

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	11/11/2019 12:06
Date Of Accident	09/11/2019 11:50
Exact Location Of Accident	JUNCTION OF BOON LAY WAY AND CORPORATION ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD3481A
Insured/Policyholder	
Name Of Registered Owner	KWAH HWEE CHOO
NRIC No	S1375840I
Email Address	HWEECHOO59@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97979894
Alternative Phone No	Others-97979894

Vehicle Particulars

Manufacturer	NISSAN
Model	NOTE-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?	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	1800097539-01
Cover Note Number	

Driver

Name of Driver	KOH JERROLD
NRIC No	S9437892C
Date Of Birth	09/10/1994
Occupation	INDOOR
Date Of Driving Pass	10/10/2018
Driving Experience	1 YEAR AND 0 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-91180061
Fax Number	
Contact Number	
E-Mail Address	HWEECHOO59@GMAIL.COM
Address	APT BLK 9G, YUAN CHING ROAD #07-74
Postcode	618649
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	
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

WHILE TRAVELLING ALONG BOON LAY WAY APPROACHING JUNCTION OF CORPORATION ROAD TOWARDS JURONG EAST DIRECTION, VEHICLE B STOP BEFORE THE TRAFFIC LIGHT JUNCTION DUE TO RED LIGHT AND I STOP BEHIND VEHICLE B. WHEN THE TRAFFIC LIGHT TUEN GREEN, I WAS LOOKING AT THE SIDE MIRROR AND I STEPPED ON THE ACCELERATOR PEDAL THINKING THE VEHICLE WOULD MOVE. WHEN I TURNED MY HEAD BACK, I REALISED THAT THE VEHICLE INFRONT OF ME DID NOT MOVE AND I TRIED TO STEP ON THE BRAKES, BUT IT WAS TOO LATE AND I HIT THE VEHICLE INFRONT OF ME.

Attachment(s)

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

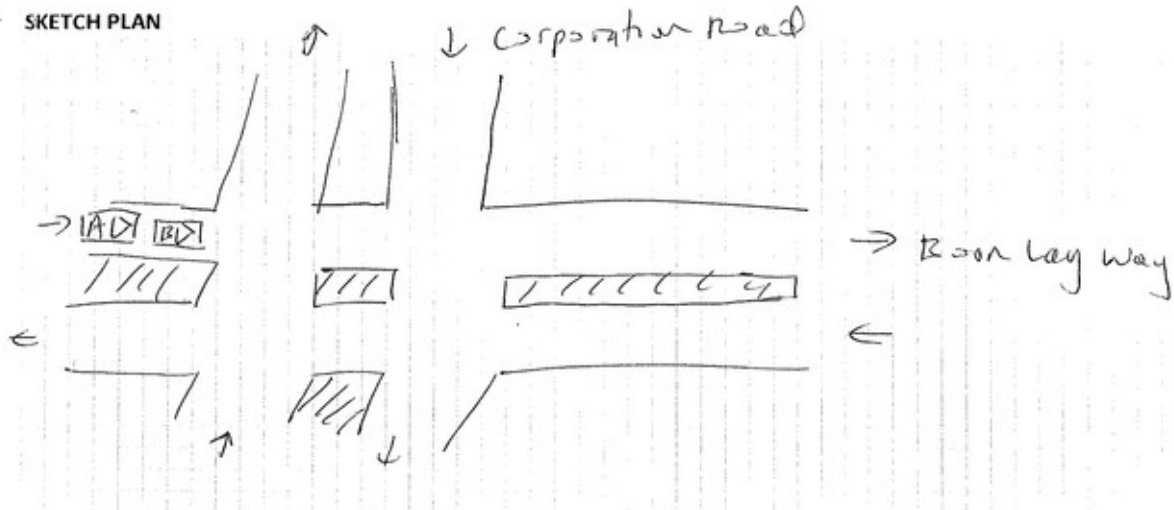
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD2185S
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	THIEN HTOO
NRIC/Passport Number	G6324557M
Contact Number	
Address	
Postcode	
Insurance Company Name	Tokio Marine Insurance Singapore Ltd
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN



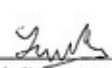
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While travelling along Boon Lay Way approaching junction of Corporation Road towards Jurong East direction, vehicle B stop before the traffic lights junction due to red lights, and I stop behind vehicle B. When the traffic lights turn green, I was looking at the side mirror, and I stepped on the accelerator pedal thinking the ~~vehicle~~ vehicle would move, when I turned my head back, I realized that the vehicle in front of me did not move and tried to step on the brake, but it was too late and hit the ~~vehicle~~ vehicle in front of me.

DECLARATION

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

Policyholder's Signature
Date & Time:


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

TC AutoClinic Pte Ltd
1 SIXTH LOK YANG ROAD
SINGAPORE 628088
TEL: 6292 2212
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN


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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.:

TC AutoClinic Pte Ltd
1 SIXTH LOK YANG ROAD
SINGAPORE 628099
TEL: 6262 2212
Fax: 6262 3692

Common Statement

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 9th Nov 2019 11:50		2 Exact location of accident Junction of Boon Lay Way and Corporation Road		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)	

Registration No. SMD3481A (VEHICLE A)

6 Insured / policyholder (see insurance cert.)
 Name: KWAN HWEI CHOO
 (capital letters)
 Address: _____
 NRIC / Passport no. S13758401
 Tel no. (from 9am till 5pm) _____
 HP 97979894 /

