

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 ability
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 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	19/12/2014 17:40
Date Of Accident	18/12/2014 16:05
Exact Location Of Accident	BEO CRESENT MULTI STOREY CARPARK BLK 44A
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL7552G
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	NG CHAI BOO
NRIC No	S1747113I

Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 (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	Comprehensive
Fleet Policy	No
Policy Number	2100388347
Cover Note Number	27/03/2014-26/03/2015

Driver

Name of Driver	TAN KUM HUNG
NRIC No	S7147757F
Date Of Birth	12/11/1971
Occupation	Indoor
Date Of Driving Pass	01/01/2000
Driving Experience	14 Years And 11 Months
Gender	Male
Mobile Number	(Local) +65-90265662
Fax Number	
Contact Number	
EEmail Address	NOEMAIL
Address	BLK 560 YISHUN AVE 6 #03-25
Postcode	768966
Was driver an employee of the Insured's Company	No

If No, Relationship of the Driver with the Insured	Relative
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 Side
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Kim Seng Neighbourhood Police Post
Police Station Address	ROAD: 5 Beo Crescent , POSTCODE: 169981 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-2718999 - FAX NO: 63772527
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

Are accident photos available for attachment?	Yes
---	-----

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5375A
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan Pg.1

SKETCH PLAN

IMPORTANT NOTICE

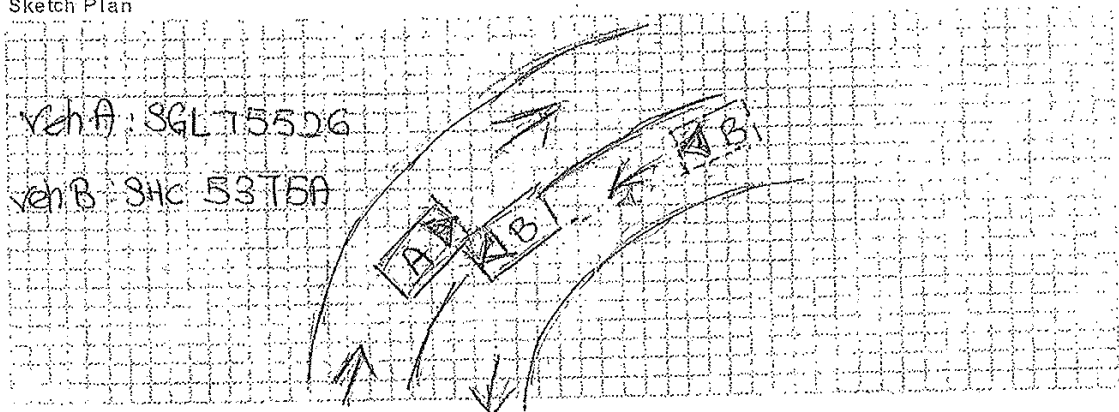
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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 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.
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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

As refer to police Report.

video footage available

Declaration

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

Witnessed by Reporting Centre Personnel

Sketch Plan Pg.3

Police Station Of Origin:
Kim Seng NPP
5 Beo Crescent SINGAPORE 169981
Tel No: 1800-2718999



T/20141218/2135

1 of 3

Report No. T/20141218/2135

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/12/2014 17:18		Vide Report No.:		Station Diary No.: 23	
Informant's Particulars					
Name of Informant: TAN KUM HUNG			Address: APT BLK 780A WOODLANDS CRESCENT #10-19 SINGAPORE 731780		
ID Type / ID No.: NRIC NO / S7147757F			Contact No.: Home/Office: Mobile: 90265652		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 12/11/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Shop Supervisor			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	18/12/2014 16:05	Car Park
Location: BEO CRESCENT INSIDE BLK 44A CARPARK FROM LEVEL ONE TURNING UP TO LEVEL TWO				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SGL7552G	Car	HONDA	Fit	Silver	Slightly Damaged	1
SHC5375A	Car	TOYOTA	Crown Taxi	Red	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan Pg.4

Police Station Of Origin:
Kim Seng NPP
5 Beo Crescent SINGAPORE 169981
Tel No: 1800-2718999



T/20141218/2135

2 of 3

Report No. T/20141218/2135

CONTINUATION OF REPORT

Driver			
Name	TAN KUM HUNG		ID No. S7147757F
Related Vehicle	NIL		Contact No. 90265652
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

