

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	10/10/2016 17:45
Date Of Accident	04/05/2016 18:20
Exact Location Of Accident	MOULEMEIN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH6185A
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Insured/Policyholder

Name Of Registered Owner	LEE SI YING JOANNA (LI SIYING JOANNA)
NRIC No	S8404167Z
Email Address	joannasiyinglee@gmail.com
Mobile Phone No	(LOCAL) +65-92369096
Alternative Phone No	Others-92369096

Vehicle Particulars

Manufacturer	MINI
Model	COPPER
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	Reporting Only
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	2100459478-00001
Cover Note Number	30/03/2016 TO 29/03/2017

Driver

Name of Driver	LEE SI YING JOANNA (LI SIYING JOANNA)
NRIC No	S8404167Z
Date Of Birth	19/02/1984
Occupation	Indoor
Date Of Driving Pass	24/07/2009
Driving Experience	6 Years And 9 Months
Gender	Female
Mobile Number	(Local) +65-92369096
Fax Number	
Contact Number	Others-92369096
Email Address	joannasiyinglee@gmail.com

Address	APT BLK 103 RIVERVALE WALK #11-76 SINGAPORE 540103
Postcode	
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 (TP Hit Insured)
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
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 WITH ATTACH. PENDING FOR THE INSURED TO SEND IN HER CAR HERE TO TAKE SOME PHOTO AFTER HER CAR SERVICING DONE AT HER WOKSHOP.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB9986
Vehicle Make/Model/Colour	TAXI
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

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

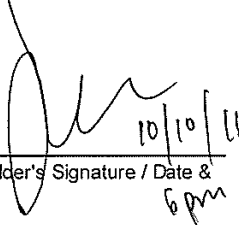
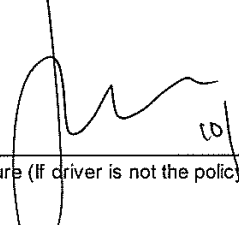

I understand, acknowledge, agree and consent that :

(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 :

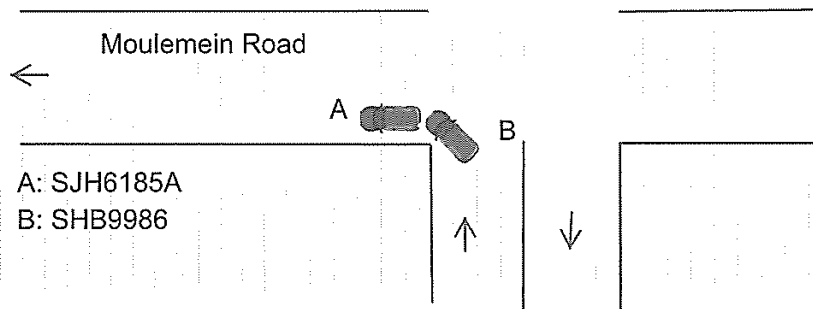
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.

 10/10/16 6 pm	 10/10/16 6 pm	
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Sketch Plan Pg.1

Describe Circumstances of the Accident

<p>04/05/2016 @ 1820HRS, I WAS DRIVING OUT MY CAR SJH6185A FROM THE MINOR ROAD. SUDDENLY</p> <p>I FELT A JERK THEN REALISED WAS HIT BY A TAXI SHB9986. THERE WAS NO VISIBLE DAMAGE TO MY CAR.</p> <p>SO I NO NEED TO DO THE ACCIDENT REPORT. UNTIL I RECEIVE CALL FROM INSURANCE THEN REALISED EVEN NO</p> <p>NEED TO CLAIM ALSO MUST TO DO THE INSURANCE ACCIDENT REPORT.</p> 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Insurance Co.</td> <td style="padding: 2px;">ALL ASIA MOTOR</td> </tr> <tr> <td style="padding: 2px;">Vehicle No.</td> <td style="padding: 2px;">SJH6185A</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">Date of Accident 4/5/2016</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage Claim <input type="checkbox"/> Third Party Claim <input type="checkbox"/> Other Workshop </td> </tr> </table>	Insurance Co.	ALL ASIA MOTOR	Vehicle No.	SJH6185A		Date of Accident 4/5/2016	<input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage Claim <input type="checkbox"/> Third Party Claim <input type="checkbox"/> Other Workshop	
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Vehicle No.	SJH6185A								
	Date of Accident 4/5/2016								
<input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage Claim <input type="checkbox"/> Third Party Claim <input type="checkbox"/> Other Workshop									

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time	<i>[Signature]</i>
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Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre
Personnel



AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : LEE SI YING JOANNA (LI SIYING JOANNA)
VEHICLE NUMBER : SJH6185A
DATE/TIME OF ACCIDENT : 04/05/2016 @ 18:20hrs
PLACE OF ACCIDENT : MOULEMEIN ROAD
THIRD PARTY VEHICLE (IF ANY) : SHB9986

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION
BEFORE THE ACCIDENT?
FROM TAN TOCK SENG TO HOME AT RIVERVALE WALK

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE
ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST
ON YOU? IF YES, WHAT IS THE RESULT?
NO

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL
VEHICLES INVOLVED?

