

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 | 07/10/2019 15:08 |
| Date Of Accident | 07/10/2019 07:35 |
| Exact Location Of Accident | ALEXANDRA ROAD SLIP ROAD TOWARDS AYE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMA3163J |
| Insured/Policyholder | |
| Name Of Registered Owner | CHOY FOONG YEE |
| NRIC No | S7610474C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97558049 |
| Alternative Phone No | OFFICE-97558049 |

Vehicle Particulars

| | |
|--|------------------------|
| Manufacturer | MAZDA |
| Model | 2-1.5 SEDAN AT EU6 (A) |
| Exact Purpose for which vehicle was being used at time of accident | |
| 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 | 1800069599 |
| Cover Note Number | 31/05/2018-30/05/2020 |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | SHI JIAOFU |
| NRIC No | S8412438I |
| Date Of Birth | 25/04/1984 |
| Occupation | INDOOR |
| Date Of Driving Pass | 16/04/2007 |
| Driving Experience | 12 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98297727 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 70A TELOK BLANGAH HEIGHTS 09-509 |
| Postcode | 101070 |
| 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 | - - - |
| Insurance Company of Driver's Own Vehicle | - - - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | COLLISION - HEAD TO REAR |
| 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? | YES |
| 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) | 1 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | CLEMENTI N.P.C |
| Police Station Address | ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO THE SKETCH PLAN

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

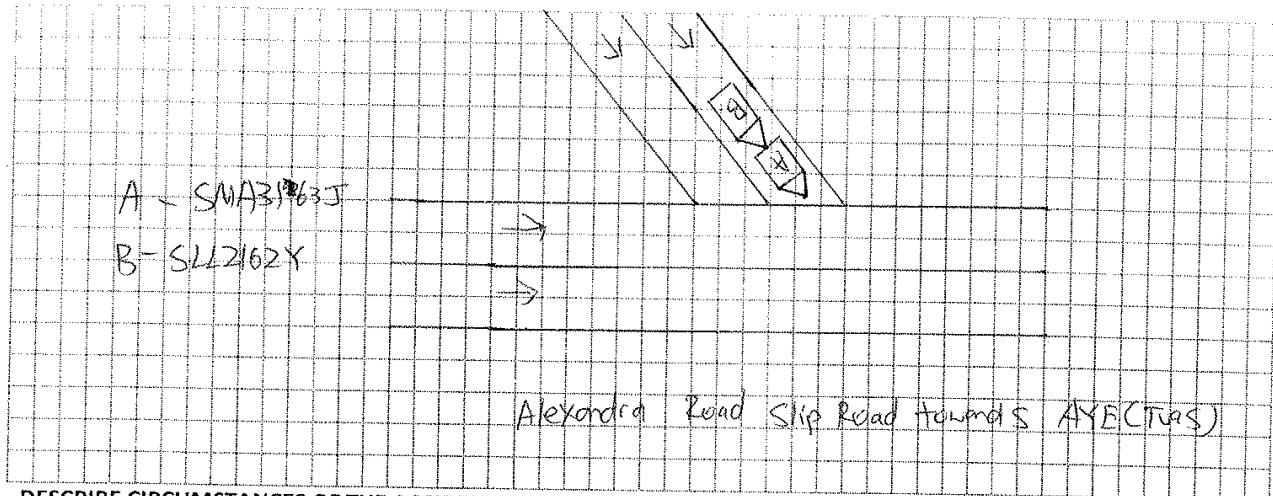
| | |
|-----------------------------|---------------------|
| Vehicle Registration Number | SLL2162Y |
| Vehicle Make/Model/Colour | B |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | AMIRKHANIAN NATALIA |
| NRIC/Passport Number | |
| Contact Number | 98658880 |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage
No. Of Passenger (Including Driver)

| DETAILS OF INJURED PERSON 1 | |
|---|------------|
| Name | SHI JIAOFU |
| Approximate Age | |
| Injuries Sustain | |
| Injured person in which vehicle? | SMA3163J |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report T/2011007/2074

Important:

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) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

- Reporting Only
- Claim OD
- Claim TP
- Claim OD/TP at other workshop

DECLARATION

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

Policyholder's signature
Date & Time

Driver's Signature
(if driver not the policyholder)
Date & Time

Reporting Centre Personnel's Signature
Name:
Nric/Fin No.

