

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	03/12/2019 10:20
Date Of Accident	02/12/2019 22:05
Exact Location Of Accident	PIE TOWARDS TUAS EXIT ADAM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK2206Z
Insured/Policyholder	
Name Of Registered Owner	LEE THIAM HOCK
NRIC No	S1121500I
Email Address	VINCENT_LEE168@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97881131
Alternative Phone No	Others-97881131

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY-1.6 (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	1900083147
Cover Note Number	

Driver

Name of Driver	LEE WEIQUAN
NRIC No	S8827137H
Date Of Birth	13/07/1988
Occupation	INDOOR
Date Of Driving Pass	30/08/2007
Driving Experience	12 YEARS AND 3 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97881131
Fax Number	
Contact Number	
E-Mail Address	VINCENT_LEE168@HOTMAIL.COM
Address	BLK 23 HUME AVE #02-05
Postcode	598729
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 - CHANGE/CROSS LANE
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)	2
Passenger 1	Name: : LEE THIAM HOCK Gender: : Male

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

ACCIDENT AHEAD. CHANGE LEFT LANE, CAR CAME FROM BEHIND AT FAST SPEED TURN LEFT TO EMERGENCY LANE AND CAME BACK TO KNOCK MY CAR ON THE FRONT LEFT SIDE.

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	SLJ3084T
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE HIRE

Name of Driver	PANDURANGAN S/O BALAKRISHNAN
NRIC/Passport Number	S1639202B
Contact Number	90669367
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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:

3/12/19
10.00 AM

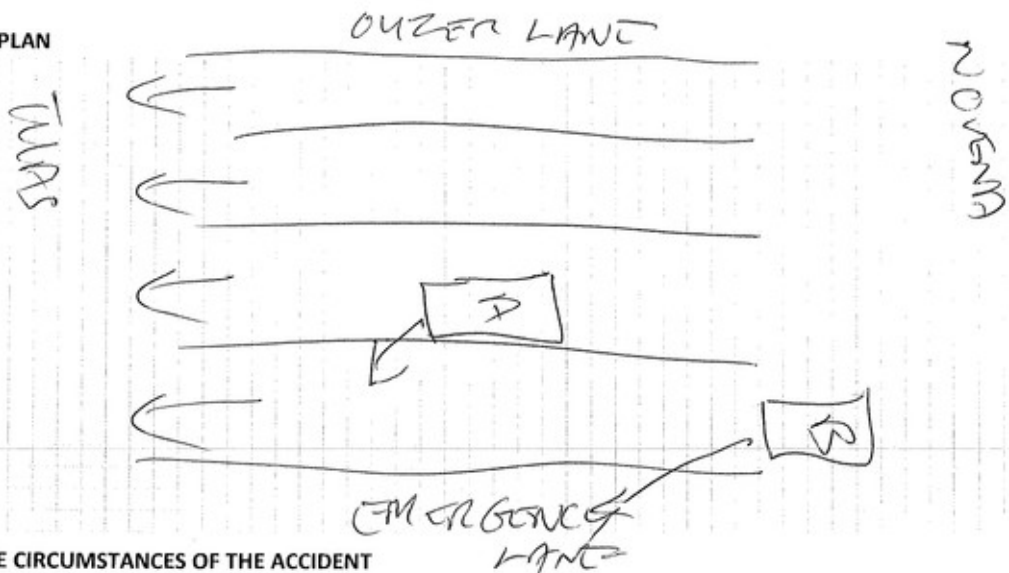
Driver's Signature
(If driver is not the policyholder)
Date & Time:

10. AM

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

T.C. AutoClinic Pte Ltd
1 SIXTH LOK YANG ROAD
SINGAPORE 629080
TEL: 6282 2212
FAX: 6282 3092

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ACCIDENT AHEAD. CHANGE LEFT LANE
CAR CAME FROM BEHIND AT FAST
SPEED TURN LEFT TO EMERGENCY LANE
& CAME BACK TO KNOCK MY CAR
ON THE FRONT LEFT SIDE

DECLARATION

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

Policyholder's Signature

Date & Time:

3/12/19 10 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

10 AM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

TC AutoClinic Pte Ltd
1 SIXTH LOK YANG ROAD
SINGAPORE 620090
TEL: 6262 2212
FAX: 6262 3092

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 2/12/19		Time 10.06am		2 Exact location of accident PIE TOWARDS TUDS EXIT A		To be signed by BOTH drivers	
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) LEE THIAM HOCK (A)			

Registration No. SMK2206Z (VEHICLE A)

6 Insured / policyholder (see insurance cert.)
Name LEE THIAM HOCK
(capital letters)

Address 23, HUME AVENUE
#02-0515/58729

NRIC / Passport no. S1215005

Tel no. (from 9am till 5pm) 97881131

HP

7 Vehicle
Make, type NISSAN SKLBY

8 Insurance company
AIG

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

Policy No. (if available) 1900083142

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

Name LEE WEI QUAN
(capital letters)

NRIC / Passport no. S8827137H

Class of licence 3

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



11 Visible damage to vehicle A

14 My remarks

15 Signatures of drivers

A

12 CIRCUMSTANCES

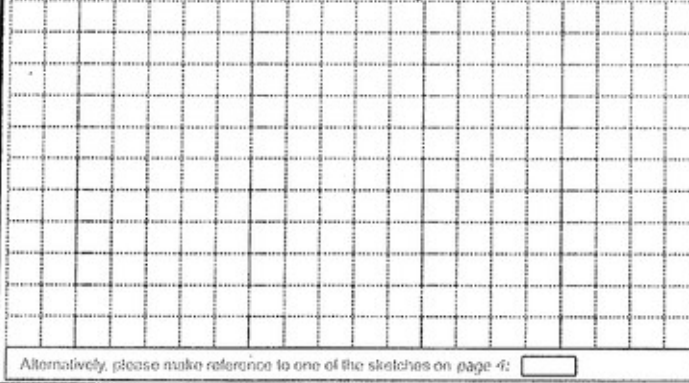
Put a cross (X) in each of the relevant boxes applicable to your vehicle

