

## 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	23/12/2019 09:39
Date Of Accident	20/12/2019 14:20
Exact Location Of Accident	LORONG 22 GEYLANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA7215D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIA LOY HUA
Passport No/FIN	SXXXX100J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83883180
Alternative Phone No	Office-83883180

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250
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?	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	2100459807-03
Cover Note Number	

### Driver

Name of Driver	TANG HWEE ENG
NRIC No	S6844737B
Date Of Birth	25/11/1968
Occupation	INDOOR
Date Of Driving Pass	25/03/1988
Driving Experience	31 YEARS AND 8 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-83883180
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 561 HOUGANG ST 51 #01-412
Postcode	530561
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)	2
Passenger 1	Name: : TANG KOK TIANG Gender: : Male

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT NO: T/20191220/7024. TRAFFIC POLICE HQ.

#### 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	SKW4313U
Vehicle Make/Model/Colour	TOYOTA WHITE

Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MIA MASHUD
NRIC/Passport Number	G7568985W
Contact Number	83217729
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLA7215D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. 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.
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.

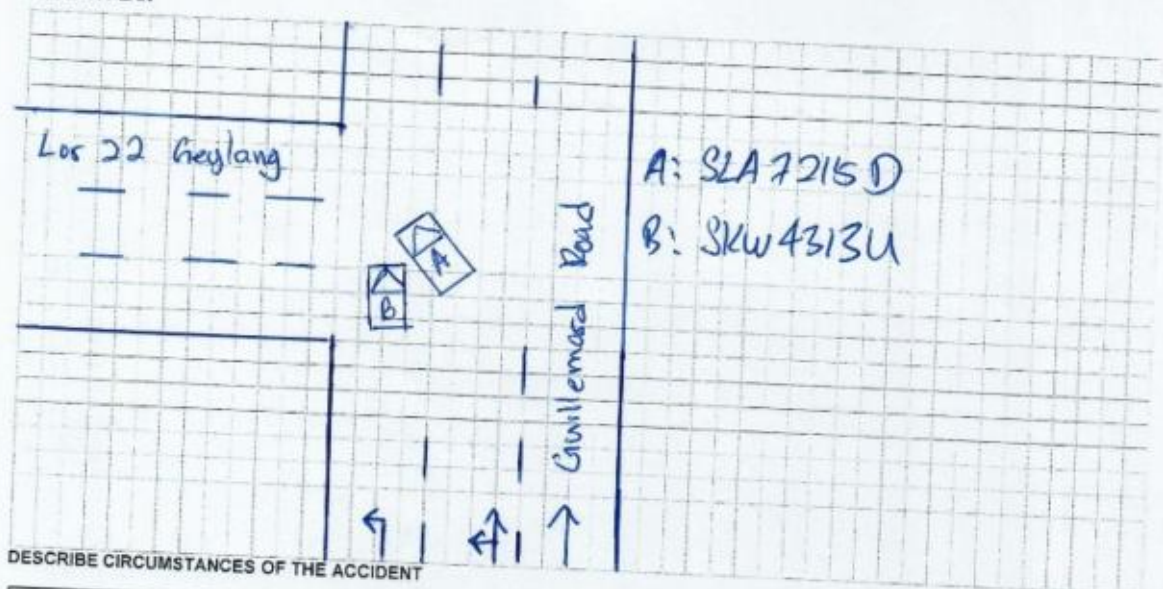
\_\_\_\_\_  
Policyholder's Signature  
Date & Time

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

**Go Chee Han**  
DID : 6771 4336 HP : 9181 7717  
Email : cheehan.go@cyclecarriage.com.sg  
Cycle & Carriage Industries Pte Ltd  
Customer Service Centre - Pandan Loop

\_\_\_\_\_  
Reporting Centre Personnel's  
Name:

SKETCH PLAN



Refer to police report T/20191220/7024.

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature  
Date & Time

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

**Go Chee Han**  
DID : 6771 4336 HP : 9181 7717  
Email : cheehan.go@cyclecarriage.com.sg  
Cycle & Carriage Industries Pte Ltd  
Customer Service Centre - Pandan Loop  
Reporting Centre Personnel's  
Name:





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20191220/7024

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Report No. T/20191220/7024

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/12/2019 21:52		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TANG HWEE ENG			Address: APT BLK 561 HOUGANG STREET 51 #01-412 SINGAPORE 530561		
ID Type / ID No.: NRIC NO / S6844737B			Contact No.: Home/Office: Mobile: 91918903		
Nationality: SINGAPORE CITIZEN			Email: chefdoeuvre@hotmail.com		
Sex: Female	Age: 51	Date of Birth: 25/11/1968	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/12/2019 14:20	Type of Location: T-Junction
Location: LORONG 22 GEYLANG				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKW4313U	Car	TOYOTA	?	White	Slightly Damaged	1
SLA7215D	Car	MERCEDES BENZ	E250	White	Seriously Damaged	2