SKETCH PLAN

IMPORTANT NOTICE

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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) 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.
- (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 Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



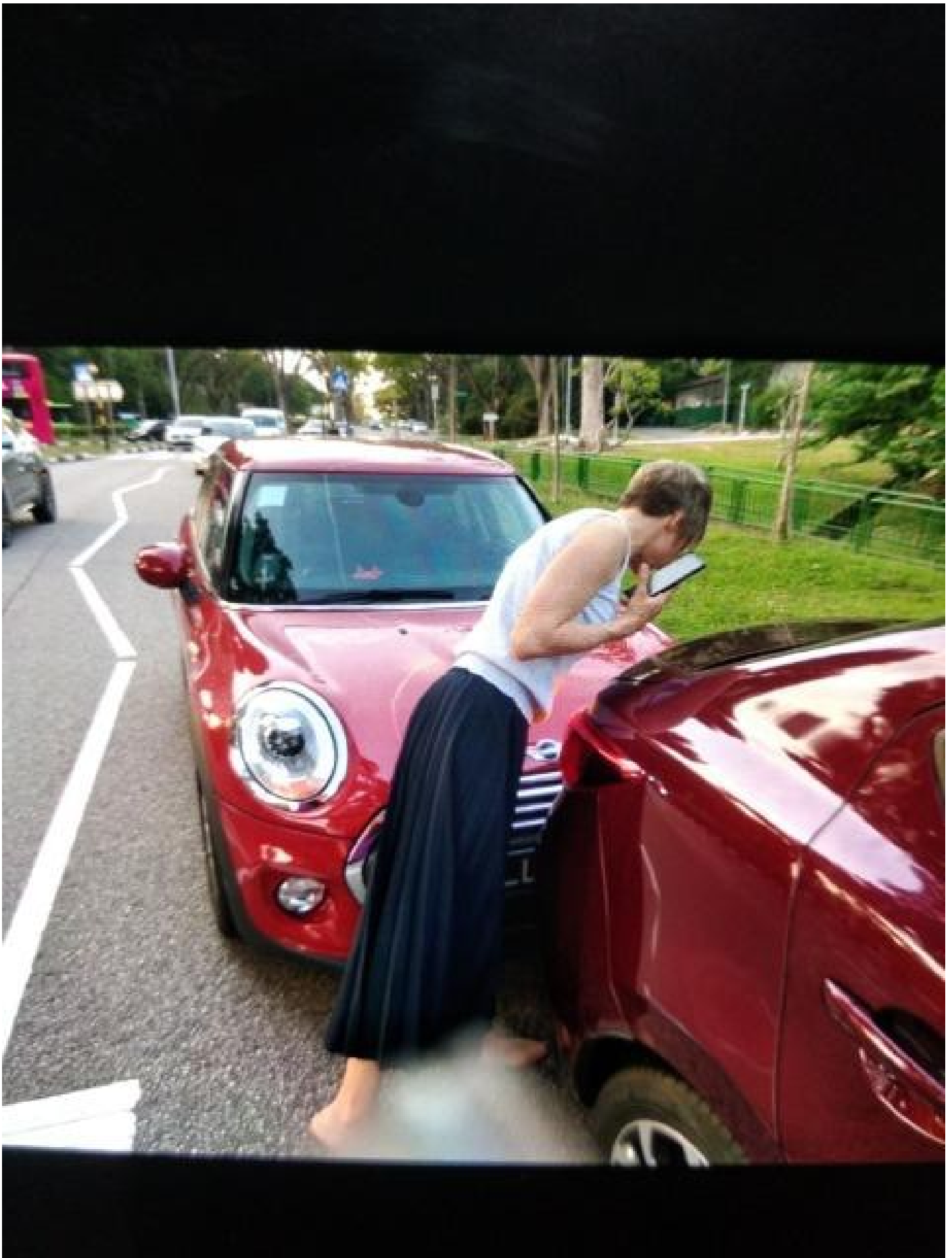
Accident Photo



Accident Photo



Accident Photo



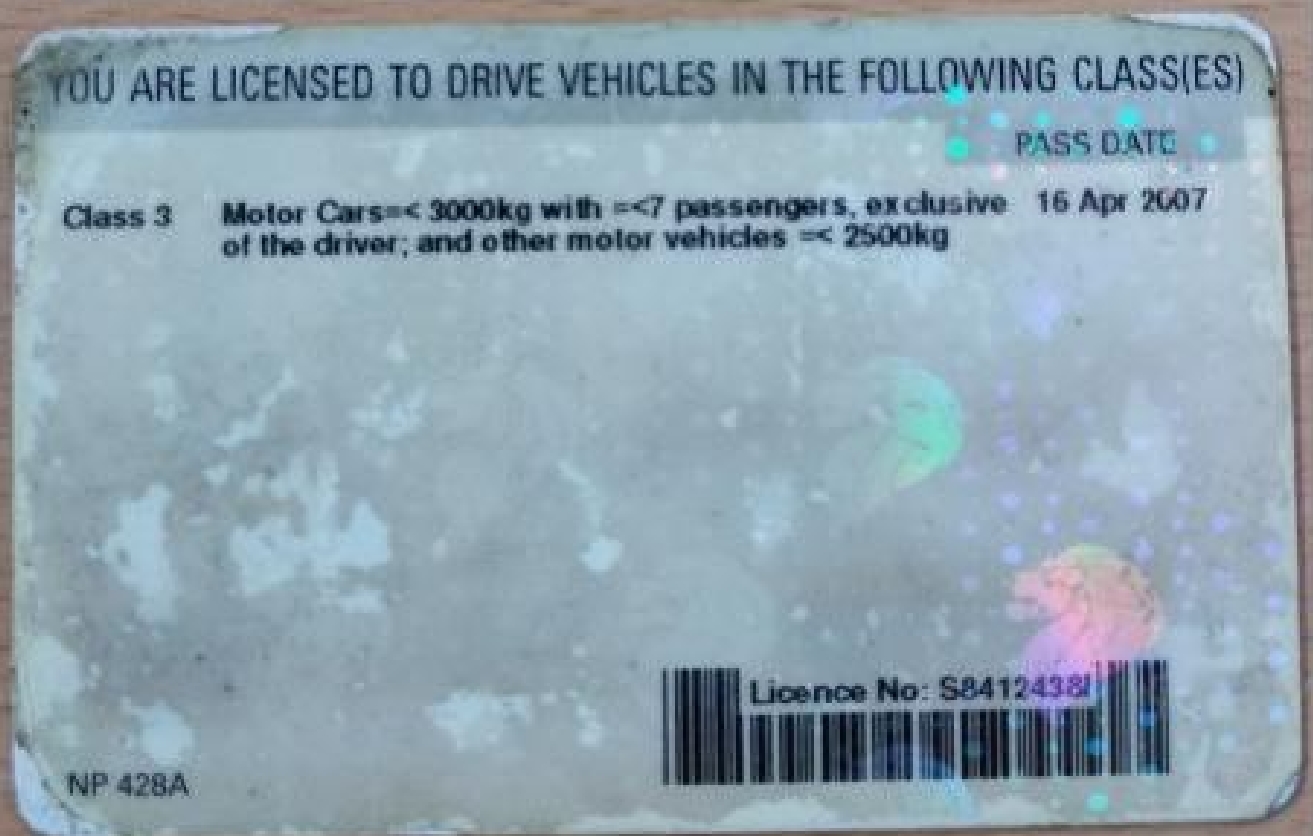


Accident Photo



Driving License





Driving License



Police Report



**SINGAPORE
POLICE FORCE**



T20191007/2074

Police Station Of Origin:
Clementi N.P.C.
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3
Report No: T20191007/2074

REPORT OF A TRAFFIC ACCIDENT

| | | |
|---|------------------|-------------------------|
| Date/Time Report Made 07/10/2019 13:12 | Video Report No. | Station Diary No. 84 |
|---|------------------|-------------------------|

Informant's Particulars

| | | | |
|---|---|------------------------------|------------------------------|
| Name of Informant SHI JIAOFU | Address: APT BLK 70A TELOK BLANGAH HEIGHTS #09-509 SINGAPORE 101070 | | |
| ID Type / ID No. NRIC NO / S84124381 | Contact No. Home/Office: Mobile: 98287727 | | |
| Nationality: SINGAPORE CITIZEN | Email: | | |
| Sex: Male | Age: 35 | Date of Birth: 25/04/1984 | Type of Informant: Driver |
| Race: Chinese | Language: English | | Institution / School Name: |
| Occupation: COMPLIANCE ANALYST | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|---|--------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive No | Date/Time of Accident 07/10/2019 07:35 | Type of Location Y-Junction |
