

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	16/11/2019 11:16
Date Of Accident	03/10/2019 13:00
Exact Location Of Accident	SAKRA OASIS CARPARK JURONG ISLAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL517X
Insured/Policyholder	
Name Of Registered Owner	LOW YAM HENG
NRIC No	S6806025G
Email Address	LOW_EUGENE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97850293
Alternative Phone No	Office-97850293

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-1.2 (A)
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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	2100500565-02
Cover Note Number	

Driver

Name of Driver	LOW YAM HENG
NRIC No	S6806025G
Date Of Birth	16/02/1968
Occupation	OUTDOOR
Date Of Driving Pass	14/02/1987
Driving Experience	32 YEARS AND 7 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97850293
Fax Number	
Contact Number	OFFICE-97850293
E-Mail Address	LOW_EUGENE@GMAIL.COM
Address	112 PUNGGOL WALK #16-27
Postcode	828766
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 - 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?	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
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

WHEN I AM DRIVING FROM UPPER LEVEL OF CARPARK TO THE LEVEL WHERE INCIDENT HAPPENED, I STOP MY CAR AND PREPARE FOR REVERSE PARKING AT THE EMPTY SLOT. WHEN I STARTED TO REVERSE SLOWLY, IMMEDIATELY MY CAR REAR CORNER HIT ONTO VEHICLE B, AT THE EDGE OF THE FRONT LICENCE PLATE.

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	SJS7361T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ODIN ALEXANDAR TARALRUD

NRIC/Passport Number	
Contact Number	86926460
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.
- (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.

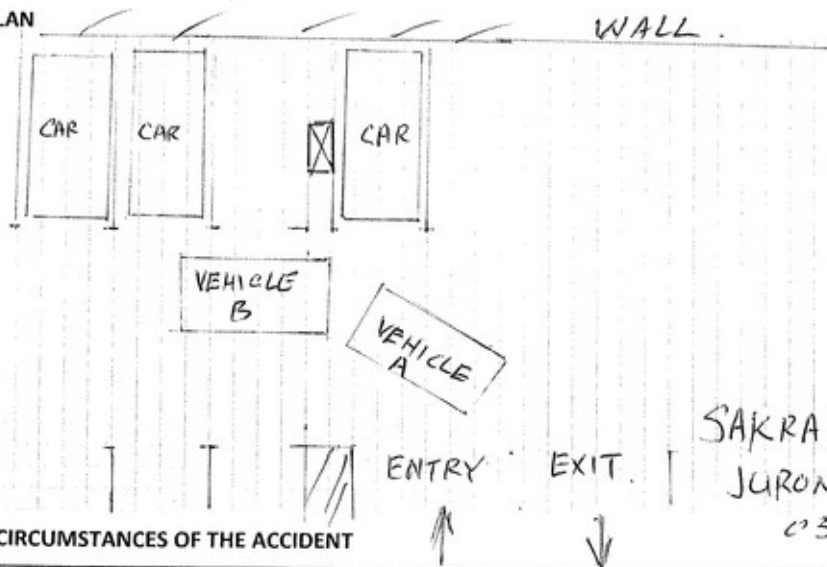

Policyholder's Signature
Date & Time:

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


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

TO: ACCIDENT REPORTING CENTRE
1, CANTON LANE, MARCO POLO
SINGAPORE 108000
TEL: 6262 2212
FAX: 6262 3892

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WHEN I AM DRIVING FROM UPPER LEVEL OF CARPARK TO THE LEVEL WHERE INCIDENT HAPPENED, I STOP MY CAR AND PREPARE FOR REVERSE PARKING AT THE EMPTY SLOT. WHEN I STARTED TO REVERSE SLOWLY, IMMEDIATELY MY CAR REAR CONNER HIT ONTO VEHICLE B, AT THE EDGE OF THE FRONT LICENCE PLATE.