On 18/12/2014 at about 1605hrs, I was on my way up to the level two of Beo Crescent MSCP. When I was turning up to level two I saw a red Trans Taxi travelling the other way, his speed was quiet fast and his vehicle front wheel was at my side of the road , I tried to horn him however it was too late. The taxi's front bumper hit mine driver side door. I stop my car and wanted to exchange particular however the taxi driver wanted to drove off then I shouted at him. After that I shouted at him he stop his car and I asked him to go to the second floor of the car park. Both of us stop at level two and wanted to exchange particular, however the taxi driver did not want to exchange particular and he informed that all I need was his car plate number. The taxi driver did offer for the repair however we rejected the offer and just wanted to exchange particular, the taxi driver refused and left the scene. There is no injury on me or my passenger.

Sketch Plan Pg.5

Police Station Of Origin:
Kim Seng NPP
5 Beo Crescent SINGAPORE 169981
Tel No: 1800-2718999



T/20141218/2135

3 of 3

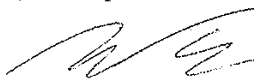
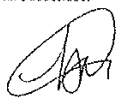

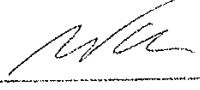
Report No. T/20141218/2135

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.

Signature Of Officer Recording The Report: E / TEO JIE DONG MARCUS 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/12/2014 17:18
Officer In Charge Of Case: TP / HRT / Roslan B Ahmad Contact No.: 65476194	Classification Of Case:
Authentication Stamp NP168  SN 063 Signature:  Singapore Police Force	

Sketch Plan Pg.6

0-MAR-2014 18:42 From: SP-MASIEWLEONG

67826373

To: 63672870

Page: 1/1



HOTLINE TEL: (65) 6419-3000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 168)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

M.X.1

AUTOPLUS (A)

CERTIFICATE NO. 2100388347-00000

(THIS POLICY IS SUBJECT TO GUT)
OWN DAMAGE EXCESS S\$600.00 (1)
WINDSCREEN EXCESS S\$100.00
(For policies with effect from 1st November 2002)

SUM INSURED Market Value
INSURING WITH COE/PARF Yes

- 1) VEHICLE REGISTRATION NO. SGL7862G
- 2) NAME OF INSURED Ng Chai Boon
- 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 27 Mar 2014
- 4) DATE OF EXPIRY OF INSURANCE 26 Mar 2015
- 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

SUBJECT TO AGE CONDITION: 40 years old and above

a) The Insured.

b) Any other person who is driving on the Insured's order or with his permission.

An "Elderly, Young and/or Inexperienced Driver Excess" ("EYIDR") of an additional sum of S\$3,000.00 in addition to the Policy Excess applies to You and an Authorized Driver (named or unnamed) if You are or the said Authorized Driver is above the age of 65, below the age of 23 and/or has less than 2 years driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE*

Use only for social, domestic and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

SOLE AGENTS WORKSHOP: For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agents workshop.

APPROVED REPORTING CENTRES / AIG AUTHORIZED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)

1. Sin Yew Hup - 4 Woodlands Rd (Tel: 67600819)
2. Comfort Dai Gao Engin - 205 Braddell Rd (Tel: 83837486)
3. Kah Fook Sing Motor - 81 Debu Lane (Tel: 67478580)
4. Ban Chuan Motor - 3 Pioneer Rd (Tel: 62641191)
5. Shu Fatt - 1008 Bt Merah Lane (Tel: 62730119)
6. Move Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892)
7. Progressiva Automotive Pte Ltd. - 3022A Ubi Rd 1 (Tel: 67415336)
8. Ready Autocare - 10 AMK AutoPoint (Tel: 64606651/64610304)
9. DPS Body & Paint Workshop (Subsidiary of C&C) - 208 Pandan Gardens (Tel: 66654501)
10. Enoz - 22 Tampines Street 92 (Tel: 66647777)
11. Lei Hual Meng Kuo Motors - 21 Sin Ming Ind. (Tel: 64638110)

Loss of Use Loss of Use 10 Days (1600 - 1800cc) - Refer to policy wordings for details

