

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	20/01/2020 09:43
Date Of Accident	19/01/2020 16:20
Exact Location Of Accident	BUKIT BATOK EAST AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDB7851G
Insured/Policyholder	
Name Of Registered Owner	LEONG YOKE CHENG, JUSTINA
NRIC No	S0046989J
Email Address	JUSTINACHIEN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97592441
Alternative Phone No	OFFICE-97592441

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.6 A
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?	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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	2100023597-12
Cover Note Number	

Driver

Name of Driver	DAVID CHIEN WAI KUAN
NRIC No	S0226037I
Date Of Birth	01/02/1950
Occupation	INDOOR
Date Of Driving Pass	05/11/1969
Driving Experience	50 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96247602
Fax Number	
Contact Number	
Email Address	WKCHIEN@YAHOO.COM.SG

Address	132 HILLVIEW AVE #06-04
Postcode	669597
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 - 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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

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	SHA9310X
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	YELLOW TAXI
Vehicle Category	TAXI
Name of Driver	OH KIM BENG
NRIC/Passport Number	S0156080H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

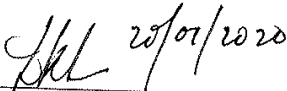
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8. Consent under the Personal Data Protection Act (PDPA)

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.

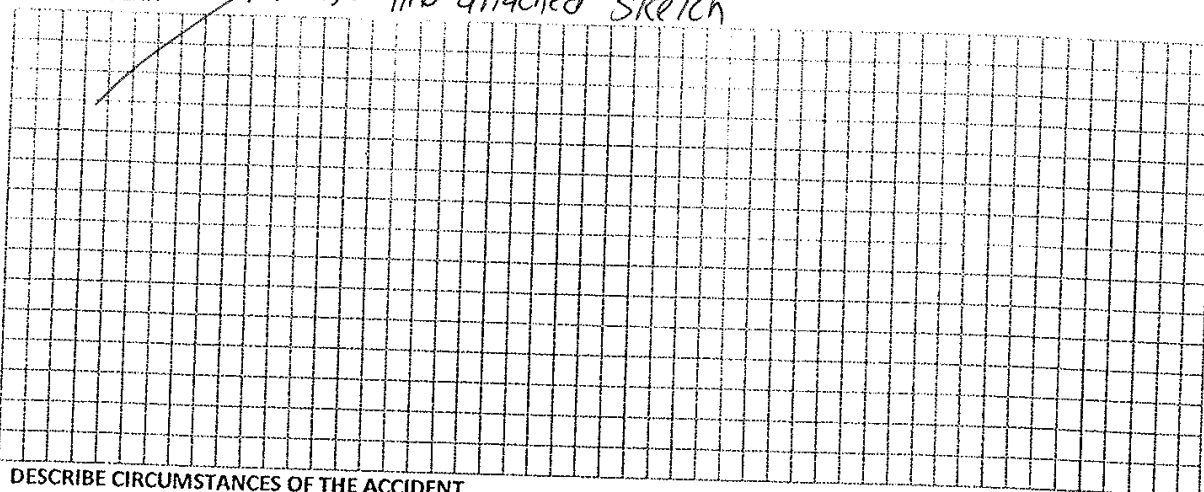
Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

→ Please find attached sketch *S1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19th Jan 2020, I was traveling along Bukit Batok East Ave 4 towards the direction of Bukit Batok East Community Club. There was a ~~stationary~~ stationary yellow CityCab SHA9310X which did not have hazard light or signal lights on. SHA9310X was stationary on the left shoulder of the road. I proceeded to slow down and signaled to take over. When my car passed him, SHA9310X accelerated from his stationary position and hit the front bumper/fender of my car. There were no prior warning (light signal/s) from SHA9310X. Time of accident is 4pm ~ 4:20pm timeframe estimated. Police reported.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

- | | |
|---|----------------------------------|
| | - Reporting Only |
| | - Claim OD |
| ✓ | - Claim TP |
| | - Claim OD/ TP at other workshop |