DECLARATION

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

Eugene
Policyholder's Signature
Date & Time: 16 NOV 19, 11:00

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

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

10, ADELPHI STREET, #01-01
SIXTH LOK YANG ROAD
SINGAPORE 628080
TEL: 6262 2212
FAX: 6262 3892

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident Time 03 OCT 19 1300		2 Exact location of accident SAKRA OASIS CARPARK, JURONG ISLAND	3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) NA	

Registration No. (VEHICLE A) SLB 577X

6 Insured / policyholder (see insurance cert.)

Name LOW YAM HENG
(capital letters)

Address 112 PUNGGOL WALK
#16-27

NRIC / Passport no. S6806025 G

Tel no. (from 9am till 5pm)
HP 97850293

7 Vehicle
Make, type NISSAN CASHQAI 1.2

8 Insurance company
AIG ASIA PACIFIC INSURANCE PL

Does the policy cover damage to vehicle A?
No ☐ Yes ☐

Policy No. (if available) 2106500565-02

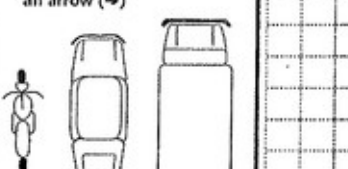
9 Driver (See driving licence)
(if different from insured A above)

Name AS ABOVE
(capital letters)

NRIC / Passport no. _____

Class of licence 3

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle A

14 My remarks

12 CIRCUMSTANCES

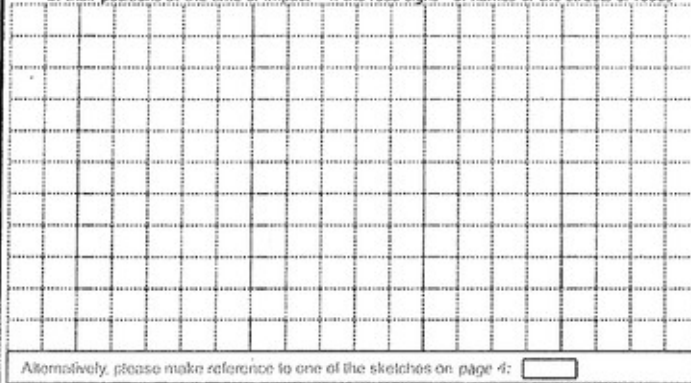
Put a cross (X) in each of the relevant boxes applicable to your vehicle

- | | |
|----|-----------------------------------------------------------------------------------------------|
| 1 | parked / stopped (at the roadside) |
| 2 | leaving a parking space / opening the door (at the roadside) |
| 3 | entering a parking space (at the roadside) |
| 4 | emerging from a car park, from private grounds, from a minor road |
| 5 | entering a car park, private grounds, a minor road |
| 6 | entering a roundabout or similar traffic system |
| 7 | circulating in a roundabout or similar traffic system |
| 8 | striking the rear of the other vehicle while going in the same direction and in the same lane |
| 9 | going in the same direction but different lane |
| 10 | changing lanes |
| 11 | overtaking |
| 12 | turning to the right, making a U-turn (official U-turn) |
| 13 | turning to the left |
| 14 | reversing |
| 15 | encroaching in the opposite traffic lane |
| 16 | coming from the right (at road junctions) |
| 17 | not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.) |

← **State TOTAL number of boxes marked with a cross** →

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads



Alternatively, please make reference to one of the sketches on page 4: _____

Registration No. (VEHICLE B) SJS 7361T

6 Insured / policyholder (see insurance cert.)

Name _____
(capital letters)

Address _____

NRIC / Passport no. _____

Tel no. (from 9am till 5pm)
HP 8692 6460

7 Vehicle
Make, type _____

8 Insurance company

Does the policy cover damage to vehicle B?
No ☐ Yes ☐

Policy No. (if available) _____

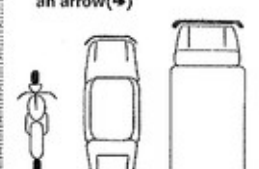
9 Driver (See driving licence)
(if different from insured B above)

Name Odin Alexander Talarud
(capital letters)