- | | |
|----|---|
| 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: ☐

15 Signatures of drivers

B

Registration No. SLJ3084T (VEHICLE B)

6 Insured / policyholder (see insurance cert.)
Name PANDURANGAN
(capital letters)

Address 1 KIRIHANAN

NRIC / Passport no. S1639202B

Tel no. (from 9am till 5pm) 90669367

HP

7 Vehicle
Make, type Toyota

8 Insurance company

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

Policy No. (if available)

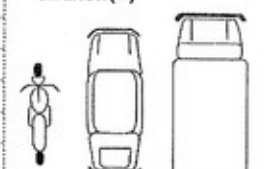
9 Driver (See driving licence)
(if different from insured B above)

Name
(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

15 Signatures of drivers

B

* 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) <u>SALES MGR</u> Email: <u>Vincent-lee168@hotmail.com</u>				
	2 Vehicle registration no. <u>SM162206Z</u> C.C. <u>1,598</u> 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				
	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. _____				
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 _____				
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>13/7/88</u>	<u>SALES ASSISTANT</u>	<u>12 YEARS</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability <u>NA</u>				
	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?
	<u>NA</u>				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)
	<u>NA</u>				
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
	If yes, please state which Police station _____				
Accident details	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
	If yes, against whom? _____				
	14 Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <u>ACCIDENT</u>				
	15 Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <u>ATHEAP</u>				
	16 Speed of vehicles A <u>10</u> km/hr B <u>70</u> km/hr				
Declaration	17 What warnings were given by driver or other party? <u>NO</u>				
	18 Were street lights illuminated? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
	19 What lights were displayed on your vehicle/the other vehicle(s)? <u>LEFT TURNING LIGHT</u>				
	20 If your vehicle is commercial, state weight of load carried at time of accident _____				
	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>[Signature]</u>		Date <u>3/12/19</u>		
	Driver's signature (if driver is not the policyholder) <u>[Signature]</u>		Date <u>3/12/19</u>		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1121500I



Name
LEE THIAM HOCK

李添福

Race
CHINESE

Date of birth
25-10-1955

Sex
M

S1121500I

Country/Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8827137H

Name
LEE WEIGUAN

Birth Date: 13 Jul 1988

Issue Date: 30 Aug 2007

0015259679

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8827137H



Name
LEE WEIGUAN

李偉銓

Race
CHINESE

Date of birth
13-07-1988

Sex
M

S8827137H

Country/Place of birth
SINGAPORE

6033247



NRIC No. S1121500I



Date of issue
27-09-2018

Address

BLK 23 HUME AVENUE
#02-05
SINGAPORE 598729

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

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 30 Aug 2007

NP 428A



Licence No. S8827137H

6109249



NRIC No. S8827137H



Date of issue
22-01-2019

Address

23 HUME AVENUE
#02-05
SINGAPORE 598729

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : LEE W E I QUAN
VEHICLE NUMBER : SMK 2206 Z
DATE/TIME OF ACCIDENT : 2/12/19 10.06 PM
PLACE OF ACCIDENT : P1E EXIT ADAM ROAD
THIRD PARTY VEHICLE (IF ANY) : SLJ 3084 T

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE
INTENDED DESTINATION BEFORE THE ACCIDENT?

NOVENA SHOPPING C 23
HUME AVENUE #02-05 (S) J98729

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON
THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE
CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS
THE RESULT?

NO. AFTER WORK AT PET
LOVERS SHOP IN NOVENA.

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE
DAMAGES TO ALL VEHICLES INVOLVED?

SLIGHT DAMAGE TO MY LEFT
FRONT CORNER.

THE OTHER PART IS LEFT RIGHT
REAR WHEEL SIDE

BUT A SLIGHT DAMAGE ONLY

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO

Jon

Name: Lee Weigun

NRIC: S 8827137H

Date: 3/12/2019

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

UNDERTAKING

UNDERTAKING

I, LEE WEIQUAN, (NRIC No. S8827137H), hereby
confirm that the Singapore Accident Statement lodged by me on 3/12/19
at 10 AM hours pertaining to the accident involving motor car Reg. No:
SM1C 2206 Z, in which I was the driver are true and accurate to the best of my
knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is
a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or
there is evidence emerges that there is a breach of policy terms and conditions, I
irrevocably undertake to absolve my insurer from all liability under the contract of
insurance and I undertake to re-pay any sums paid by my insurers pursuant to the
contract of insurance upon receipt of written demand by my insurers.

Signature : zen
Name of Insured / Driver : LEE WEIQUAN
Nric No. : S8827137H
Date : 3/12/19

Signature : LEE THIAM HOIC
Name of Policyholder : S1121500 I
Nric No. : 3/12/2019
Date : _____

CERTIFICATE OF INSURANCE



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Lee Thiam Hock
Period of Insurance : 30 Mar 2019 To 29 Mar 2020
Engine No. : HR16941096C
Chassis No. : MNTBBAB17Z0035061

Vehicle No. : SMK2206Z
Policy No. : 1900083147
Endorsement No. :
Issued Date : 15 Apr 2019

ABOUT THE COVER

Make/Model : NISSAN SYLPHY 1.6 PREMIUM
Engine Capacity/Tonnage : 1,598.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2019
Insuring with COE/PAF : Yes

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" ("YIDER") 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) 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)

Lee Thiam Hock - \$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 409023 64909566
3. TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 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: NA

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).

0500810479

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

Monle

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSCZ85

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