* NAMED DRIVER NA

HIRE PURCHASE COMPANY NA
EMPLOYER'S LOAN

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 168) and Section 25 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 168) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 20 Mar 2014

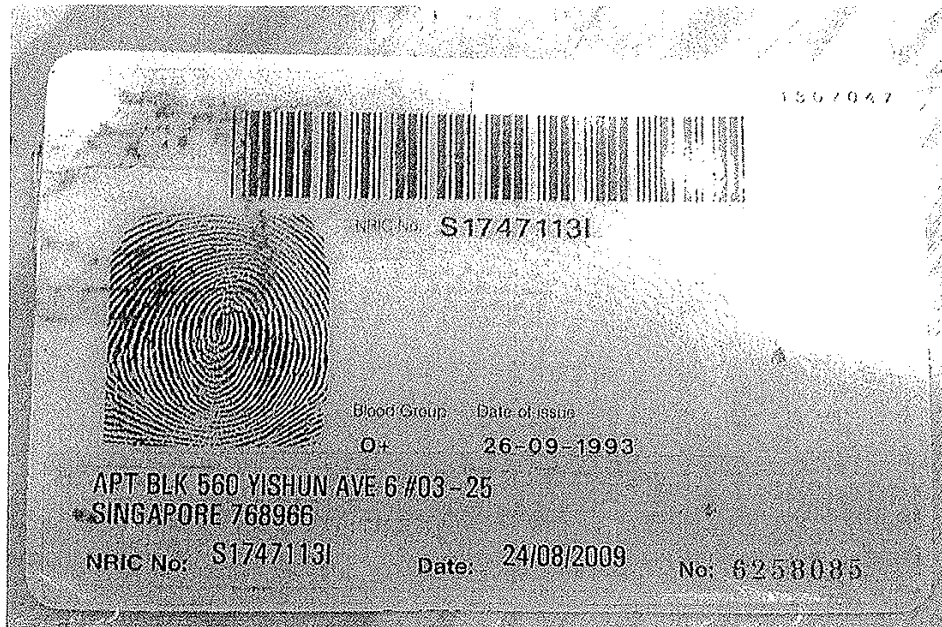
AIG Asia Pacific Insurance Pte. Ltd.

