SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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 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 conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	12/03/2020 17:14
Date Of Accident	11/03/2020 07:40
Exact Location Of Accident	COMMONWEALTH AVE WEST TWD GHIM MOH RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMM1434C
Insured/Policyholder	
Name Of Registered Owner	TAN JWAY KWEE
NRIC No	\$16823921
Email Address	ABUNDANCE7@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98254983
Alternative Phone No	Office-98254983
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	SIENTA-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	1900108264
Cover Note Number	
Driver	
Name of Driver	TAN JWAY KWEE
NRIC No	S1682392I
Date Of Birth	13/06/1965

OUTDOOR

13/08/1984

35 YEARS AND 6 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-98254983

Fax Number

Contact Number OFFICE-98254983

EMail Address ABUNDANCE7@YAHOO.COM

Address 89 HILLVIEW AVE #03-11

Postcode 669624

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?

YES

NO

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

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 POST**

ROAD: BLK 103 BUKIT BATOK CENTRAL, POSTCODE: 650103, COUNTRY: **Police Station Address**

SINGAPORE

NO

Police Station Contact TEL NO: 1800-5639999 - FAX NO: 66655794

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLF318U

Vehicle Make/Model/Colour HONDA VEZEL BLUE

Details Of Properties REAR 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 GOH HOCK SOON

S1525299E

BLK 460 CHOA CHU KANG AVE #16-53

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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) of:
 - 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: 12/3/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time: 13 3 300

- A

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Francis Cher Motor Claims Assessor Borneo Mofors (S) Pie Lid

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	E \$		
	WEJ -		
SCRIBE CIRCUMSTANCES OF	THE ACCIDENT		
66			
Refer to Police	report		
-			
TARATION			
	s are true in every respect.		
	's are true in every respect.		Francis Cher
	rs are true in every respect.	AB	Motor Claims Asse
CLARATION e declare the foregoing particular	Jain	B	Motor Claims Assa Borneo Motors (5) Pt
	Driver's Signature (If driver is not the policyholder)	Reporting Centre Pe	Motor Claims Assa Borneo Motors (5) Pt



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER)	: TAN JWAY KNEE
VEHICLE NUMBER	: SMM 1434 C
DATE/TIME OF ACCIDENT	: 11 3 2000, 0740 W.
PLACE OF ACCIDENT	: Commonwealth thre west
THIRD PARTY VEHICLE (IF ANY)	: SLF 3718 U
前前前向前前前前前前来的前前前前的前右右右右右右右右右右右右右右右右右右右右右右	南南南南南南南南南南南南南南南南南南南南南南南南南南南南南南南南南南南南南南南
WHERE DID YOU START YOUR DESTINATION BEFORE THE ACCI	JOURNEY AND WHERE WAS THE INTENDED DENT?
DID YOU DRINK ANY ALCOHOLI THE ACCIDENT? IF YES, DID TH ANALYSER TEST ON YOU? IF YES No.	C DRINKS BEFORE YOU DRIVE ON THE DAY OF IE TRAFFIC POLICE CONDUCT ANY BREATHE- , WHAT IS THE RESULT?
TO ALL VEHICLES INVOLVED?	on and the extensiveness of the damages
WERE YOU OR YOUR PASSENGE WERE YOU TAKEN TO THE TRAF No	ER/S INJURED? IF INJURED, WHICH HOSPITAL? FIC POLICE FOR INVESTIGATION?
	TO TODICE POR INVESTIGATION:

I Affirmed The Above Information Is Given To My Best Knowledge.

AIG Asia Pacific Insurance Pte. Ltd. AIG Building 78 Shenton Way #07-16 Singapore 079120 Tel: 6419 3000



CERTIFICATE OF INSURANCE

TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : TAN JWAY KWEE Period of Insurance : 19 Jun 2019 To 18 Jun 2020

Engine No. : 2NRX465203

Chassis No. : MHFZ28H3200064091 Vehicle No. : SMM1434C : 1900108264 Policy No.

Endorsement No.

Issued Date : 21 Jun 2019

ABOUT THE COVER

Make/Model : TOYOTA SIENTA 1.5

Engine Capacity/Tonnage : 1,496.00 CC Sum Insured : Market Value First Year of Registration : 2019 Driver Restriction : NA Off Peak Car : No 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 higher 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" ("YIDR") 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.

