MTC419164497 / TC AutoClinic Pte Ltd - Lok Yang ENTRY DATE & TIME: 14/12/2019 10:52 SUBMITTED BY: Ho Yue Meng

### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 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 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.
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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	14/12/2019 10:52
Date Of Accident	14/12/2019 00:15
Exact Location Of Accident	PIE TOWARDS TUAS NEAR TO CLEMENTI ROAD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLA3726Y
Insured/Policyholder	
Name Of Registered Owner	WONG YUEN SEN
NRIC No	S1277800G
Email Address	EDWINHBA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96193984
Alternative Phone No	Office-96193984
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?	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	2100454592-03
Cover Note Number	
Driver	
Name of Driver	HUANG BAO'AN, EDWIN
NRIC No	S9020210C
Date Of Birth	09/06/1990

**INDOOR** 

27/02/2009

10 YEARS AND 9 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-96193984

Fax Number

**Contact Number** 

**EMail Address** EDWINHBA@HOTMAIL.COM

APT BLK 244, JURONG EAST STREET 24 Address

#10-583

Postcode 600244 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

4

NO

NO

1

**General Information of the Accident** 

Type Of Accident **COLLISION - HEAD TO REAR** 

**Weather Conditions RAINING Road Surface** WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name JURONG EAST NEIGHBOURHOOD POLICE CENTRE

NO

NO

Police Station Address ROAD: NO. 92 BOON LAY WAY, POSTCODE: 609962, COUNTRY: SINGAPORE

**Police Station Contact** TEL NO: 1800-8999999 - FAX NO: 66655791

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT

Attachment(s)

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

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SJD5061B

Vehicle Make/Model/Colour SUZIKI SWIFT SPORT

**Details Of Properties** 

Vehicle Category Name of Driver PRIVATE CAR NG JUN JIE NRIC/Passport Number S9331331C **Contact Number** 

98767518

BLK 856, JURONG WEST ST 81 Address

#0-534

Postcode 640856

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SKX4108E

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SHB5407Y

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category **TAXI** 

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

### SKETCH PLAN

### 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.
- 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.
- 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.
- 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.

2

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

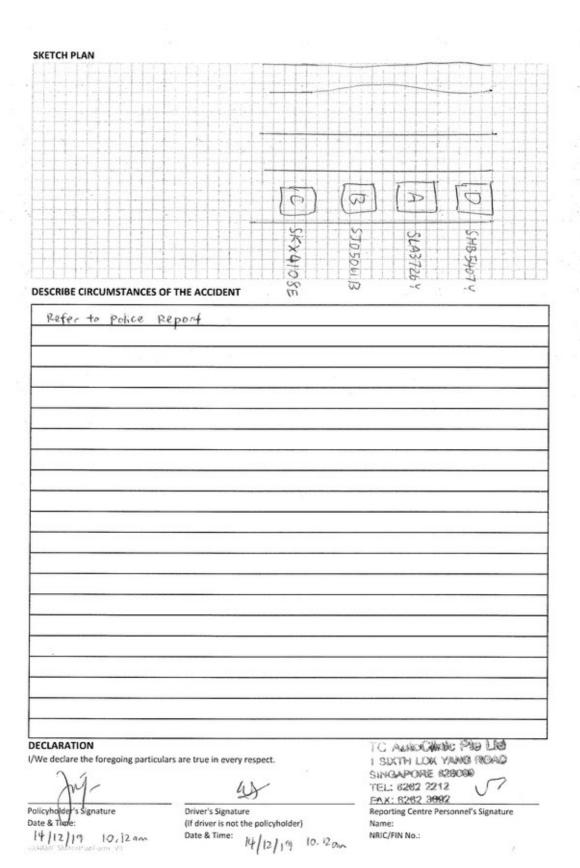
Date & Time:

TC AutoClinic Pto Ltd 1 SIXTH LOK YANG ROAD SINGAPORE 628090

TEL: 8262 2212 FAX: 6262 3692

Reporting Centre Personnel's Signature

NRIC/FIN No.:



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ame HUANG BAO AN E	DWIN	15				at road june		16	Name		
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Name WONG YUEN	SEN	A						В		NG JUN JIE	
(VEHICLE A)  G Insured / policyholder (see A	,	1.				to your v	relevant ehicle		[6] Insure	ed /policyholder (see /	nsurance cert.)
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4 Material damage To vehicles other than vehicles A		jects oth	ner than vehic	les			ne, address In vehicle A			nderlined if he/she	
14/12/2019 112:15	an PI	= +0	wards t	uasi	near	to Cler	nesti Ra	ad Ex	(1+	No V	es [] *
	2 Exact	location	n of acciden				to we	1 -	. 7	3 Injuries even	if slight
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	JAL STATEN d submitted within 26	hours to your	insurer or Idac or a	ppoin									
Insured	1 Occupation (if more than one, state all) 2 Vehicle registration no. C.C.				If commercial vehicle, state permissible carrying capacity								
Of which vehicle are you the owner?	3 Is driver the owner	r? Yes	No	If no,	state the vehicle number an	nd name of	Insurer o	f ddvar's o	own wel	nicle (where	opplicable)		
	4 Exact purpose for which vehicle was being used at time of accident CJ Private use CJ Commercial use CJ Hire & reward  Others - please specify							Teach					
O 8	5 Is the vehicle still 6 Are you claiming u If no, state action	inder your own i	insurance policy for rep	air to						Tel no.			
	7 Date of birth	Occupation (if more than o		Years of driving			Was vehicle driven with the insured's permission?				Was driver an employee of the insured's company?		
Driver or person in charge of vehicle at	09 06 1990	09 06 1990 In door			7 Feb 2009	Yes No			,	Yes	No		
the time of accident (including insured)	8 Give details of any	pre-existing im	pairment of sight or he	aring a	and of any other disabili	ty							
	9 Full details of all d	riving conviction	s including pending pro	osecuti	ons in the last 36 monti	hs			man of A (III or	To be	Maria de Caración		
	Date		(	Offence	l				1	Penalty			
							-					=	
	10 Name(s), address approximate age(	Injuries sustained		If vehicle occupants, state in which vehicle	Were seat belts being worn?			ing	Was injured conveyed to hospital by ambulance?				
Injured persons						Ye	-	No		Yes	No		
						Ye		No :	_	Yes :	No		
						Ye:	+	No :	-	Yes :	No No		
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of Vehicle registration no. or details of property Nature of damage							Insurer's name and add					
	12 Was the accident If yes, please stat			]	No								
Police action	13 Was notice of inte If yes, against wh		n given? Yes	]	No								
	14 Weather condition	s Clear		Rai	ning 🗸		Others	T					
	15 Road surface	15 Road surface Wet   Dry  Others											
	16 Speed of vehicles A O km/hr B km/hr												
Accident details	17 What warnings were given by driver or other party?												
	18 Were street lights illuminated? Yes No												
	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 foreg	going particulars	are true in every resp	ect									
	Policyholder's signa	ture	M		fA -		Date _					Name .	
	Driver's signature (	if driver is not	the policyholder)_		100		Date _						

### NOTICE OF REPORTING

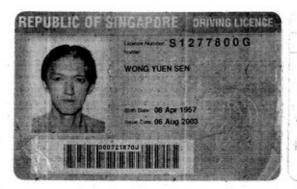
This is to confirm that Huang Bao'an, Edwin, NRIC: S9020210C, has reported to the Police a non-injury traffic accident which occurred along PIE towards Tuas, near to Clementi Road Exit on 14/12/2019 at about 12.15am involving the following vehicles:

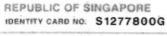
On 14/12/2019, at about 0015hrs, I was driving my Red Nissan Sylphy, SLA3726Y, along PIE towards Tuas, near Clementi Road Exit, on the first lane. I noticed the vehicles along the lane in front of me all slowing down. In front of me was a purple SMRT taxi, SHB5407Y, which was also slowing down and I slowed down my vehicle as well to almost a stop. Out of a sudden, I felt my vehicle jerk forward twice, causing my vehicle to hit into the SMRT taxi in front. I then got out of the car and noticed that a Yellow Suzuki Swift, SJD5061B, had hit into my car from the back and a Black Infiniti Q50 ,SKX4180E, had subsequently hit into the back of the Suzuki Swift. I noticed that the SMRT taxi shifted his vehicle slightly forward and then got out of his car as well. Ambulance and EMS came shortly to make a check and decided their assistance was not required. All four of the drivers, including myself, exchanged particulars and subsequently left the scene of the accident.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: S	Sgt (1) Preston Teng
Date:14/12/2019	Time: _0231hrs
S/D Ref:8	Jurong East Neighbourhood Police Centre
Police Post/Unit: _Jurong East l	NPC No 92 Boon Lay Way Singapore 609962
Original - to be issued to informant	Tel: 1800-8999999

Duplicate - to be submitted to Traffic Police







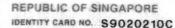
WONG YUEN SEN



Race CHINESE Onto of block 08-04-1957 SINGAPORE

S1277800G







HUANG BAO'AN, EDWIN

黄宝

CHINESE 09-06-1990 M

SINGAPORE

5995317

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES! Class 28 Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 or and 400 cc
Class 2 Motorcycles exceeding 400 cc
Motor Cars and Motor Tractors the weight of which unlaten does not exceed 2500 kilograms
Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms 24 Jul 1978 24 Jul 1978 24 Jul 1978 30 Sep 1976 02 Oct 1978



06-08-2018

APT BLK 244 JURONG EAST STREET 24 #10-583 SINGAPORE 600244

3728326 \$9020210C 15-06-2005

APT SEK 244 JURONG EAST STREET 24 #10-583 SINGAPORE 600244



# CERTIFICATE OF INSURANCE

### NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : WONG YUEN SEN
Period of Insurance : 01 Mar 2019 To 29 Feb 2020

Vehicle No.

: SLA3726Y

: HR16983966B

Policy No. Endorsement No. : 2100454592-03

Engine No. Chassis No.

: MNTBBAB17Z0026766

Issued Date

: 07 Feb 2019

### ABOUT THE COVER

Make/Model

: NISSAN SYLPHY 1.6 PREMIUM

Sum Insured : Market Value

First Year of Registration 2016

Engine Capacity/Tonnage : 1,598.00 CC Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : No

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 the 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)

WONG YUEN SEN - \$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 Usi Road 4 Singapore 408623 64908668
  3.TC AutoClinic Add: 25 Leng Kee Road Singapore 150097 67038511 67038512 67038513
  4.Tan Chong Motor Sales Add: 913 Buikt Trans Road Singapore 559622 84694091 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 hotine at +65 8338 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: United Overseas Bank Limited

0500610541

TAN CHONG CREDIT PTE LTD - NYJ 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