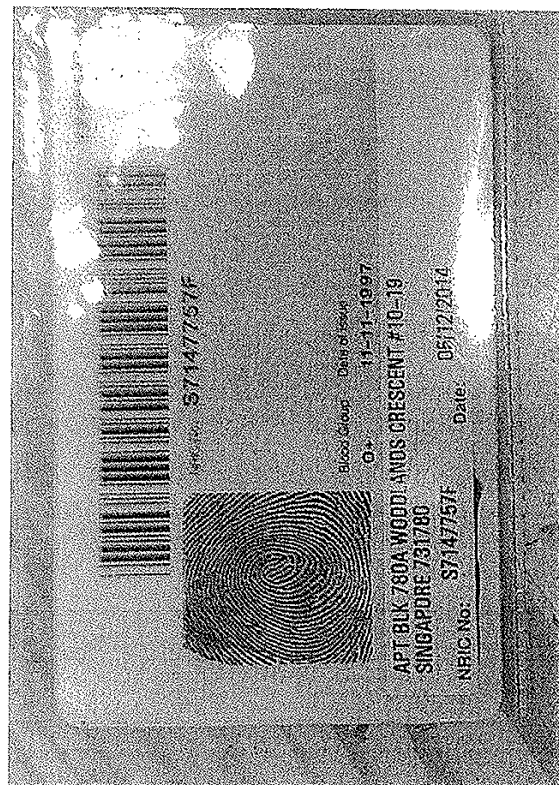
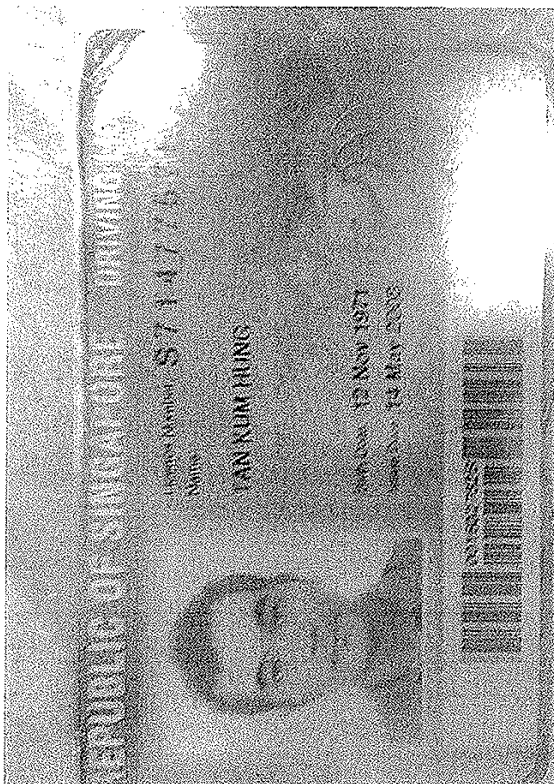
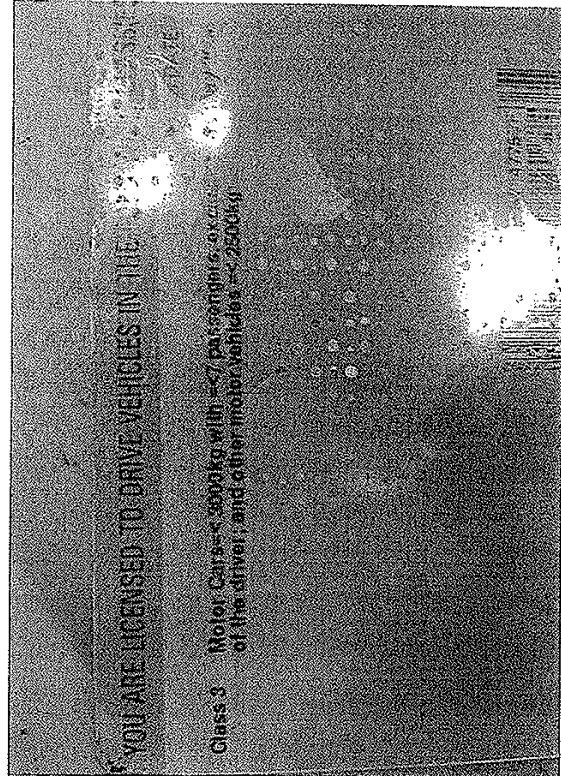
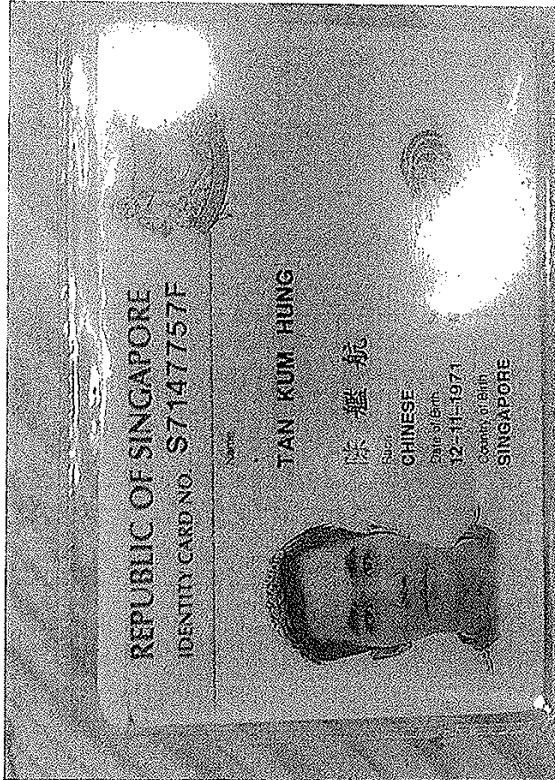
891109-000
SOON SIEW LEE
3 TAMPINES GRANDE
#02-38 AIA TAMPINES
SINGAPORE 528798
6P-MASIEWLEONG

AUTHORISED REPRESENTATIVE

ORIGINAL

32PDCP





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





本田技研工業株式会社

型式 DBA-GD1

車台番号 GD1-2331260

TYPE 1.3A

SAA6 6B0-NH642M -G -S

Accident Photo