| Location: Along Road 1 ALEXANDRA ROAD | | | | |
| Slip-road towards AYE (TUAS) | | | | |
| 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 Side | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|-------|---------------|-------|------------------|-----------------|
| SLL2162Y | Car | MINI | ONE | Red | Slightly Damaged | 0 |
| SMA3183J | Car | MAZDA | Mazda 2 Sedan | Red | Slightly Damaged | 1 |

Details of Person Involved

| | | |
|---------------------------------|--------------------------------|--|
| Any Pedestrian Involved: No | Use of Pedestrian Crossing: NA | |
| No. of Pedestrians Injured: NIL | | |

Police Report



**SINGAPORE
POLICE FORCE**



T/2019/1007/2074

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8726999

2 of 3

Report No: T/2019/1007/2074

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-----------------------|--|-----------------------------------|
| Driver | | | |
| Name | SHI JIAOFU | ID No. | S8412438I |
| Related Vehicle | SMA3163J (Car) | Contact No. | 98297727 |
| Hospital/Clinic | A LIFE CLINIC PTE LTD | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 07/10/2019 | Date Discharge | 07/10/2019 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |
| Driver | | | |
| Name | AMIRKHANIAN NATALIA | ID No. | G3428149T |
| Related Vehicle | NIL | Contact No. | 98658880 |
| 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 the 07/10/2019 at about 0700hrs, I left home and fetch my daughter to school. Subsequently, after that I was on my way to send my wife to work at NUH.

