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 <u>truthful and accurate</u> 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.
- 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

foresaid.	
	ACCIDENT STATEMENT
Date Of Report	03/02/2020 14:59
Date Of Accident	01/02/2020 14:30
Exact Location Of Accident	BUKIT TIMAH EXPRESSWAY (NEAR TO SLE EXIT)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL5371R
Insured/Policyholder	
Name Of Registered Owner	CHUA KOK CHUAN
NRIC No	S7116181A
Email Address	DAVIDCHUAKC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98375267
Alternative Phone No	Office-98375267
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
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
lf 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	21000502748-03
Cover Note Number	
Driver	
Name of Driver	CHUA KOK CHUAN
NRIC No	S7116181A
Date Of Birth	04/05/1971

INDOOR

27/09/1999

20 YEARS AND 4 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-98375267

Fax Number

Contact Number OFFICE-98375267

EMail Address DAVIDCHUAKC@GMAIL.COM

Address 60 CHUA CHU KANG AVE 5 #07-02

Postcode 688191 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 CHAIN COLLISION

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

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 : SOPHIA KOK Name:

> Gender: : Female

Passenger 2 Name: : MADAM LIM Gender: : Female

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name CHOA CHU KANG NPC

ROAD: 20 CHOA CHU KANG ST 52 #01-02, POSTCODE: 689286, COUNTRY: Police Station Address

SINGAPORE

NO

3

NO

NO

YES

NO

3

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera?

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SLH3945H

VOLKSWAGEN SPORTSVAN

PRIVATE CAR

PRISCILLA FUN RUI TING

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLB7958M Vehicle Make/Model/Colour TOYOTA WISH

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.
- 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)
 - (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: O

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GGARMC SketchPlanForm_V3

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SKETCH PLAN		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	3) SLE 537(Q	A
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
There I war me. I a stop on in .	or a should 2; one BKE near a fur rehider polled E- brake time, However t	the SLE exit: piled up ahead of and managed to
and collided The result to ruch Vehicle al	orto the rear informact court	of hote in time
nportant: ou have been advised by the works	nop that in the event that you wish to	- Reporting Only
THE OF THE PARTY AND THE PROPERTY OF THE PARTY OF THE PAR	OIMI Thoroic - FOLIDYERS ()	- Claim OD
om the day of the occurrence.	ADE within the stipulated time frame	- Claim TP
CLARATION		- Claim OD/ TP at other workshop
WE declare the foregoing particular	alars are true in every respect.	
olicyholder's signature ate & Time 3 2	Driver's Signature (if driver not the policyholder)	Reporting Centre Personnel's Signature

Nric/Fin No.

Date & Time



CERTIFICATE OF INSURA

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Chua Kok Chuan

Period of Insurance : 28 Feb 2020 To 27 Feb 2021

Engine No. : HRA2349804A

Chassis No. : SJNFEAJ11U1815088 Vehicle No.

Issued Date

: SLL5371R

Policy No. : 2100502748-03

Endorsement No.

: 28 Jan 2020

ABOUT THE COVER

Make/Model : NISSAN QASHQAI 1.2 DIG-TURBO

Engine Capacity/Tonnage : 1,197.00 CC

Driver Restriction : NA Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2017

Insuring with COE/PARF : 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.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

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 fullion, driving test, racing, pace-making, reliability trial or speed-lessing, 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), Section 95 of the Road Transport Act, 1967 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2 Property Damage - \$0

Named Driver and Excess (where applicable)

Chua Kok Chuan - \$600 (Own Damage), \$600 (Flood Cover)

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

- 1.TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513 2.TC AutoClinic Add: No.1, Sixth Lok Yang Road Singapore 628099 62622212 3.AutoRotion Industrial Add: 19 Ubi Road 4 Singapore 40823 64909666 4.Tan Chong Motor Sales Add: 913 Bukit Timah Road Singapore 590623 64694091 64694092 64694093 5.Tan Chong Motor Sales Add: 17 Loreng 8 Toa Payoh Singapore 319254 63570753 63570754

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency holline at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.5g or AIG SG Mobile App. Simply search and download "AIG SG" from ITunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

IMVe 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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500610354

TAN CHONG CREDIT PTE LTD-LTF

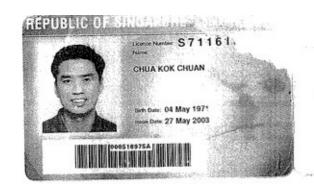
AIG Asia Pacific Insurance Pte. Ltd.