HEAD TO REAR


WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU
TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO


Name: _____

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8404167Z**






Name
LEE SI YING, JOANNA
(LI SIYING, JOANNA)
李思瑩

Race
CHINESE

Date of birth
19-02-1984

Country/Place of birth
SINGAPORE

Sex
F



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8404167Z**

Name:
LEE SI YING, JOANNA
(LI SIYING, JOANNA)


Birth Date: **19 Feb 1984**

Issue Date: **30 Sep 2016**




Accident Sketch Plan Pg.1

5402723



NRIC No. S8404167Z



Date of issue
22-12-2014

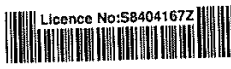
Address
APT BLK 103 RIVERVALE WALK
#11-76
SINGAPORE 540103

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

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg	24 Jul 2009

NP 428A

Licence No: S8404167Z





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

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M X 1

AUTOPLUS

(This below excess is subject to GST)

OWN DAMAGE EXCESS S\$2000.00 (1)

WINDSCREEN EXCESS S\$100.00

(For policies with effect from 1st November 2002)

CERTIFICATE NO. 2100459478-00001

SUM INSURED Market Value
INSURING WITH COE/PARF Yes

- 1) VEHICLE REGISTRATION NO. SJH6185A
- 2) NAME OF INSURED Lee Slying
- 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 30 Mar 2016
- 4) DATE OF EXPIRY OF INSURANCE 29 Mar 2017
- 5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

SUBJECT TO AGE CONDITION : All Age Condition

a) The Insured.

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

This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions.

A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00, in addition to the

Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said

Authorised Driver is 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 rewards, 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 AGENT'S WORKSHOP : For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop.

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

1. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 2. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only
3. Ethos - 30 Bukit Batok Cres (Tel: 66547777) 4. DPS Body & Paint (Subsidiary of C&C) - 209 Pandan Gardens (Tel: 65684501)
5. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 6. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)
7. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)
9. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)

LOSS OF USE Loss of Use 10 Days (1500 - 1600cc) - Refer to policy wordings for details

* NAMED DRIVER NA

HIRE PURCHASE COMPANY DBS BANK LTD
EMPLOYER'S LOAN

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 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 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 30 Mar 2016

AIG Asia Pacific Insurance Pte. Ltd.

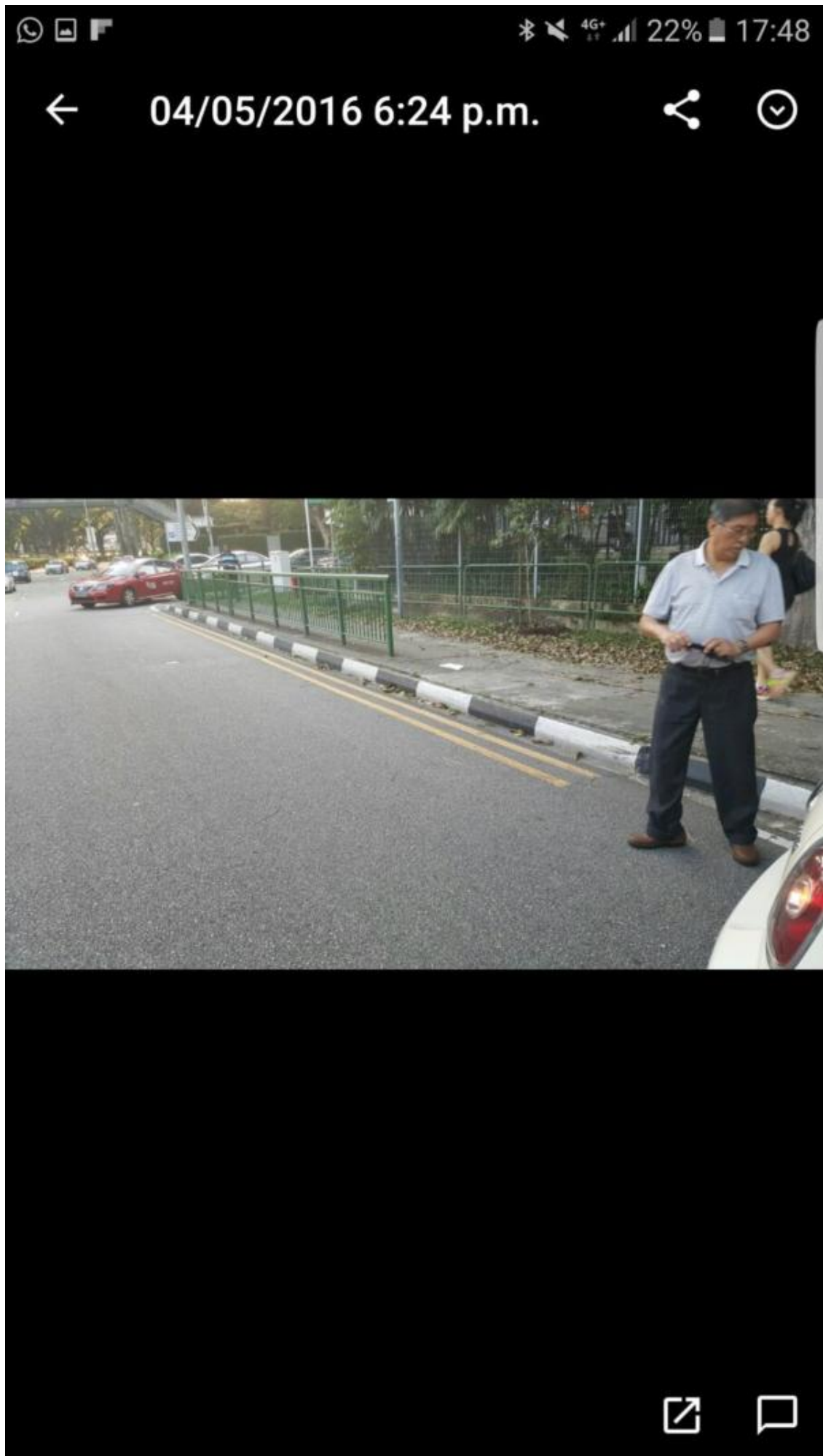
000064-000
DIRECT CLIENTS 01.4.95
AIG BUILDING
78 SHENTON WAY #07-16
SINGAPORE 079120

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPCPZ

accident scene photo



accident scene photo

