SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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 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.
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7. By the lodgement of this report to the insurers, you hereby conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	27/05/2019 11:20
Date Of Accident	25/05/2019 13:30
Exact Location Of Accident	MSCP GANTRY AT BLK 290 COMPASSVAE CRESCENT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLA4495G
Insured/Policyholder	
Name Of Registered Owner	HO PAU CHOO (HE BAOZHU)
NRIC No	S8227264Z
Email Address	HOJOLENE@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98750532
Alternative Phone No	Others-98750532
Vehicle Particulars	
Manufacturer	NISSAN
Model	NOTE 1.2
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	2100454599-03
Cover Note Number	
Driver	
Name of Driver	HO PAU CHOO (HE BAOZHU)
NRIC No	S8227264Z
Date Of Birth	24/08/1982

INDOOR

08/09/2007

11 YEARS AND 8 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-98750532

Fax Number

Contact Number OTHERS-98750532

EMail Address HOJOLENE@YAHOO.COM.SG

BLK 290A COMPASSVALE CRESCENT Address

#07-20

Postcode 541290 Was driver an employee of the Insured's Company NO **OWNER**

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident **COLLIDED INTO PROPERTY**

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

1

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Was any other material or property damaged?

NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name SENGKANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE, POSTCODE: 545025,

Police Station Address **COUNTRY: SINGAPORE**

Police Station Contact TEL NO: 1800 - 3438999 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT: F/20190525/2086.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

GANTRY BARRIER - MSCP GOVERNMENT

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

FX7254R

MOTORCYCLE

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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)
 - (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
- (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
- 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.
- 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

Craking Chatchelanians

Date & Time:7 HIN 7e13

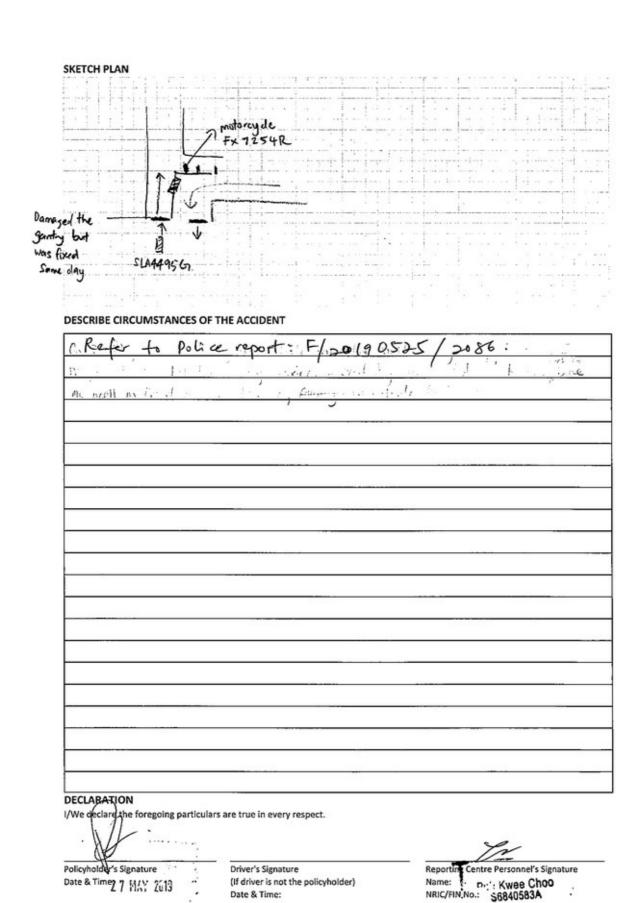
Driver's Signature (If driver is not the policyholder)

Date & Time:

e Personnel's Signature Reporting

Name: NRIC/FIN No.: Poh Kwae Choo

S6840583A



POLICE REPORT

GARACSICARRUSINAN SK





Report No. F/20190525/2086

POLICE REPORT (NP299)

Police Station Of Origin Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

Date/Time Report Made 25/05/2019 16:41	Vide Report No.			Station Diary No. 129
Name Of Informant	Address			
HO PAU CHOO	APT BLK 290A COMPASSVALE CRESCENT #07-20 SINGAPORE 541290			
ID Type / ID No. NRIC NO / S8227264Z	Contact No. Home/Office		Mobile 98750532	
Nationality SINGAPORE CITIZEN	Email Address			
Occupation	Sex	Age	Date of Birth	Race
BANKER	Female	36	24/08/1982	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 25/05/2019 13:30 - 25/05/2019 14:00	Location Of Incident 290 COMPASSVALE CRESCENT MULTI STOREY CAR			
	PARK SINGAPORE 540290			

Brief details.