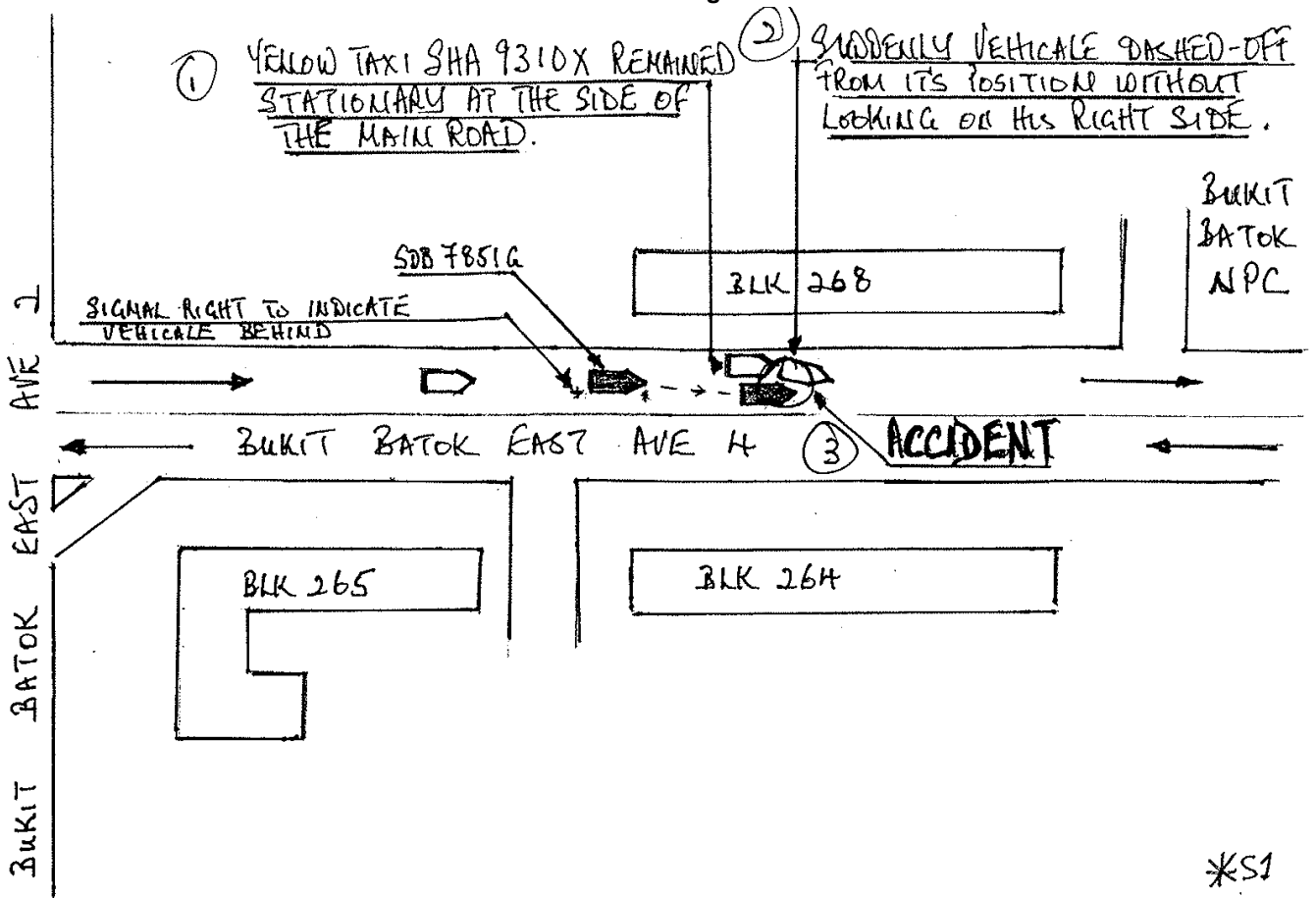
DECLARATION

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

Policyholder's signature
Date & Time

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

Reporting Centre Personnel's Signature
Name: Rakosman
Nric/Fin No.





CERTIFICATE OF INSURANCE

PRIVATE AUTO THIRD PARTY FIRE AND THEFT PRIVATE VEHICLE

Name of Policyholder : Leong Yoke Cheng Justina
Period of Insurance : 30 May 2019 To 29 May 2020
Engine No. : 4G18JB1647
Chassis No. : JMYSTCS3A7U011621

Vehicle No. : SDB7851G
Policy No. : 2100023597-12
Endorsement No. :
Issued Date : 08 May 2019

ABOUT THE COVER

Make/Model : MITSUBISHI LANCER 1.6 GLX
Engine Capacity/Tonnage : 1,584.00 CC
Driver Restriction : NA
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2007
Insuring with COE/PAFF : 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.

Age Condition : 40 years old and above

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.

* 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 Theft - \$0

Section 2

Property Damage - \$0

Windscreen : NA

Named Driver and Excess (where applicable)

Leong Yoke Cheng Justina, Chien Wai Kuan David

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 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: DBS BANK LTD

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).

