SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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 <u>truthful and accurate</u> 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.

	ACCIDENT STATEMENT
Date Of Report	24/06/2019 15:06
Date Of Accident	24/06/2019 10:00
Exact Location Of Accident	BRICKLAND ROAD JUNCTION
Country/State of Loss	SINGAPORE
ocumay, otate of 2000	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKV6588K
Insured/Policyholder	
Name Of Registered Owner	KOH HOR YEE
NRIC No	S8307019F
Email Address	KOHHORYEE83@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91461222
Alternative Phone No	Office-91461222
Vehicle Particulars	
Manufacturer	NISSAN
/lodel	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	YES
f No, Please state action to be taken	
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
ype Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900062737
Cover Note Number	14/09/2019-13/03/2020
Driver	
Name of Driver	KOH HOR YEE
NRIC No	S8307019F
	26/02/1983
Date Of Birth	20/02/1903
Date Of Birth Occupation	INDOOR

21/07/2010

8 YEARS AND 11 MONTHS

Gender **MALE**

(LOCAL) +65-91461222 Mobile Number

Fax Number

Contact Number OFFICE-91461222

EMail Address KOHHORYEE83@GMAIL.COM

10 CHOA CHU KANG GROVE Address

22-22

Postcode 688207 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 COLLISION - MAJOR/MINOR RD

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

YES

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT

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 SKT8102B Vehicle Make/Model/Colour HONDA CIVIC

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)

PRIVATE CAR LARRY GOH MENG CHYE

91379424

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 repudlate 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
- 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 "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 Signati

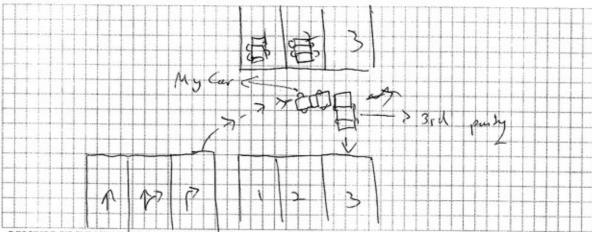
Date & Time: 24 6

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

Reporting dentse Personnel's Signature

Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
I was driving along brickland Road and was	going to turn right into cck
grave at the traffer light junction. The traffic lig	It was indicating a right turn
green tun sign but when I approched donce to	the junction the west green signal
went off but laware the green light was stall	in Both cars on the opposite
lane (lone 1 and 2) were not making so I decid	ed to make a right turn and then
a white handa wic skt 81028 done out that	n lone 3. I immidiately baked
my car but haver the cas made centact	
has right back pumper. We much our cars to	the sale of the wad.
No one was injured except for a little girl w	
seat custion as described by the domestic	1 /
We exchanged our wortacts and the girl w	
by the paronts. I have potures it dancings	
) 1 , , , ,	
Important:	- Reporting Only
You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14)	- Claim OD
DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame	- Claim TP
from the day of the occurrence.	- Claim OD/ TP at other workshop

DECLARATION

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

Policyholder's signature

Date & Time

74H 3/4C

Driver's Signature

(if driver not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.



CERTIFICATE OF INSURANCE

AUTOVALUE PRIVATE VEHICLE

Name of Policyholder : KOH HOR YEE (XU HAOYI)
Period of Insurance : 14 Mar 2019 To 13 Mar 2020

Engine No.

: HRA2190859A

Chassis No. : SJNFEAJ11U1489448 Vehicle No.

: SKV6588K : 1900062737

Policy No. Endorsement No.