On the 25/05/2019 at between 1330hrs - 1400hrs, I was driving my vehicle bearing the registration number SLA4495G. During which, I was driving into the mutistorey car park of my residential area located at Blk 290 Compassvale Crescent. Upon which, there was another vehicle that was exiting the said car park. As such, I was distracted by looking at the said vehicle and I did not stop at the entry barrier. I accidently accelerate and hit onto the entry barrier which cause the barrier (the arm part) to fell out of position.

Signature Of Officer Recording The Report:	Signature Of Informant:
F / Sgt 2 MOHAMMAD HUSAINI BIN-MOHAMMAD YUSOFF	K
Signature Of Interpreter: Not applicable	Date/Time: 25/05/2019 16:41
Officer In-Charge Of Case: F / Sengkang N.P.C / Sr Staff Sgt MOHAMED AASHIF Contact No.: 63438917	Classification Of Case:

Authentication Stamp

SN 085 Signature: Cincapore Police Force





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190525/2086

I've stopped my vehicle and called for assistance on the car park barrier operator. I also made a call to my insurance side in regards about the incident and was advised to lodge a police report.

I wish to state that I am lodging this report for the purposes of claiming insurance.

Signature Of Officer Recording The Report:

F / Sgt 2 MOHAMMAD HUSAINI BIN MOHAMMAD
YUSOFF

Signature Of Interpreter:
Not applicable

Date/Time:
25/05/2019 16:41

Classification Of Case:
F / Sengkang N.P.C /
Sr Staff Sgt MOHAMED AASHIF
Contact No.: 63438917

Authentication Stamp

Signature: SN 085

CERTIFICATE OF INSURANCE



CERTIFICATE OF INSURANCE

AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : HO PAU CHOO (HE BAOZHU)
Period of Insurance : 01 Mar 2019 To 29 Feb 2020

Engine No. Chassis No. : HR12166801B : JN1TAAE12Z0972169

Vehicle No. Policy No.

: SLA4495G : 2100454599-03

Endorsement No.

Issued Date

: 18 Jan 2019

ABOUT THE COVER

Driver Restriction

Make/Model

: NISSAN NOTE 1.2 (SUPERCHARGED/NON-SUPERCHARGED) Engine Capacity/Tonnage : 1,198.00 CC

Off Peak Car : Yes

Sum Insured : Market Value

First Year of Registration : 2016 Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive* :

: NA

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

: 35 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.

* 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, 1967 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

HO PAU CHOO (HE BAOZHU) - \$600 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers.

For other Appeared Reporting Cartries/NG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 6200. Alternatively, you may refer to AVG website www.aig.com.sg or AVG SG Mobile App. Simply search and download 'AVG SG' from Tunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HL Bank

If 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).

0500610393

TAN CHONG CREDIT PTE LTD-TCM 911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE SINGAPORE 589622 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8227264Z



HO PAU CHOO (HE BAOZHU)

Race CHINESE Date of birth Sex 24-08-1982 F Country of birth SINGAPORE

582272647



3507527



NRIC No. S8227264Z



22-03-2004

APT BLK 290A COMPASSVALE CRESCENT #07-20 SINGAPORE 541290 NRIC No: S8227264Z Date: 24/08/2018 (R)

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

PASS DATE

Class 3A Motor cars without clutch podals (Auto) =< 3000kg with << 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals << 2500kg

Licence No: \$8227264Z

NP 428A

Accident Photo



Accident Photo







CHASSIS NUMBER