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913 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE SINGAPORE 589623 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

55PC81







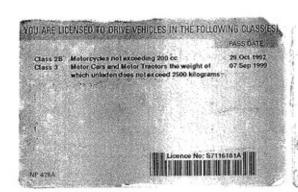
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CHUA KOK CHUAN

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CHINESE
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O4-05-1971 M
Country of Beth
SINGAPORE









Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286

Tel No: 1800-7659999

1 of 4 Report No. T/20200201/2112

REPORT OF A TRAFFIC ACCIDENT

	ne Report I 020 18:14	Made:	Vide Report No.:	Station Diary No.: 155			
Informa	nt's Partic	ulars	TO A GOLD THE STATE OF THE STAT				
CHUA K	of Informant: KOK CHUAN		Address: 60 CHOA CHU KANG AVENUE 5 #07-02 SINGAPORE 688191				
	/ ID No.: O / S71161	81A	Contact No.: Home/Office:	Mobile: 98375267			
National SINGAR	lity: PORE CITIZ	ΈN	Email:				
Sex: Male	Age: 48	Date of Birth: 04/05/1971	Type of Informant: Driver				
Race: Chinese			Language:	Institution / School Name:			
Occupat Civil Ser			Driving Licence Information:	Date of Evening			

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 01/02/2020 14:30	Type of Location Straight Road
Location: Along Road 1 BUKIT TIMAL Near to SLE	I EXPRESSWAY			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
		Traffic Control:		T15 - 14-1
Traffic Flow: One Way		Not Controlled		Traffic Volume: Moderate

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLB7958M	Car	ТОУОТА	WISH 1.8X CVT ABS D/AIRBAG 2WD 5DR	White	Slightly Damaged	0
SLH3945U	Car	VOLKSWAGO	SPORTSVA	White	Slightly	1
		N	N 1.4 AT AM13HZ CL		Damaged	





Report No. T/20200201/2112

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

CONTINUATION OF REPORT

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLL5371R	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	White	Slightly Damaged	2

Details of V	ehicle Insurance	- A04 - 1 - 1 - 1 - 1 - 1		SERVICE TO SERVICE
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL5371R	AIG ASIA PACIFIC INSURANCE PTE.	2100502748-02	28/02/2019	27/02/2020

Details of Perso	on Involved	THE REPORT OF	100000000000000000000000000000000000000	SI PALO		
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Per	destriar	Cross	sing: NA
Driver	Mary entry water that are a	the september				A BOOK IN A
Name	Soh Wei Hao			ID No		S8421823E
Related Vehicle	SLB7958M (Car)			Conta	ct No.	98626156
Hospital/Clinic	NIL			Class Driving Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	
Driver		327 SE 717	S SECTION AND ADDRESS.	99899		
Name	Priscilla Fun Rui Ting)		ID No.		S8932010J
Related Vehicle	SLH3945U (Car)			Conta	ct No.	91896764
Hospital/Clinic	NIL			Class Driving Licence Expiry	g e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	-	NIL:	
No. of Days gran	ted Medical Leave	NIL	Degree of			





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

3 of 4 Report No. T/20200201/2112

CONTINUATION OF REPORT

Mana	O		A STATE OF THE PARTY OF THE PAR	A POSSESSION POLICES	STATE OF THE OWNER, TH	the plant of their control to the property of the party o
Name	CHUA KOK CHUAI	N		ID No		S7116181A
Related Vehicle	SLL5371R (Car)			Conta	ct No.	98375267
Hospital/Clinic	NIL			Class Drivin Licen	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL ·		Date Disc	-	NIL	
No. of Days grant	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 01/02/2020 at about 1430hrs, I was driving in V1 (SLL5371R) along Bukit Timah Expressway on the 2nd lane on the right.

