

## 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	23/01/2020 10:37
Date Of Accident	22/01/2020 22:30
Exact Location Of Accident	PIE TOWARDS JURONG BEFORE ADAM EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA15Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EMILY ENG MIN LEE
NRIC No	SXXXX717Z
Email Address	EMILYENG1978@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97979494
Alternative Phone No	Office-97979494

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF R 2.0 L TSI 213KW 4MOTION DSG
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900178843
Cover Note Number	

### Driver

Name of Driver	EMILY ENG MIN LEE
NRIC No	SXXXX717Z
Date Of Birth	26/03/1978
Occupation	INDOOR
Date Of Driving Pass	20/05/1999
Driving Experience	20 YEARS AND 8 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-97979494
Fax Number	
Contact Number	OFFICE-97979494
EMail Address	EMILYENG1978@YAHOO.COM
Address	246 WESTWOOD AVENUE #11-57
Postcode	648367
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	4
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

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	SGF6262G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	QUEK
NRIC/Passport Number	

Contact Number	96611931
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLT6865J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG WEI YUAN
NRIC/Passport Number	SXXXX502E
Contact Number	9796 4339
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

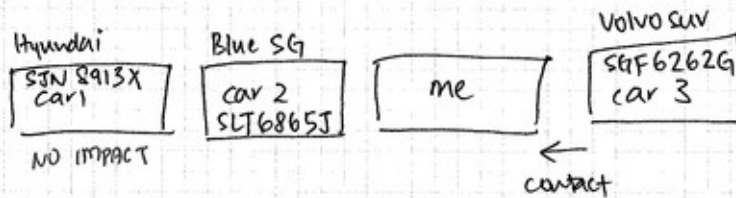
#### DETAILS OF INJURED PERSON 1

Name	ENG MIN LEE, EMILY
Approximate Age	42
Injuries Sustain	MUSCLE ACHE
Injured person in which vehicle?	SKA15Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	246 WESTWOOD AVENUE #11-57
Postcode	648367

## Sketch Plan

### SKETCH PLAN

PIE Toward Jurong before Adam Road Exit (1st lane)



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

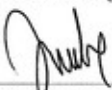
At about 10:30 pm on 22 Jan 2020, I was travelling home on the PIE towards Jurong. Just before the Adam Road exit, the car in front of me (Blue SG SLT 6865J) applied emergency brake. I saw it from a distance away and also applied my brakes. I managed to stop with no contact to SLT 6865J, but almost instantly I was hit at the back by SUV Volvo SGF 6262G. The impact sent my car to the front and I hit Blue SG SLT 6865J. There was no contact between Blue SG and the 1st car that caused the pile up (SJN 8913X).

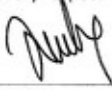
1st car driver Randy 93259117 said that he applied e brakes because the car in front of him did so (alreddy drove away) that's why he stopped. 2nd car driver Ong 97964339 also did the same when Randy stopped his car. The first 3 cars had no contact with each other until the 4th car came.


The impact took away ~~my~~ most part of my Golf R's booth and the whole bumper fell off. The driver's seat belt was also jammed after impact and cannot be pulled anymore. Due to hitting the Blue SG after SUV hit me, my bonnet is now also damaged and passenger side of the door became misaligned.

### DECLARATION

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

  
 Policyholder's Signature  
 Date & Time: 23/1/2020  
 10:45 am.

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

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

### SKETCH PLAN

## IMPORTANT NOTICE

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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:  
NRIC/FIN No.:



## CERTIFICATE OF INSURANCE

### AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : ENG MIN LEE EMILY  
Period of Insurance : 30 Oct 2019 To 29 Oct 2020  
Engine No. : DJH027466  
Chassis No. : VVVZZAUZJW041819

Vehicle No. : SKA15Y  
Policy No. : 1900178843  
Endorsement No. :  
Issued Date : 02 Oct 2019

#### ABOUT THE COVER

Make/Model : VOLKSWAGEN GOLF R  
Engine Capacity/Tonnage : 1,984.00 CC  
Driver Restriction : Named Driver Basis  
Person or Classes of Persons Entitled to Drive\* :  
a) The Policyholder  
b) Any person who is named as a "named driver" under this Policy.

Sum Insured : Market Value  
Off Peak Car : No

First Year of Registration : 2017  
Insuring with COE/PAF : Yes

Age Condition : Not Applicable  
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 Optional

\* 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, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

#### EXCESS

Section 1  
Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2  
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

ENG MIN LEE EMILY - \$600 (Own Damage), \$600 (Flood Cover), YEO KAY KENG MATTHEW - \$600 (Own Damage), \$600 (Flood Cover)

#### 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 must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.  
For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 6200. Alternatively, You may refer to AIG website [www.aig.com.sg](http://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

I/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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1999 (Malaysia).

