





## 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	10/01/2020 12:32
Date Of Accident	09/01/2020 18:15
Exact Location Of Accident	ULU SEMBAWANG FLYOVER TOWARDS CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN3616B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOH YEW MENG (SU YAOMING)
NRIC No	SXXXX774D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90709666
Alternative Phone No	OTHERS-90709666

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER-2.0 (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	1900163932
Cover Note Number	

### Driver

Name of Driver	SOH YEW MENG (SU YAOMING)
NRIC No	SXXXX774D
Date Of Birth	02/07/1971
Occupation	INDOOR
Date Of Driving Pass	10/04/1989
Driving Experience	30 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90709666
Fax Number	
Contact Number	OTHERS-90709666
Email Address	NOEMAIL

Address	BLK 109 SERANGOON NORTH AVENUE 1 #12-663
Postcode	550109
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?	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)	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

PLEASE REFER TO SKETCH PLAN

#### 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	SJR8965A
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 INJURED PERSON 1

Name	SOH YEW MENG (SU YAOMING)
------	---------------------------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMN3616B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

# SKETCH PLAN

VEHICLE NO.: SMN 3616B

INSURER : A14

DATE & TIME: 09/01/2020 1615


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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.

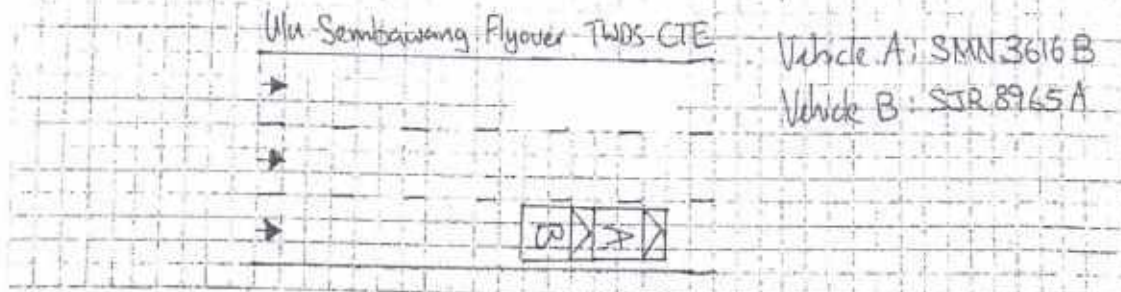
  
Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Personnel's Signature  
Name: Keshav  
NRIC/FIN No: 1061/2020



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, Vehicle A (SMN3616 B) was travelling slowly on the most right lane at the stated location as the traffic was congested. Suddenly, I felt a huge impact on the rear portion of my vehicle. I alighted and realised Vehicle B (SJR8965 A) had collided onto my vehicle.

Note : Please note that your Insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

## 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:

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

( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( )

Date of Accident : 09-Jan-2020 Accident Time: 1815 (24-HR-FORMAT)

Accident Place : Ulu Sembawang Flyover TWDS CTE

Vehicle Reg. No (Car plate No.) : SMN 3616 B Vehicle Make/Model: Toyota Harrier

Insurance Company : ATG Policy No. 1900163932

Name of Registered Owner : Company / Individual Soh Yew Meng (Su Yao Ming)

ID of Registered Owner : Co Reg No: \_\_\_\_\_ Owner's NRIC No: 57121774D

: Co Contact No: \_\_\_\_\_ Owner's Contact No: 9070 9666

DRIVER'S Name : Soh Yew Meng DRIVER'S NRIC No: 57121774D  
(Su Yao Ming)

DRIVER'S Date of Birth : 02-07-1971 DRIVER'S License Pass Date 10 Apr 1989

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner

DRIVER'S Address : APT BLK 109 Serangoon North Avenue 1 # 12-663 Singapore 550109

DRIVER'S Contact No. / Alt No. : 1) 9070 9666 2) \_\_\_\_\_

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : \_\_\_\_\_

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim \ Other Party \ Claim Own Insurance

Number of Passengers (including Driver): 1 Passenger Name: \_\_\_\_\_ Gender: M/F

Was the accident reported to the police? YES NO Passenger Name: \_\_\_\_\_ Gender: M/F

Was there any video Captured by car camera: YES NO Any Injuries: YES / NO Injured Name: Soh Yew Meng

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SJR 8965 A</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Vehicle No. : 3NH22746  
Policy No. : 190152052  
Endorsement No. :  
Issued Date : 24 Sep 2019

Sum Insured : Market Value	First Year of Registration : 2015
Oil Peak Car : No	Insuring with <b>DOHA AB</b> : Yes

You will receive your refund by direct deposit or check. If you are unable to provide your bank information, we will mail your refund by check. Please allow 7-10 business days for processing.