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLA7215D	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100459807-03	01/04/2019	31/03/2020

Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20191220/7024

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Report No. T/20191220/7024

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MIA MASHUD	ID No.	G7568985W
Related Vehicle	SKW4313U (Car)	Contact No.	83217729
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: 19/11/2022
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TANG HWEE ENG	ID No.	S6844737B
Related Vehicle	SLA7215D (Car)	Contact No.	91918903
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/12/2019	Date Discharge	20/12/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	TANG KOK TIANG	ID No.	S1048443Z
Related Vehicle	SLA7215D (Car)	Contact No.	86138122
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/12/2019	Date Discharge	20/12/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

At 1420 Hours, I was driving along Guillemard Rd intersection of Lor 22 Gelyang.

As I signalled left to make a left turn into Lor 22 Gelyang while on the second lane, I was hit by a vehicle one SKW 4313 U (White Toyota) driven by one Mia Mashud, License number G7568985W. The damage to my vehicle included both doors located on the left side of my vehicle (SLA 7215D)

I wish to state that during the turn, the lights were in favour for our vehicles to proceed straight and turn left.

**Accident Sketch Plan**



**SINGAPORE  
POLICE FORCE**



T/20191220/7024

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
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Report No. T/20191220/7024

**CONTINUATION OF REPORT**

He was travelling on the extreme left lane when he collided with my vehicle. When he was confronted, he insisted that the said vehicle SKW 4313 U belongs to his employer and he has no fault in this accident.

No ambulance was called to scene at that point of time. However, I felt discomfort along with my father one Tang Kok Tiang S1048443Z who was on the side of the impact. My father was seen by at GP at a nearby GP clinic - Boston Medical and was given with 4 days medical certificate for discomfort and pain. I have seen a doctor after feeling lethargic and palpitations, the doctor assessed me, and I was given 3 days' worth of medical certificate.

Both vehicles were stationary during the photo taking. It shows that his vehicle one SKW 4313 U's turning radius was away from his lane (See attached photos 1 - showing another van that is not involved that is able to make a left turn) and there was space for another vehicle to perform a left turn. Another angle showing the position of my vehicle was positioned for the left turn that is cleared of the extreme left lane's turning radius. (attached photo 2 and 3)  
Attached photos 4 and 5 shows the extent of damage to both our vehicles.

I wish to state that I do NOT have an in-car camera installed.

Attached is a drawing of the accident with labels (Photo 6)

Photo 7 and 8 is MC for both my father and I

Photo 9 is the Driver's license of the other party

I have made an appeal for witnesses online for any video evidence.

**Accident Sketch Plan**





**SINGAPORE  
POLICE FORCE**

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10 Ubi Avenue 3 SINGAPORE 408865  
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T/20191220/7024

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Report No. T/20191220/7024

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
YEO GEAK ENG CECILIA  
Contact No.: 65476404

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
20/12/2019 21:52

Classification Of Case:

**Accident Sketch Plan**



# CERTIFICATE OF INSURANCE

## AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Chia Loy Hua  
Period of Insurance : 01 Apr 2019 To 31 Mar 2020  
Engine No. : 27186030486490  
Chassis No. : WDD2120472A634713

Vehicle No. : SLA7215D  
Policy No. : 2100459807-03  
Endorsement No. :  
Issued Date : 23 Feb 2019

### ABOUT THE COVER

Make/Model : MERCEDES BENZ E250 CGI BE

Engine Capacity/Tonnage : 1,796.00 CC

Driver Restriction : NA

Person or Classes of Persons Entitled to Drive\* :

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2012

Insuring with COE/PARF : 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 3 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.

Limits of Use 1500cc - 1600cc Optional

\* 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 - \$500 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Chia Loy Hua - \$800 (Own Damage), Tang Hwee Eng - \$800 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (for claims related repairs)  
Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).  
For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6348 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG 80 Mobile App. Simply search and download "AIG 80" from iTunes or Google Play.

### IMPORTANT NOTES


Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

I/We hereby certify that this 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, 1989 (Malaysia).

0501366000

LOH WEN SHEK EDMOND  
BLK 360 HOUGANG ST. 31 #08-402  
SINGAPORE 630660 ANSP-ROYALSUN

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

  
AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE  
ACTUARY/LEGAL

Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S 6 8 4 4 7 3 7 B**

Name:

**TANG HWEE ENG**

Birth Date: **25 Nov 1968**

Issue Date: **20 Feb 2004**



FOR C&C USE ONLY

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

Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

25 Mar 1988

FOR C&C USE ONLY

NP 428A





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





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