0504641000

ASSURE INSURANCE AGENCY  
29 KELANTAN ROAD #01-111 KELANTAN COURT  
SINGAPORE 200029

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*J. J. J. J.*

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

Assure Insurance Agency Pte. Ltd.



## POLICY SCHEDULE

### AUTOPLUS PRIVATE VEHICLE

Policy No. : 1900178843

Period of Insurance : 30 Oct 2019 to 29 Oct 2020

Issued Date : 02 Oct 2019

#### ABOUT THE POLICYHOLDER

Name of Policyholder : ENG MIN LEE EMILY  
Address : 246 WESTWOOD AVE  
#11-57  
SINGAPORE 648367  
Occupation/Nature of Business : Executive/Admin

#### ABOUT THE VEHICLE

Registration No. : SKA15Y  
Chassis No. : WVVZZZAUJW041819  
Seating Capacity : 4  
Make/Model : VOLKSWAGEN GOLF R  
Hire Purchase Company/Employer's Loan : DBS BANK LTD  
Engine Capacity/Tonnage : 1,984.00 CC  
Engine No. : DJH027466  
Body Type : Sedan  
First Year of Registration : 2017

#### ABOUT THE COVER

Sum Insured : Market Value  
Driver Restriction : Named Driver Basis  
Off Peak Car : No  
Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive :

- a) The Policyholder  
b) Any person who is named as a "named driver" under this Policy.

Age Condition : Not Applicable

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.

Other Key Policy Benefits :

Act of God, Dealer (First 3 years from original registration) - AIG Authorised Workshops, Waiver of Excess, PA to Authorised Driver / Unnamed Passengers - \$10000, PA Insured - \$50000, Key Replacement Cover - \$800, Strike, Riots and Civil Commotions, New For Old (36 months), Loss of Use 1500cc - 1600cc Optional, In-Car Camera Excess Waiver, NCD Protector

#### EXCESS

Section 1  
Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600

Section 2  
Property Damage - \$0

Windscreen : \$100

Named Driver  
ENG MIN LEE EMILY - \$600 (Own Damage), \$600 (Flood Cover), YEO KAY KENG  
MATTHEW - \$600 (Own Damage), \$600 (Flood Cover)

#### PREMIUM

Premium : \$ 1,079.22

GST (7%) : \$ 75.55

Total : \$ 1,154.77

Your Premium includes the following discount(s):  
Safe Driver Discount - 5.00%, No Claim Discount - 50%



## ACKNOWLEDGEMENT RECEIPT

GST REGISTRATION NO. : 201009404M

ENG MIN LEE EMILY

246 WESTWOOD AVE  
#11-57  
SINGAPORE 648367

**ORIGINAL**

**ACKNOWLEDGEMENT RECEIPT**

RECEIPT NO. : D19NB1662423

POLICY NO. : 1900178843

DATE : 02 Oct 2019

This is to acknowledge receipt of the following:

PARTICULARS	AMOUNT
AUTOPLUS PRIVATE VEHICLE	
Certificate of Insurance/ Policy No.: 1900178843	
Paid By :	
Credit Card-Gateway xxxxxxxxxxxx7489 \$1,154.77	\$1,154.77
<b>TOTAL</b>	<b>\$1,154.77</b>

E.&O.E

This receipt is not valid unless cheque/draft is cleared for payment.





**TAX INVOICE**

TO:

MS. ENG MIN LEE, EMILY  
BLK 246 #11-57  
WESTWOOD AVENUE  
THE FLORAVALE  
SINGAPORE 648367

MRN/NRIC : S7808717Z  
BILL NO : 14204771C  
BILL DATE : 23.01.2020  
VISIT DATE : 23.01.2020  
TYPE OF SUPPLY : CASH/CREDIT  
GST REG NO : 200910555Z

PATIENT NAME: ENG MIN LEE, EMILY

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICES	AMOUNT PAYABLE (\$)
Case No : 9219144294H Specialty / Class : Accident & Emergency / NA	
A&E Attendance Fee	240.00
XR Chest AP / PA	33.00
XR Chest Oblique Left	37.40
Diazepam 2MG Tablet	0.50
Total Charges	310.90
Less: Government Subsidy	190.90-
Add: 7% GST	8.40
Less: GST Absorbed	8.40-
<b>Amount Payable</b>	<b>120.00</b>

Payer(s) Summary					
Payable By	Payable Amt (\$)	Payment Amt (\$)	Adjustment (\$)	Amount Due (\$)	Policy No
Total Bill Amount	120.00				
ENG MIN LEE	120.00	120.00-	0.00	0.00	

Amount to be paid: \$0.00

**Receipt Information**

23.01.2020 Receipt No: J001230694

\$120.00 (VISA)

