

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	21/05/2019 17:42
Date Of Accident	17/05/2019 15:45
Exact Location Of Accident	PIE (BEFORE TAMPINES AVE 5 EXIT 5)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE803G
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Insured/Policyholder

Name Of Registered Owner	LEE WAH
NRIC No	S0013068J
Email Address	GRACELEE7748@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96682979
Alternative Phone No	Office-96282394

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL SUAGE
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	2100472938
Cover Note Number	

Driver

Name of Driver	LEE WAH
NRIC No	S0013068J
Date Of Birth	07/07/1948
Occupation	INDOOR
Date Of Driving Pass	31/03/1975
Driving Experience	44 YEARS AND 1 MONTH

Gender	FEMALE
Mobile Number	(LOCAL) +65-96682979
Fax Number	
Contact Number	OFFICE-96282394
EMail Address	GRACELEE7748@GMAIL.COM
Address	BLK 428 TAMPINES ST 41 #08-471
Postcode	520428
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	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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

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	GBF4565E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

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

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YP9438G
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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

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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

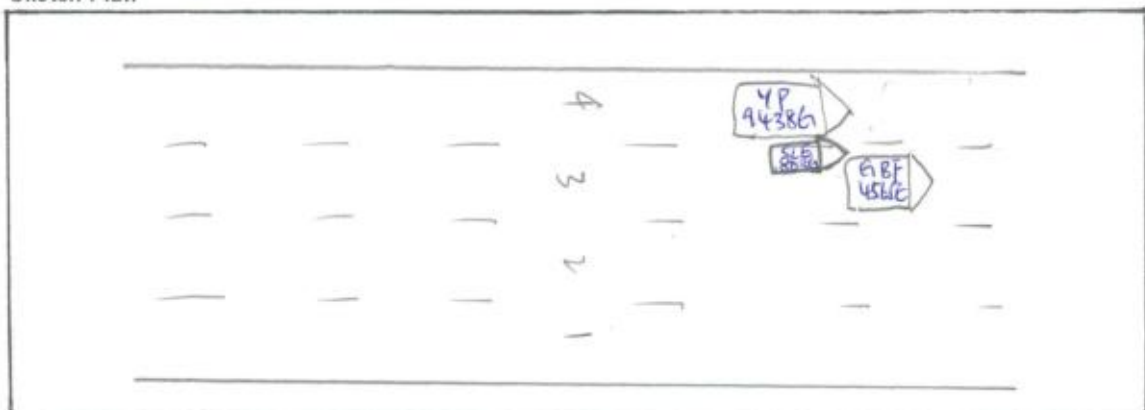
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 21/5/19
Policyholder's Signature / Date & Time
4:50pm

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


Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

Travelling along PIE Towards Changi Airport before Tampines Ave 5 Exit on Lane 3, try to filter into Lane 4. Suddenly front vehicle stopped and I hit the van from behind at the same time my left side mirror hit a lorry on my left.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time
4.50pm

21/05/19
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Individual Statement



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Lee Wah
VEHICLE NUMBER : SLE 8036
DATE/TIME OF ACCIDENT : 12-05-19 3:45pm
PLACE OF ACCIDENT : PTE Towards Changi (By Tampines Ave 5 Exit)
THIRD PARTY VEHICLE (IF ANY) : 6BF 4565E, 4P94386

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

Turning East St 13 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?

front and side collision

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

NO.


Name: Lee Wah

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

Individual Statement



MEDICAL EXAMINATION REPORT ON FITNESS TO DRIVE¹

PART A - Particulars of Applicant

Name of Applicant:	LEE WAH									
Driving Licence Number:	S0013068J		Class of Driving Licence:	Motorcycle			Motor Car		Heavy Vehicle	
Date of Birth (Current Age):	07/07/1948 (071)			2B	2A	2	3A	3	4A	4
Contact Number(s):	HP: 96682979		Home: 67835228		Office: /					
Address:	APT BLK 428 TAMPINES STREET 41 #08-471 SINGAPORE 520428									

PART B - Medical History (To be completed by Medical Practitioner² only)

The Medical Practitioner is to ask the applicant on the following questions regarding his medical history. The Medical Practitioner will then tick "✓" in the appropriate box for "Yes" or "No" based on the applicant's response and provide remarks where necessary.

	Do you have any history of or are you suffering from :	Yes	No	Medical Practitioner's Remarks
1.	Nervous or mental trouble		✓	
2.	Severe headaches or migraine		✓	
3.	Fits or convulsions of any kind		✓	
4.	Fainting attacks or giddiness		✓	
5.	Head injury or concussion		✓	
6.	Eye trouble of any kind	✓	✗	Dr John Chua MBBS (Singapore) <i>thru my opt</i>
7.	Colour blindness		✓	
8.	Difficulty in seeing in the dark		✓	
9.	Deafness		✓	
10.	Asthma		✓	
11.	Heart Disease, weak or strained heart		✓	
12.	Palpitations or breathlessness		✓	
13.	Physical or mental disability		✓	
14.	Have you undergone any surgical operations	✓		Tonsil March 2016
15.	Any illness or injuries not mentioned above	✓	✗	Diabetes

I hereby declare that I have carefully considered the statements made above and that to the best of my belief they are complete and correct. I further declare that I have not withheld any relevant information or make any misleading statement and I give my consent to the examining or assessing Medical Practitioner to communicate with any physician, who has attended to me.

Signature of Applicant:

Date:

See Wah
19/5/2019

Signature of Medical Practitioner:

Name of Medical Practitioner:

Dr John Chua
Dr John Chua
MBBS (Singapore)

(*Delete where applicable)

¹ "Medical Guidelines on Fitness to Drive" by Singapore Medical Association (SMA) is available on SMA's website.

² The Medical Practitioner must be a Singapore registered medical practitioner who is "a person registered under the Medical Registration Act, Chapter 174 and includes a person deemed to be registered under Section 72(1) of the Act.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0013068J

LEE WAH
李花
CHINESE
Date of birth: 07-07-1948
Country of birth: SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0013068J
Name: LEE WAH
Birth Date: 07 Jul 1948
Issue Date: 22 Dec 2004



REPUBLIC OF SINGAPORE

Barcode: [Barcode]
LICENCE NO. S0013068J

APR 1975

APT BLK 428 TAMPINES STREET 41
#08-471
SINGAPORE 1852

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors / vehicles \leq 2500 kg

PASS DATE: 31 Mar 1975

NP 428A

Licence No: S0013068J



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Lee Wah
 Period of Insurance : 07 Jul 2018 To 06 Jul 2019
 Engine No. : 2ZR1777287
 Chassis No. : JTDGG20W90J004388

Vehicle No. : SLE803G
 Policy No. : 2100472938-02
 Endorsement No. :
 Issued Date : 21 Jun 2018

ABOUT THE COVER

Make/Model : TOYOTA NEW WISH
 Engine Capacity/Tonnage : 1,798.00 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 "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 - 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 - \$1100 Theft - \$0 Flood Cover - \$0

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Lee Wah - \$1100 (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: MayBank

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)

0030210134

AIG - AUTO DIRECT
 78 SHENTON WAY #07-16 AIG BUILDING
 SINGAPORE 079120
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Mobile

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSPUC

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