Issued Date

: 14 Mar 2019

ABOUT THE COVER

Make/Model

: NISSAN Qashqai 1.2 DIG-Turbo

Engine Capacity/Tonnage: 1,197.00 CC Driver Restriction : NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2015

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/afte media 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 the years' disting 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 fulfion, driving test, racing, pace-making, reliability that 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 (Cep. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1 Fire - 80 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - 50

Named Driver and Excess (where applicable)

KOH HOR YEE (XU HADYI)

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 Approved Repairing CentresANG Authorised Repairiers, please centact our 24-hour accident emergency hottine at +65 6338 6200. Alternatively, you may refer to AIG website www.sig.com.sg or AIG SG Website App. Simply search and download "AIG SG" from If urse or Google Pility.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

If We hereby certify that the policy to which this Certificate of insurance relates is issued in accordance with the provisions of the Molor Vehicles(Third Party Risks and Compensation) Act (Cap. 169), Part IV of the Road Transport Act, 1667 (Maleysia) and Molor Vehicles (Third Party Risks Rodes, 1956 (Maleysia)).

0503982000

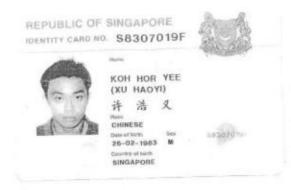
KHC HOLDINGS PTE. LTD. 389A BALESTIER ROAD

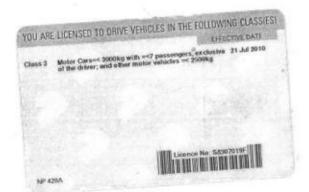
SINGAPORE 329796

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE













Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20190624/7018

REPORT OF	A TRAFFIC	ACCIDENT
INCHORT OF	A IRAFFIL	ACCIDENT

Date/Time Report Made: 24/06/2019 13:14		Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of Informant: KOH HOR YEE			Address: 10 CHOA CHU KANG GROVE #22-22 SINGAPORE 688207			
ID Type NRIC NO	/ ID No.; D / S83070	19F	Contact No.: Home/Office: Mobile: 91461222			
National SINGAP	ity: ORE CITIZ	EN	Email: kohhoryee83@gmail.com			
Sex: Age: Date of Birth: 26/02/1983			Type of Informant: Vehicle Owner			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Education methods adviser			Driving Licence Information: Class:	Date of Expiry:		

General Infor	mation of the Acc	dent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/06/2019 10:00	Type of Location: T-Junction	
Location: BRICKLAND	ROAD				
Ol		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Tra Two Way Tra		Traffic Control: Traffic Light - Wor	king	Traffic Volume: Light	
Type of Collis Between Mov		Swipe - Opposite Direction	n	Anyone conveyed by ambulance: No	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKT8102B	Car		honda	White		4
SKV6588K	Car		nissan	Black		1

Vehicle No.		Topic and the first service and another		
		Insurance No	Effective	Expiry Date
SKV6588K	AIG ASIA PACIFIC INSURANCE PTE.			





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20190624/7018

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I						
No. of Pedestrians Injured: NIL Use of Pe			edestrian Crossing: NA			
Vehicle Owner		Service No.		18x411		
Name	LARRY GOH MENO	3 CHYE		ID No.		NIL
Related Vehicle	SKT8102B (Car)			Contact No.		91379424
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc			harge	NIL	
No. of Days gran				of Injury Slight		
Vehicle Owner			AND STORES			
Name	KOH HOR YEE			ID No.		S8307019F
Related Vehicle	NIL			Contact No.		91461222
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days grant	ted Medical Leave	NIL		Degree of Injury NIL		

Brief Details.

I was driving along brickland road and was going to turn right into choa chu kang grove at the traffic light junction. The traffic light was indicating a right green turn sign but when I approached closer to the junction, the right green signal went off but however the green light was still on. Both cars on the opposite lane (Lane 1 and 2) were not moving so I decided to make a right turn and then a white honda civic SKT8102B drove out from the Lane 3. I immedicately braked my car but however the cars made contact on my front right bumper and his right back bumper. We stopped our cars immedicately and moved our cars to the side of the road. No one was injured except for a little girl whose head hit against the car seat cushion as described by the domestic helper. We exchanged our contacts and the girl will brought to have her X ray. I have pictures of the damage of both cars.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20190624/7018

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/06/2019 13:14
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp	