Age Condition : All Age Condition

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholser's business.
This Policy does not cover use for his or reward, driving tution, 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

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Read Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1 Fire - S0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0 Windscreen: \$100

Named Driver and Excess (where applicable)

TAN JWAY KWEE - \$500 (Own Damage)

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

1 Toyota Bodycare Centre (For accident repair & accident reporting). Add: 17 Ubi Road 4 Singapore 408811 Tel: 6831 1688 2 Toyota Bodycare Centre (For accident repair & accident reporting). Add: 2 Pandam Crescent Singapore 128462 Tel: 6831 1188

For other Approved Reporting Centres/AIG Authorised Reparers, please confact our 24-hour accident emergency hodine at +65 6338 6200. Alternatively, you may refer to AIG website www aig coming or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

IWe hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisors of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Read Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

0504667213

INCHCAPE AUTO TOYOTA - BSTL027

33 LENG KEE ROAD

SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE PRI LI Christina Ho





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

1 of 4 Report No. T/20200311/7031

REPORT OF	A	TRAFFIC	ACCIDENT
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Date/Time 11/03/2020	Report N 0 18:09	lade:	Vide Report No.; D/20200311/0019	Station Diary No.:		
Informant	's Particu	ılars				
Name of Informant: TAN JWAY KWEE			Address: 89 HILLVIEW AVENUE #03-11 SINGAPORE 669624			
ID Type / I NRIC NO /	D No.: S168239	921	Contact No.: Home/Office:	Mobile: 98254983		
Nationality: SINGAPORE CITIZEN			Email: ABUNDANCE7@YAHOO.COM			
Sex: Male	Age: 54	Date of Birth: 13/06/1965	Type of Informant: Driver			
Race: Chinese			Language: Institution / School Nar English			
Occupation: Other mechanical engineers			Driving Licence Information: Class: 2B,3	Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/03/2020 07:31	Type of Location: Straight Road
Weather:	th Ave West towards Ghi	Road Surface:	R	oad Speed Limit:
Clear		Flow: Traffic Control:		
Clear Traffic Flow: One Way		Dry Traffic Control:		raffic Volume; oderate

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLF3718U	Car	HONDA	Vezel	Blue	Slightly Damaged	1
SMM1434C	Car	TOYOTA	Sienta	Brown	Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SMM1434C	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900108264	19/06/2019	18/06/2020	





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

Report No. T/20200311/7031

2 of 4

CONTINUATION OF REPORT

	aughted Me					
Any Pedestrian I			100.00	D 1	_	
No. of Pedestrian	is injurea: NIL		Use of	Pedestriar	Cross	sing: NA
Passenger						
Name	Unknown Passenger			ID No		NIL
Related Vehicle	SLF3718U (Car)			Conta	ct No.	NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date D	ischarge	NIL	
	ted Medical Leave	NIL		of Injury	Slight	
Driver			209.00	Manager 1	Oligit	
Name	TAN JWAY KWEE			ID No	. 1	S1682392I
Related Vehicle	SMM1434C (Car)			Conta	ct No.	98254983
Hospital/Clinic	NIL			Class Driving Licent Expiry	g e &	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL Date I			ischarge	NIL	
	ted Medical Leave	NIL		e of Injury NIL		
Driver			T S S S S S S S S S S S S S S S S S S S			
Name	GOH HOCK SOON			ID No.		S1525299E
Related Vehicle	NIL			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Driving Licend Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Di	scharge	NIL	
	ed Medical Leave		Degree of Injury NIL			

Brief Details.

I was travelling on Commonwealth Ave West towards Ghim Moh area wanting to go to AYE on the way to office. The traffic was moving. At somewhere below the Clementi MRT station, I was travelling in the centre lane when the car in front had stopped and I couldn't brake in time and my front car hit the back of the accident. I alighted and the other driver told me his wife is injured and called the ambulance/police. No more other cars or pedestrian were involved.





120200311//031

3 of 4 Report No. T/20200311/7031

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

CONTINUATION OF REPORT





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

4 of 4 Report No. T/20200311/7031

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/03/2020 18:09
Officer In Charge Of Case: TP / TPIB / CHONG GUAN FATT Contact No.: 65476083	Classification Of Case:
Authentication Stamp	





