0500720714

CYCLE & CARRIAGE - LINDA (MIT)

239 ALEXANDRA ROAD

SINGAPORE 159930 ANSP - MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Y. J. Tan

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

AIGSGMOBILEAPP

Identification Card & DL of Driver Pg. 1

S02260371

DAVID CHIEN WAI KUAN

錢偉君

Race
CHINESE

Date of birth
01-02-1950

Country/Place of birth
SINGAPORE

Sex
M

FOR ACCIDENT CLAIM
USE ONLY

Identification Card & DL of Driver

Licence Number: S02260371

Name: DAVID CHIEN WAI KUAN

Birth Date: 01 Feb 1950

Issue Date: 09 Feb 2004

001113120D

6258736

NRIC No. S02260371

Date of issue
08-08-2019

Address
132 HILLVIEW AVENUE
#06-04
SINGAPORE 669597

FOR ACCIDENT CLAIM
USE ONLY

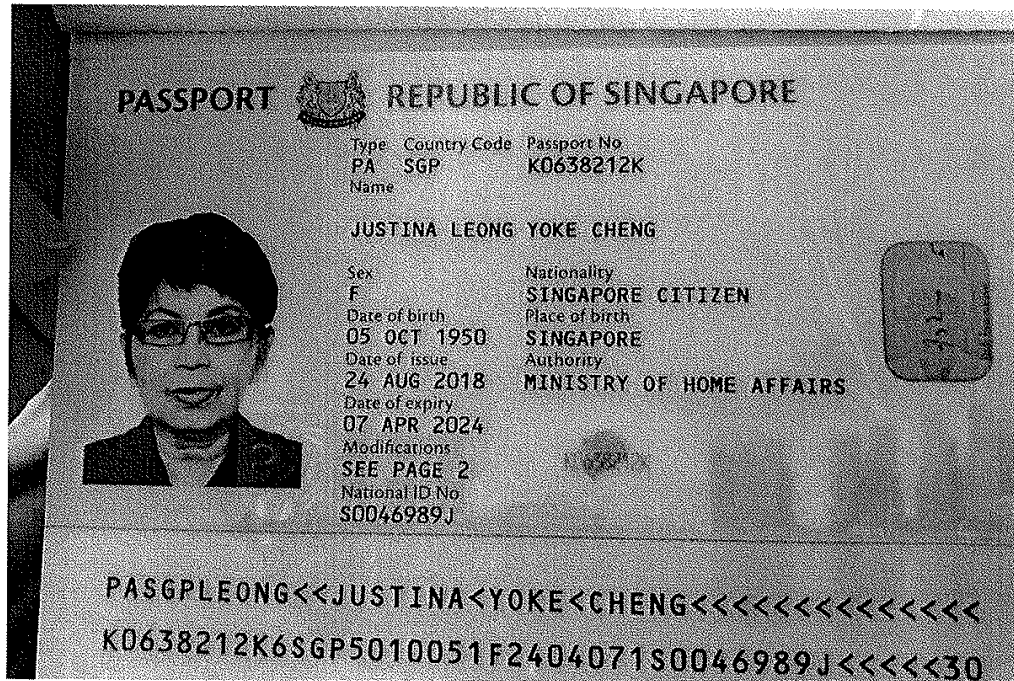
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE: 05 Nov 1969

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms


NP 428A

Licence No: S02260371



Owner Authorization Pg. 1

I (Owner Name) LEONG YOK CHENG ^{JUSTINA} i/c 50046989J owner of this
car no. SDB 7851 G authorize the driver (Name) CHIEN WAI KUAN DAVID i/c no.
502260371 to file accident report which happened on (Accident Date)
19/01/2020 at (Location) BUKIT BATOK EAST AVE 4.

Owner's Name :  ^{LEONG YOK CHENG} JUSTINA ~~CHI~~
Signature :

Annex D

NOTICE OF REPORTING

This is to confirm that David Chien Wai Kuan, S0226037I has reported to the Police a traffic accident which occurred on 19/01/2020 at about 1620hrs along Bukit Batok East Avenue 4 in front of the open space entrance carpark of Blk 268-287 Bukit Batok East Avenue 4. The traffic accident does not consist of the below following criteria:

- i) Involvement with Pedestrian/Cyclist
- ii) At this moment, involving parties did not obtain more than 3 days of Medical Leave.
- iii) No Government property/vehicle damaged
- iv) Hit and Run Accident
- v) No foreign vehicle was involved
- vi) Nobody involved in the accident was conveyed by ambulance

Involving the following vehicles:

- V1) SDB7851G, (Driver: David Chien Wai Kuan, S0226037I, HP: 96247602)
- V2) SHA9310X (Driver: Oh Kim Beng, S0156080H)

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: Sgt(2) T180255 Garrison Chua

Date: 19/01/2020

Time: 1640hrs

S/D Ref: 62

Police Post/Unit: Bukit Batok NPC


BUKIT BATOK NPC
No. 20 BUKIT BATOK EAST AVE 4
SINGAPORE 659840
TEL: 1800-665 9999

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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