[illegible]

1. Individuals are required to complete the Section 8 of the Home Valuation and Ownership Report (Form) only if they are a "qualified person" as defined in the Uniformed Services of the United States Act 2010, and not by an individual who is not a "qualified person".

## 2004-2005-1000

Approved Reporting Centers (ARC) Authorized Repairs (For claims related repairs)  
Any accident reports for the vehicle must be received out by one of our Authorized Repairs. Within the first 3 months of the accident at the vehicle at any location. You have the option of having one of our ARC (Approved Reporting Centers) Authorized Repairs, please contact our 24-hour accident emergency hotline at 1-877-834-4242. Alternatively, you may refer to the ARC website: [www.aarc.org](http://www.aarc.org) or ARC 911 Mobile App. Simply search and download "ARC 911" from iTunes or Google Play.

We hereby certify that the policy to which the Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicle Third Party Liability and Compensation Act (C.M. 1985, Part IV, the Road Transport Act, 1985) (hereinafter "Road Transport (Compensation) Act 1985") and Motor Vehicle Third Party Liability Act, 1985 (hereinafter "Third Party Liability Act, 1985").



**AIG**

# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : SOH YEW MENG  
Period of Insurance : 24 Sep 2019 To 23 Sep 2020  
Engine No. : 3ZRB681840  
Chassis No. : ZSU600064935

Vehicle No. : SMN3616B  
Policy No. : 1900163932  
Endorsement No. : 000000000312925  
Issued Date : 04 Nov 2019

## ABOUT THE COVER

Make/Model : TOYOTA HARRIER 2.0  
Engine Capacity/Tonnage : 1,998.00 CC  
Driver Restriction : NA  
Person or Classes of Persons Entitled to Drive\* :

Sum Insured : Market Value  
Off Peak Car : No

First Year of Registration : 2015  
Insuring with COE/PAFF : 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" ("YIDEX") 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.

10 Sin Ming Drive Singapore 575701  
www.lta.gov.sg

04 Oct 2019

Our ref 0410190203N061007889

SOH YEW MENG (SU YAOMING)  
APT BLK 109 SERANGOON NORTH AVENUE 1  
#12-663  
SINGAPORE 550109

Dear Sir/Madam

**You Have Successfully Replaced Vehicle Registration No. SMN2274K  
With SMN3616B**

You have successfully replaced your vehicle registration number. The vehicle, whose previous number was SMN2274K, now has the number SMN3616B.

The vehicle details after the transaction are:

Transaction No.	: 20191004205355136579
Vehicle Registration No.	: SMN3616B (Previously SMN2274K)
Vehicle Make	: TOYOTA
Vehicle Model	: HARRIER 2.0 PREMIUM AT AIRBAG 2WD
Chassis No.	: ZSU600064935
Engine No./ Motor No.	: 3ZRB681840 / -

**What You Need To Do:**

- You must show the new number SMN3616B on your vehicle by 07 Oct 2019.

Please change the number plates on this vehicle to show SMN3616B by 07 Oct 2019. Otherwise, it is an offence and the penalty is a fine of up to \$2,000 or imprisonment of up to 6 months, or both.

Visit [www.onemotoring.com.sg](http://www.onemotoring.com.sg) for more information and to access a wide range of vehicle-related services. If you need a SingPass or CorpPass account, visit [www.singpass.gov.sg](http://www.singpass.gov.sg) or [www.corppass.gov.sg](http://www.corppass.gov.sg).

Yours sincerely

Assistant Registrar of Vehicles  
VRL Service Operations  
Land Transport Authority

[This letter is computer-generated, no signature is required.]