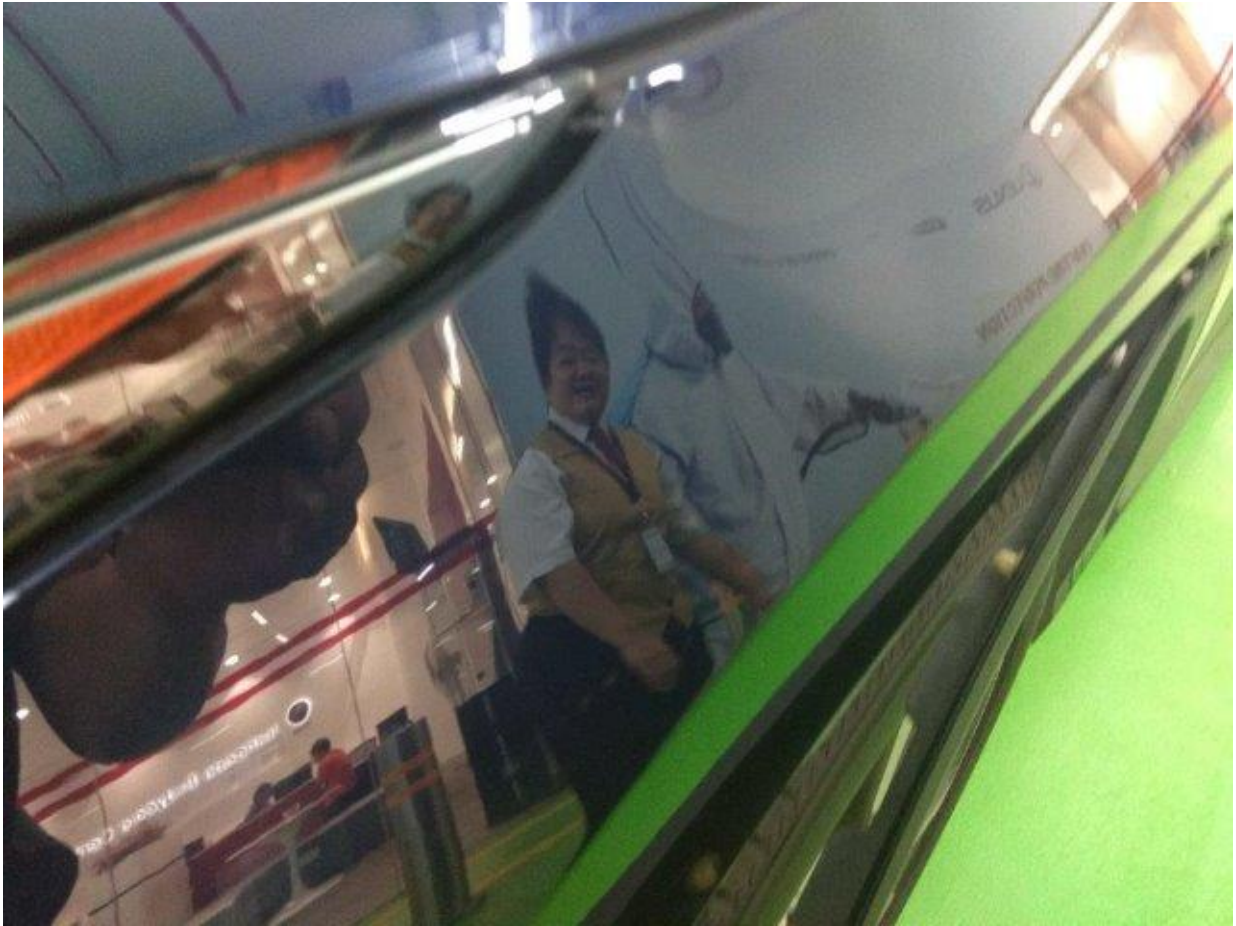


Accident Photo





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