7 Vehicle
 Make, type: Nissan Note
 car

8 Insurance company
 AIG
 Does the policy cover damage to vehicle A?
 No ☐ Yes ☒
 Policy No. (if available) 1800097539-01

9 Driver (See driving licence)
 (if different from insured A above)
 Name: JERROLD KOH
 (capital letters)
 NRIC / Passport no. S4437892C
 Class of licence 3A

12 CIRCUMSTANCES

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

- | | | |
|---|----|---|
| A | 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 →

Registration No. G18D21855 (VEHICLE B)

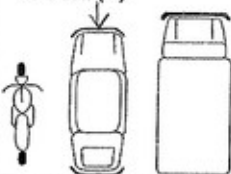
6 Insured / policyholder (see insurance cert.)
 Name: _____
 (capital letters)
 Address: _____
 NRIC / Passport no. _____
 Tel no. (from 9am till 5pm) _____
 HP _____

7 Vehicle
 Make, type: _____

8 Insurance company
 Tokio Marine
 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: THIEN HTOO
 (capital letters)
 NRIC / Passport no. G6324557M
 Class of licence _____

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

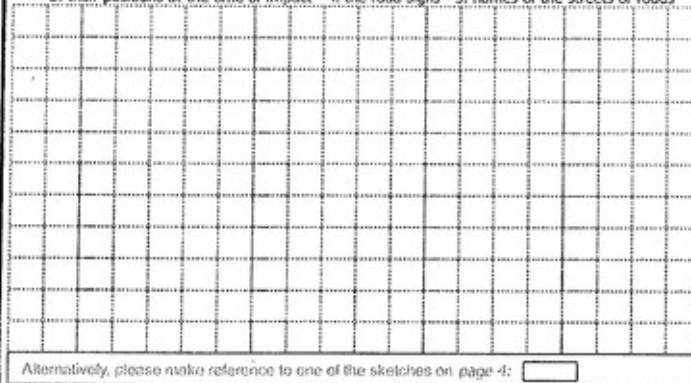


11 Visible damage to vehicle A

14 My remarks

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: _____

15 Signatures of drivers

A *[Signature]*

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

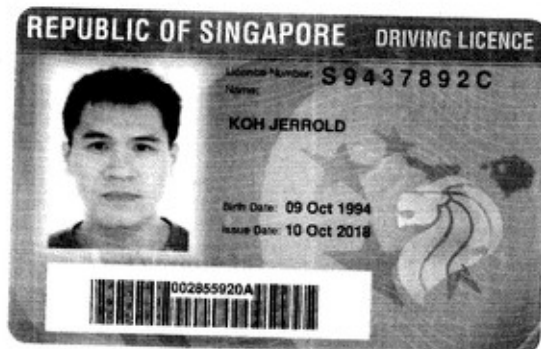
Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

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)

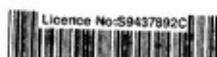
Insured	1 Occupation (if more than one, state all)		Email: <u>hwaechoo39@gmail.com</u>												
	2 Vehicle registration no. <u>SMP 3481A</u>	C.C.	If commercial vehicle, state permissible carrying capacity												
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		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 checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/>		If no, state where it is at present _____ Tel no. <u>9110061</u>												
Of which vehicle are you the owner?	6 Are you claiming under your own insurance policy for repair to your vehicle? <u>YES</u>														
	If no, state action to be taken _____														
	7 Date of birth <u>09/10/94</u>	Occupation (if more than one, state all) <u>Student</u>	Years of driving experience <u>10/10/18</u>	Was vehicle driven with the insured's permission? <input checked="" type="radio"/> Yes <input type="radio"/> No	Was driver an employee of the insured's company? <input type="radio"/> Yes <input checked="" type="radio"/> No										
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability <u>I wear spectacles.</u>														
	9 Full details of all driving convictions including pending prosecutions in the last 36 months														
	<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Date	Offence	Penalty								
Date	Offence	Penalty													
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"/>	Was injured conveyed to hospital by ambulance? 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"/>	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"/>	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>10</u> km/hr B <u>0</u> km/hr												
	17 What warnings were given by driver or other party? <u>None</u>														
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input checked="" 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 _____			Date _____											
	Driver's signature (if driver is not the policyholder) <u>[Signature]</u>			Date _____											



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

Class	Description	Effective Date
Class 3A	Motor cars without clutch pedals (Auto) with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight <= 2500kg	10 Oct 2018

NP 428A



CERTIFICATE OF INSURANCE



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Kwah Hwee Choo
Period of Insurance : 15 Aug 2019 To 14 Aug 2020
Engine No. : HR12179282J
Chassis No. : JN1TAAE12Z0980660

Vehicle No. : SMD3481A
Policy No. : 1800097539-01
Endorsement No. :
Issued Date : 05 Aug 2019

ABOUT THE COVER

Make/Model : NISSAN NOTE 1.2 (SUPERCHARGED/NON-SUPERCHARGED)
Engine Capacity/Tonnage : 1,198.00 CC **Sum Insured** : Market Value **First Year of Registration** : 2018
Driver Restriction : NA **Off Peak Car** : No **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 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 "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 than 2 years' driving 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 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), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, 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)

Kwah Hwee Choo - \$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. Autolution 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: Standard Chartered Bank (Singapore) Limited

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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500610411

TAN CHONG CREDIT PTE LTD-TSH
911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
SINGAPORE 589622 ANSP-MOTOR
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Mobile

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSPAYV

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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