MKFS19076359 / Kan Fook Sing Motor Workshop - Defu ENTRY DATE & TIME: 12/06/2019 09:05 SUBMITTED BY: Margaret Lee

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

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 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.

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	12/06/2019 09:05
Date Of Accident	12/06/2019 05:40
Exact Location Of Accident	NICOLL HIGHWAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV3951B
Insured/Policyholder	
Name Of Registered Owner	ORANGE LEASING PTE LTD
Co Reg No	-
Email Address	VICTOR.ONG@BLUESTARCONCIERGE.COM.SG
Mobile Phone No	
Alternative Phone No	Office-94520589
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	9452 0589
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	
Cover Note Number	
Driver	
Name of Driver	LEE KOK CHIUN
NRIC No	S7210839F
Date Of Birth	13/03/1972

OUTDOOR

09/11/1995

23 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90674952

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 49 JLN TIGA #18-50 S39049

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

YES

NO

2

YES

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 Name: : UNKNOWN PASSENGER

Gender: : Male

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name GEYLANG SERAI NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 111 ALJUNIED CRESCENT #01-102, POSTCODE: 380111,

COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-7459999 - **FAX NO**: 67455673

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO ATTACHED POLICE REPORT

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: TP TOOK THE SD CARD

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour FBK1731K

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name UNKNOWN RIDER

Approximate Age Injuries Sustain

Injured person in which vehicle? FBK1731K

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

1

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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 .
 - 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.

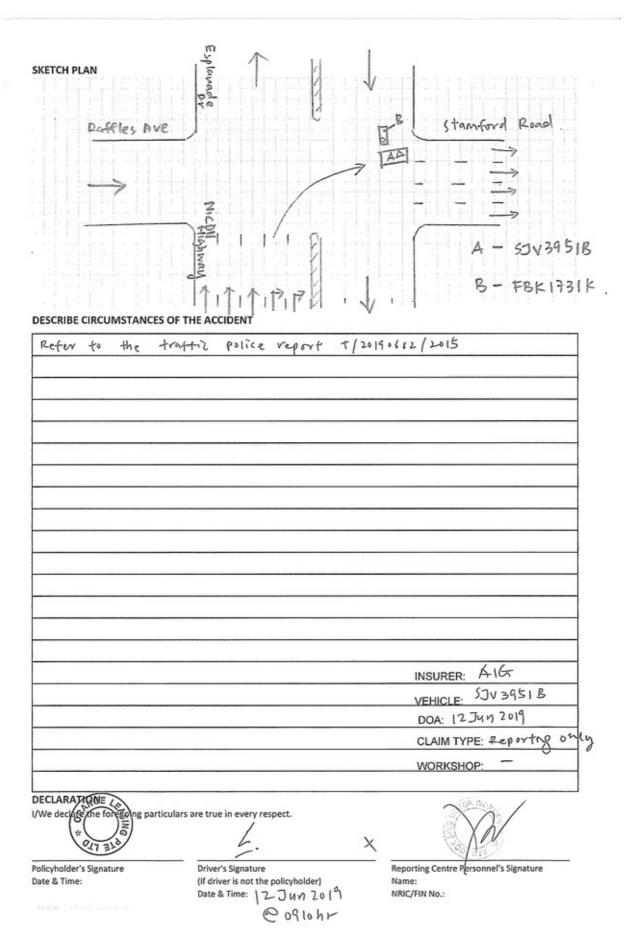
SANGE CAS

Policyholder's Signature Date & Time: Driver's Signature

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

125un 2019 @ 09 (0h/ Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: LEE KOK CHIUN
VEHICLE NUMBER	: 50 V 39 51 B
DATE/TIME OF ACCIDENT	: 12 Jun 2019 @ 0540hr
PLACE OF ACCIDENT	: Micoll Highway
THIRD PARTY VEHICLE (IF ANY)	: FBK 1731K
**********	的由于我们的,我们也是我们的,我们也是我们的,我们的人们的,我们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们
WHERE DID YOU START YOUR JOUR BEFORE THE ACCIDENT? Jalan Batn (Tanfing Rhu)	to Grand coption Hotel
	DRINKS BEFORE YOU DRIVE ON THE DAY OF THE IC POLICE CONDUCT ANY BREATHE-ANALYSER TEST.T?
WHAT IS THE TYPE OF COLLISION A VEHICLES INVOLVED?	AND THE EXTENSIVENESS OF THE DAMAGES TO ALL
WERE YOU OR YOUR PASSENGER/S I TAKEN TO THE TRAFFIC POLICE FOR No.	INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU R INVESTIGATION?
<u> </u>	
Name:	

I Affirmed The Above Information Is Given To My Best Knowledge.