On the same date at about 0735hrs, after turning into the slip-road of AYE towards Tuas from Alexandra Road, I slow-down my vehicle as I was entering AYE and at the same time checking my blind-spots before entering into AYE. However as there was on-coming vehicle on the AYE side, I had to stop at the give-way line before I was able to move off. However, before I was able to move off, I felt a slight jerked from the rear of my vehicle and discovered that my vehicle, SMA3163J (Red Mazda 2). I then got out of my car together with the driver of the other car, SLL2162Y (Red Mini One). We then exchange our particulars and took photograph of the damages sustained on both the vehicles.

Subsequently, I went to seek medical attention as for the pain that I had sustained and the doctor gave 5 days of MC after doing medical examination on me. I was also told by my Insurance company to lodge a report as I had received 5 days of MC as a result from the accident.

Police Report



SINGAPORE
POLICE FORCE



T/20191007/2074

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3

Report No: T/20191007/2074

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

D /

Sgt 3 JASMI BIN JUMA'AT

Signature Of Informant

Signature Of Interpreter:

Not applicable

Email: sharifah_SYED_MOHD_SAID
@spf.gov.sg

Date/Time:

07/10/2019 13 12

Officer In Charge Of Case

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID

Contact No: 65476172

Authentication Stamp

NP168

Classification Of Case:



SINGAPORE
POLICE FORCE

SN 37

SIGNATURE



CERTIFICATE OF INSURANCE

MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : CHOI POONG YEE (CAI FENG YI)
Period of Insurance : 31 May 2018 To 30 May 2020
Engine No. : P520514004
Chassis No. : MM6DL25AAJW380742

Vehicle No. : 5MA3183U
Policy No. : 1800060559
Endorsement No. :
Issued Date : 12 Jun 2018

ABOUT THE COVER

Make/Model : MAZDA 2 1.5 SKYACTIV
Engine Capacity/Tonnage : 1,496.00 CC
Driver Restriction : NA
Sum Insured :
Off Peak Car : No
Market Value :
First Year of Registration : 2018
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 behalf with his/her permission.
 This Policy will cover only the Policyholder or any authorized driver only in private areas the specified age condition.
 You have to pay an additional sum of \$2,000 as "Young Driver (No specified Driver Restriction)" (YDR) if you are a new licensed driver (licensed or unlicensed) is under the age of 25 and/or has less than 2 years driving experience.

Age Condition : All Age Condition

Limitation as to use*

Use only for social, recreation and pleasure purposes and for the Policyholder's business.
 This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pole-positioning, weekly test or speed testing, for carriage of goods other than vehicles in conjunction with and steps of business or use for any purpose in connection with Motor Trade.

Loss of Use : \$300/acc - \$600/acc Optional

* Limitations imposed irrespective by Section 4 of the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 140) and Section 35 of the Road Transport Act, 1967 (Malaysia), which will be included under these headings.

EXCESS

Section 1
Fire - 50, Own Damage - \$600, Theft - 50, Flood Cover - 50

Section 2
Property Damage - 50

Whichever - \$100

Named Driver and Excess (where applicable)

CHOI POONG YEE (CAI FENG YI) - \$600 (Own Damage)

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

1. Tera Surplus Pte. Ltd. And Tera Clean, Singapore 628555 67948888

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at 165 8388 8200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG 800 Mobile App. Simply search and download "AIG 800" from iTunes or Google Play.

IMPORTANT NOTES

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

We hereby certify that the particulars in this Certificate of Insurance, issued in accordance with the provisions of the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 140) and Part IV of the Road Transport Act, 1967 (Malaysia) and Motor Vehicle (Third Party Risks) Rules, 1956 (Malaysia).

0503888800

AIG (ASIA) PTE. LTD. - MAZDA
 7 MAXWELL ROAD #01-100 ANNEX B MND COMPLEX
 SINGAPORE 069111
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

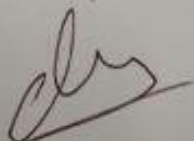
AIG 010 165 8388 8200

AUTHORIZATION LETTER

I, Chay Fong Yee (S7610474C) hereby
authorize, Shi Jiaofu (S8412438J) to
submit the claim on my behalf.

Yours Sincerely,

Chay Fong Yee



7 October 2019