While I was nearing SLE exit, V2 (SLB7958M) ahead suddenly applied E-brake in front. Thus I applied E-brake at the same time and managed to stop in time.

However, V3 (SLH3945U) behind couldn't brake in time and collided onto the rear of my vehicle , V1. The impact resulted my vehicle to inch forward colliding onto V2's rear bumper ahead.

After the accident, all 3 of us exited our vehicle and exchanged our particular. No one was observed to be injured thus we left the place shortly. My vehicle suffered from a few dent on the rear bumper, front bumper, Front bonnet and right rear door.

I wish to state that further ahead along BKE, there were another 3 vehicle which are involved in Road Traffic accident.

I am lodging this report for insurance claim purpose.





Report No. T/20200201/2112

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

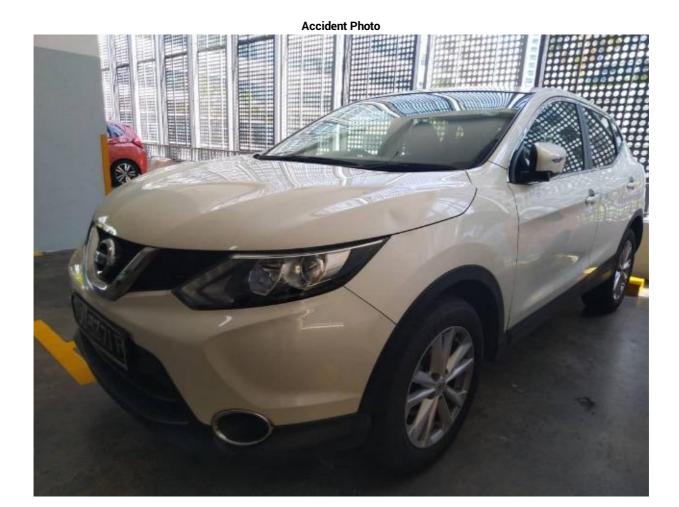
CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

18:14
18:14
18:14
n Of Case:





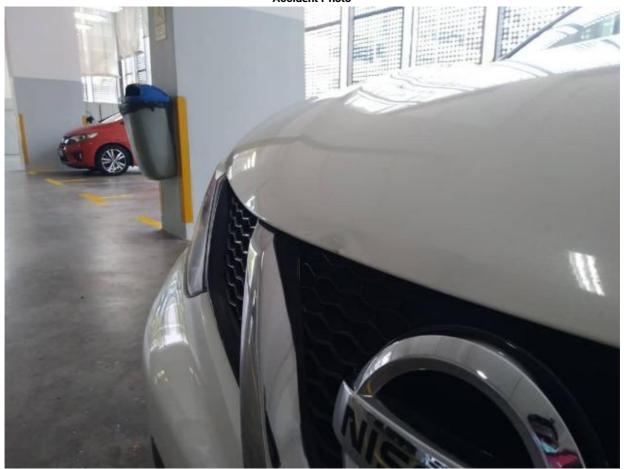




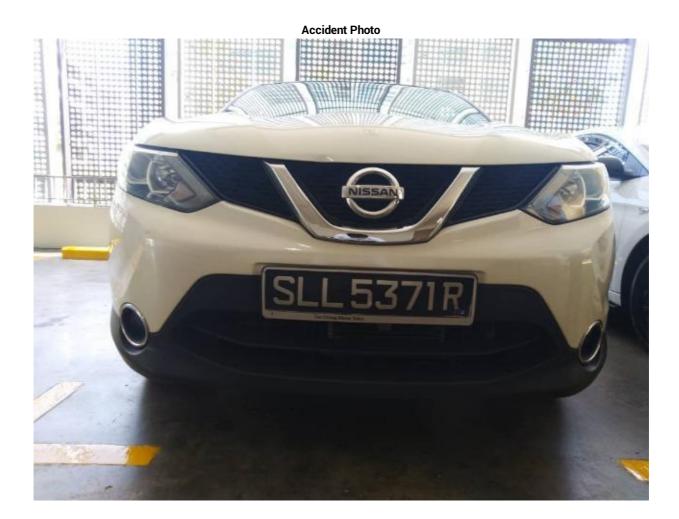


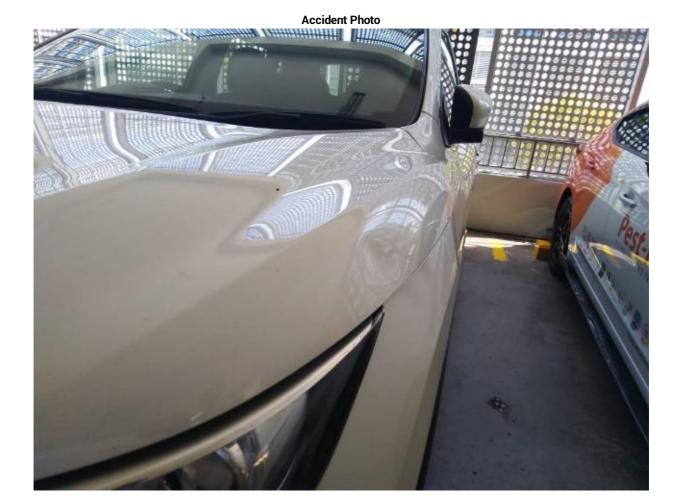






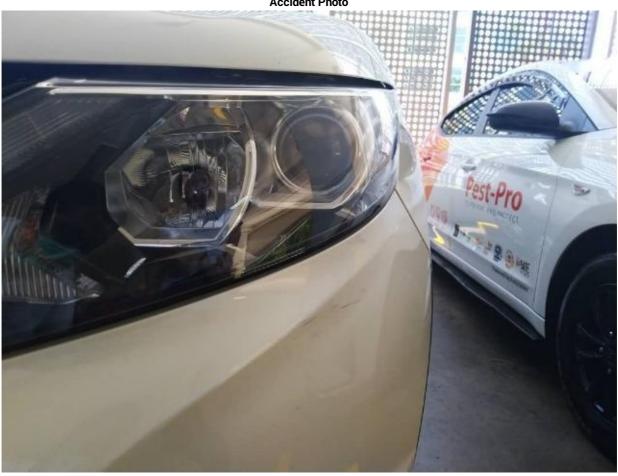










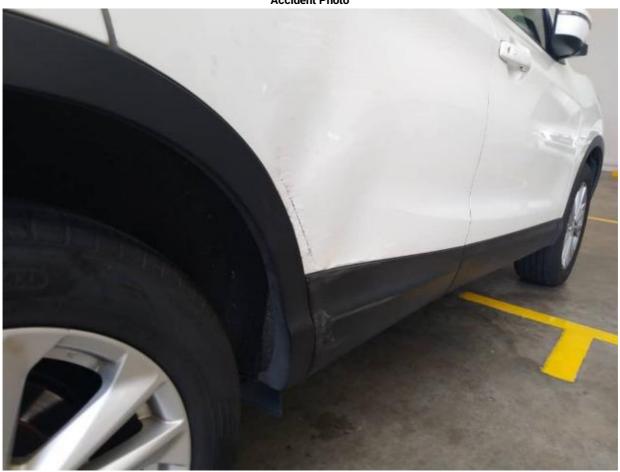














Accident Photo



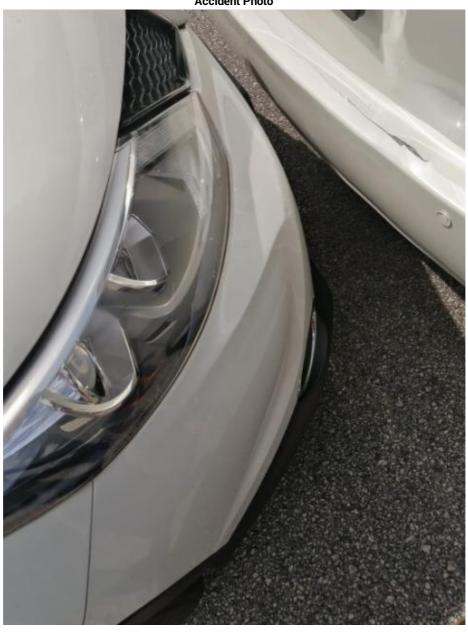
Accident Photo







Accident Photo



Accident Photo