**(A) Enquiries**

Department	Contact	Operating Hours
General Enquiries	6716 2000 / JHCampus_enquiries@nuhs.edu.sg	24-hours
Appointments	6716 2222 / JHCampus_Appointment@nuhs.edu.sg	Mon-Fri : 8.00am to 5.30pm Sat : 8.00am to 12.30pm
Dental Appointments	6716 2233 / JHCampus_Dental@nuhs.edu.sg	Mon-Fri : 8.00am to 5.30pm
Billing Enquiries	6407 8138 / payment@1fss.com.sg	Mon-Fri : 8.30am to 5.30pm Sat : 8.30am to 12.30pm
Medical Report Enquiries	6716 6750 / 6716 6751 / JHCampus_MRO_enquiry@nuhs.edu.sg	Mon-Fri : 8.30am to 5.30pm Sat : 8.30am to 12.30pm

**(B) Bill Payment**

Payment Channel	Payment Mode	Operating Hours
Cashier Counters	Cash / Credit Card / NETS / Cheque	Mon-Fri : 8.30am to 5.30pm Sat : 8.30am to 12.30pm
By Post: Please mail it to "Robinson Road, Post Office P.O. Box 2093, Singapore 904093."	<u>Credit Card</u> Please fill in your credit card details in the Cheque / Credit Card Payment Slip provided.  <u>Cheque</u> Please make your cheque payable to "Ng Teng Fong General Hospital" and fill in the Cheque / Credit Card Payment Slip provided.	N.A.
AXS Stations	NETS/ Credit Card (Please select JurongHealth Campus)	24-hours
7-Eleven Stores	Cash / NETS / Cash Card	24-hours
DBS Internet & Mobile Banking	Payment can be made via DBS i-Banking and DBS PayLah! (Please select Billing Organisation - Ng Teng Fong General Hospital)	24-hours via i-Banking <a href="http://www.dbs.com.sg">http://www.dbs.com.sg</a>

**(C) Information on payment to Medisave / MediShield / Medisave-Approved Integrated Plan**

- 1. View your Medisave and/or MediShield Life Claim details online**  
Login to mycpf Online Services with your Singpass at [www.cpf.gov.sg](http://www.cpf.gov.sg) and proceed to My Statement>>Section B>>Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursement up to 15 months. For more information, please visit [www.cpf.gov.sg/Members/FAQ](http://www.cpf.gov.sg/Members/FAQ).
- 2. Reimbursement Information for Employers and Insurers**  
Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Medisave-approved Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at [www.cpf.gov.sg](http://www.cpf.gov.sg) and proceed to Employers>>Services>>Medisave/MediShield Life Reimbursement. To reimburse to a Shield Plan, please pay directly to the private insurer offering the Shield Plan.

**(D) Others**

1. It is the policy of our hospital to offset the credit balance from one bill against another outstanding bill with the same payment account.
2. If no bill number is indicated, the payment received would be used to offset the oldest outstanding bill.

**(E) Feedback**

Your personal data collected during registration may be used for correspondence, communication or contacting you for any matter related to your treatment and care after you have been discharged or for billing purposes. We may also contact you for surveys or invite you to participate in focus groups for quality assurance and service improvement purposes. If you do not wish to be contacted for surveys, quality assurance or service improvement purposes or if you have any feedback on our services, please contact Service Quality at 6716 3311.



NG TENG FONG GENERAL HOSPITAL  
1 JARONG EAST STREET 21  
TOWER B LEVEL 1

Date/Time : 23/01/20 18:00:10  
MID:000000099220400  
TID: 450013003  
ECR NUM : 204771

SALE

OCBCVISA  
STAN:003879 ENT TYPE: Chip  
BATCH:0000083 RSN:00231650319  
TRACE:001710  
APPR CODE:580915

TOTAL AMOUNT: \$ 120.00

NO SIGNATURE REQUIRED (VIPS)

ENTLY ENG

I AGREE TO PAY THE ABOVE TOTAL AMOUNT  
ACCORDING TO THE CARD ISSUER AGREEMENT

\*\*\*\*\* CUSTOMER COPY \*\*\*\*\*  
THANK YOU. HAVE A NICE DAY

**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. S7808717Z



Name  
 ENG MIN LEE, EMILY  
 (WENG MINLI)  
 翁敏莉

Place  
 CHINESE

Date of Birth  
 26-03-1978

Sex  
 F

Country of Birth  
 SINGAPORE




**REPUBLIC OF SINGAPORE** DRIVING LICENCE

Licence Number: S7808717Z



Name  
 ENG MIN LEE, EMILY  
 (WENG MINLI)


Birth Date: 26 Mar 1978

Issue Date: 15 Jun 2004


001230515H



A0133386



NRIC No: S7808717Z



Blood Group: AB+ Date of Issue: 15-05-2002

BLK 246 WESTWOOD AVENUE #11-57  
 SINGAPORE 648367


NRIC No: S7808717Z Date: 19/07/2010 No: 6520803

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

Class	Description	PASS DATE
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	20 May 1999

NP 428A

Licence No: S7808717Z



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