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999 1 of 3 Report No. T/20190612/2015

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 019 07:53	Made:	Vide Report No.: A/20190612/0026	Station Diary No.: 8		
Informa	nt's Partice	ulars				
	f Informant: K CHIUN		Address: APT BLK 49 JALAN TIGA	#18-50 SINGAPORE 390049		
	/ ID No.: O / S72108:	39F	Contact No.: Home/Office: Mobile: 90674952			
National SINGAP	lity: PORE CITIZ	EN	Email:			
Sex: Male	Age:	Date of Birth: 13/03/1972	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: GRAB DRIVER			Driving Licence Informatio Class: 3	n: Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambulance		Drink Drive: No	Date/Time of Accident: 12/06/2019 05:40		Type of Location: X-Junction	
Location: Along Road 1 NICOLL HIGH turning right in							
		l Surface:		Road Speed Limit:			
			ic Control: ic Light - Working			Traffic Volume: No Traffic	
Type of Collis	ion:		73,57	10.500	Any	one conveyed by	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBK1731K	Motorcycle	YAMAHA	Jupiter	Red		0
SJV3951B	Car	TOYOTA	Corolla Altis	Black		1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Geylang N.P.C

Report No. T/20190612/2015

2 of 3

132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

CONTINUATION OF REPORT

Driver			4			
Name	LEE KOK CHIUN		٠	ID No.	.	S7210839F
Related Vehicle	SJV3951B (Car)			Conta	ct No.	90674952
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL	

Brief Details.

On 12/06/2019 at about 5.40 a.m, I was driving my vehicle along Nicoll Highway. At that time, there was a passenger seated at the rear seat heading towards Grand Copthorne Hotel. At the time, the rain was pouring heavily and the road surface was wet. I then wanted to make a right turn to Stamford Road. As the traffic light was showing 'Green' I stop and look out for traffic. When the traffic was clear, I execute the right turn. Suddenly, I heard a loud bang from the left rear portion of my vehicle. As I was unsure what it was at the moment, I drove my vehicle slightly forward before coming to a complete stop at the side of the road. When I stepped out of the vehicle, I spot a motorcyclist lying down on the road with his bike to his side. I immediately went over to assist him. I asked him if he was okay to which he inform he was feeling pain on his right leg. I dialed '995' I started to direct traffic away from the motorcyclist. At the time, there was a couple who assisted to direct traffic and the male passerby informed he was a paramedic. The male passerby went over to the motorcyclist to make an assessment. I also called the police for assistance. About 2-3 minutes later, the ambulance arrived. Shortly after, traffic police arrived at scene, interviewed me and the ambulance conveyed the motorcyclist to the hospital. I told the officer what happened and was advised to lodge a police report and seized my camera SD card. I wish to inform that when I execute the right turn, I did not spot the motorcyclist due to the heavy rain. The motorcyclist was conscious all the while. Both myself and my passenger did not sustain injury.





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999 3 of 3 Report No. T/20190612/2015

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.

Sgt 3 MUHAMMAD SAYYIDI BIN TAUHID Signature Of Interpreter: Not applicable	Date/Time: 12/06/2019 07:53
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR HIDAYU BINTE ABDUL SAMAD Contact No.::65476423	Classification Of Case:
Authentication Stamplice FOR: NP168 SIGNATURE	



CERTIFICATE NO.

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Comprehensive Commercial Motor

M.Z.400

(The below excess is subject to GST)

POLICY EXCESS \$\$1,500.00 (I & II)

999994386/ SJV3951B WINDSCREEN EXCESS \$\$100.00

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO. SJV3951B

2) NAME OF POLICYHOLDER ORANGE LEASING PTE LTD

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE

FOR THE PURPOSES OF THE ACT

16 May 2019

4) DATE OF EXPIRY OF INSURANCE 06 October 2019

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the Insured's order or with their permission.

Driver must be at least 21 years old.

For hire or reward usage: Driver must be between age 23 to 70 with at least 2 years driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE*

- 1) Use for social, domestic, pleasure purposes and business purposes of Insured
- 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover; 1) Use for fullion, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.

LOSS OF USE Not included

HIRE PURCHASE COMPANY NA

"Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third- Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

ORIGINAL

Issued in Singapore 16 May 2019

0691991-000 Moh Kok Heng 78 Shenton Way #07-16 SINGAPORE 079120 AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

SSPTKY





LEE KOK CHIUN (LI GUOJUN) 李国句

CHINESE

13-03-1972 M SINGAPORE