NRIC / Passport no. _____

Class of licence _____

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle B

14 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

INDIVIDUAL STATEMENT (Part II)					
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)					
Insured	1 Occupation (if more than one, state all)			Email: <u>low-eugene@gmail.com</u>	
	2 Vehicle registration no. <u>SLL517X</u> C.C.			If commercial vehicle, state permissible carrying capacity	
	3 Is driver the owner? Yes <input type="checkbox"/> No <input type="checkbox"/>			If no, state the vehicle number and name of insurer of driver's own vehicle (where applicable)	
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward				
	<input type="checkbox"/> Others - please specify				
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/>			If no, state where it is at present Tel no.	
Of which vehicle are you the owner?	6 Are you claiming under your own insurance policy for repair to your vehicle? <u>NO</u>				
	If no, state action to be taken <u>REPORTING ONLY</u>				
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation (if more than one, state all)	Years of driving experience	Was vehicle driven with the insured's permission?	Was driver an employee of the insured's company?
	<u>16 FEB 68</u>	<u>OUT DOOR</u>	<u>14 FEB 1987</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability				
	9 Full details of all driving convictions including pending prosecutions in the last 36 months				
Injured persons	10 Name(s), address(es) and approximate age(s)		Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	If yes, please state which Police station				
Accident details	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	If yes, against whom?				
Accident details	14 Weather conditions		Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>		
	15 Road surface		Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>		
	16 Speed of vehicles		A <u>3</u> km/hr B <u> </u> km/hr		
	17 What warnings were given by driver or other party?				
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	19 What lights were displayed on your vehicle/the other vehicle(s)?				
	20 If your vehicle is commercial, state weight of load carried at time of accident				
Declaration	21 State how accident happened, width of roads, speed limits, etc (use separate sheet of paper where necessary)				
Declaration	I/We declare the foregoing particulars are true in every respect				
	Policyholder's signature <u>Eugene</u>			Date	
	Driver's signature (if driver is not the policyholder)			Date	

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S6806025G**

Name: **LOW YAM HENG**

Birth Date: **16 Feb 1968**

Issue Date: **05 Jun 2015**

002435187F

SG 50

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6806025G

Name: **LOW YAM HENG**

刘炎兴

Race: **CHINESE**

Date of birth: **16-02-1968**

Country/Place of birth: **SINGAPORE**

Sex: **M**

S6806025G

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg **14 Feb 1987**

Licence No: S6806025G

NP 428A

5479182

S6806025G

112 PUNGGOL WALK #16-27
SINGAPORE 828786

NRIC No: S6806025G

Date of issue: **16-05-2015**

Date: **08/11/2015**

CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Low Yam Heng
 Period of Insurance : 13 Feb 2019 To 12 Feb 2020
 Engine No. : HRA2336747A
 Chassis No. : SJNFEAJ11U1800322

Vehicle No. : SLL517X
 Policy No. : 2100500565-02
 Endorsement No. :
 Issued Date : 16 Jan 2019

ABOUT THE COVER

Make/Model : NISSAN QASHQAI 1.2 DIG-TURBO
 Engine Capacity/Tonnage : 1,197.00 CC Sum Insured : Market Value First Year of Registration : 2017
 Driver Restriction : NA Off Peak Car : No 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/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 : 40 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.

Loss of Use 1500cc - 1600cc

* 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 - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Low Yam Heng - \$600 (Own Damage)

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

1. TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 628099 62622212
2. Autolink Industrial Add: 19 Ubi Road 4 Singapore 408623 64909666
3. TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038513
4. Tan Chong Motor Sales Add: 913 Bukit Timah Road Singapore 589623 64694091 64694092 64694093
5. Tan Chong Motor Sales Add: 17 Lorong 8 Toa Payoh Singapore 319254 63570753 63570754

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: HL Bank

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).

0500610538

TAN CHONG CREDIT PTE LTD - TBL
 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

SSPOCC

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

Odin Alexander Taralrud stood still ~~on~~ on whay out
carpark when EUGENE backed up to park
in a parking spot, which lead to the collision,
at 01:00, 3rd Oct - 19 at Sukra Oasis.

Odin Gir

Eugene 97850293

Odin Sine
8692 6460

Accident Photo



Accident Photo

