

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	25/01/2016 10:16
Date Of Accident	24/01/2016 12:10
Exact Location Of Accident	BLK 412A FERNVALE LINK NEAR RUBBISH CHUTE AREA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM4309Y
Insured/Policyholder	
Name Of Registered Owner	YEO TENG KOON
NRIC No	S1417126F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97594383
Alternative Phone No	Others-97594383

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO 1.5L AT ABS D/AIRBAG 2WD 4DR
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?	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	2100326794-03000
Cover Note Number	02/01/2016 TO 01/01/2017

Driver

Name of Driver	YEO TENG KOON
NRIC No	S1417126F
Date Of Birth	30/05/1960
Occupation	Outdoor
Date Of Driving Pass	01/09/1981
Driving Experience	34 Years And 4 Months
Gender	Male
Mobile Number	(Local) +65-97594383
Fax Number	
Contact Number	Others-97594383
EEmail Address	NOEMAIL

Address	BLK 409A FERNVALE ROAD #17-40 SINGAPORE 791409
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	Unknown - REVERSE HIT
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
Number of Passengers (Including Driver)	4

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Sengkang Npc
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: Singapore
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

MY CAR SJM4309Y WAS IN FRONT OF BLK 412A INTEND TO REVERSE IN RUBBISH AREA & WANT DO A RIGHT TURN HEADING TO EXIT. WHILE I WAS REVERSE IN RUBBISH AREA.THERE WAS A TAXI SHB7998U WAS INSIDE RUBBISH AREA TO ALIGHTED PASSENGER.WHEN I'M DOING GEAR,TAXI REVERSE VERY FAST TOWARDS ME. I CAN'T MOVE FORWARD CAUSE THERE WAS A ONCOMING CAR PASSING THROUGH IN FRONT OF ME.AS A RESULT TAXI REVERSE & HIT ONTO MY CAR REAR LEFT PORTION.

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

Vehicle Registration Number	SHB7998U
Vehicle Make/Model/Colour	TAXI
Details Of Properties	
Name of Driver	LEE POH NAM
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	


Accident Sketch Plan

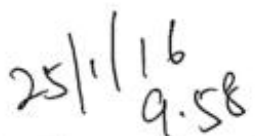
SKETCH PLAN

IMPORTANT NOTICE

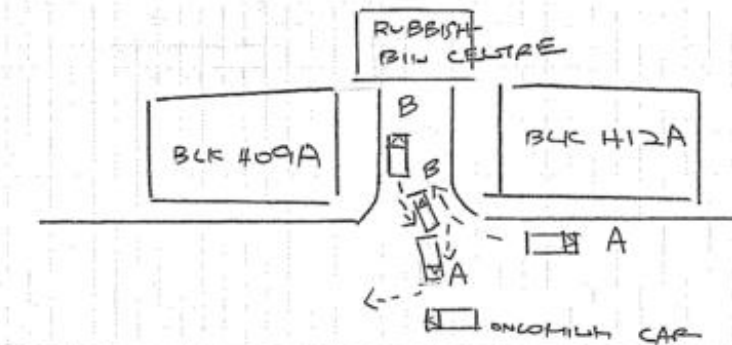
1. Please report correctly the details of the accident to speed up the claims process.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting 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



A: SJM 4309Y

B: SHB 7998U

Accident Sketch Plan

Describe Circumstances of the Accident

MY CAR SIM H2001Y WAS IN FRONT OF RCE HDA
INTEND TO REVERSE IN RUBBISH AREA & WANT
DO A RIGHT TURN HEADING TO EXIT.
WHILE I WAS REVERSE IN RUBBISH AREA. THERE
WAS A TAXI SHR 7080 WAS INSIDE RUBBISH
AREA TO ALIGNED PARKING. WHEN I'M DRIFT
HEAR, TAXI REVERSE VERY FAST TOWARDS ME.
I CANT MOVE FORWARD CAUSE THERE WAS A ONCOMING
CAR PASSING THROUGH IN FRONT OF ME. AS A
RESULT TAXI REVERSE & HIT LEFT & CAR
REAR LEFT PORTION.

Insurance Co.	_____
Vehicle No.	_____
Date of Accident	_____
<input type="checkbox"/> Reporting Only	
<input type="checkbox"/> Own Damage Claim	
<input type="checkbox"/> Third Party Claim	

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

25/1/16 9.58

Witnessed by Reporting Centre
Personnel

Accident Sketch Plan



AIG Asia Pacific Insurance Pte Ltd
AIG Building
78 Shenton Way
#07-16

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : VED TENG KOON
VEHICLE NUMBER : STMH3091V
DATE/TIME OF ACCIDENT : 24/1/2016 @ 12/04RS
PLACE OF ACCIDENT : BLK H12A PERVALE LINK NEAR
THIRD PARTY VEHICLE (IF ANY) : SABFOABU RUBBISH CHUTE
AREA

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED
DESTINATION BEFORE THE ACCIDENT?

FROM H12A PERVALE LINK TO BLK H12A
PERVALE LINK

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?

REVERSE HIT

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

NO

y 9.58 25/1/16

Name:

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

Accident Sketch Plan

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Yeo Teng Koon,
NRIC/FIN S1417126F, has reported to the Police a non-injury traffic accident
which occurred at Blk 412A Fernvale Link, near rubbish chute area.
on 24/01/2016 at 1210 pm involving the following vehicles: SJM4309Y and
SHB7998U (Driver: Lee Poh Name, Transcab)

- 2 If this accident was reported to the Police within 24 hours of its occurrence,
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT Muhd Fairuz

Date: 24/01/2016 Time: 1245pm

S/D Ref: 27

Police Post/Unit: Sengkang NPC

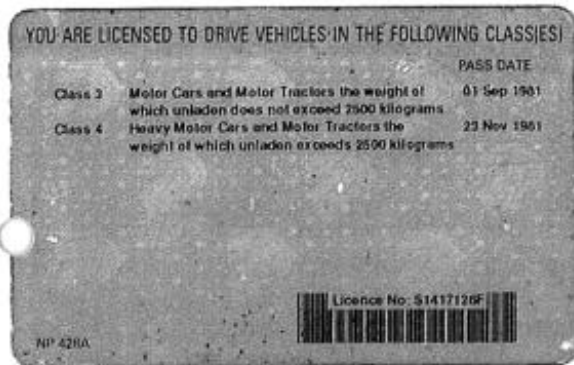
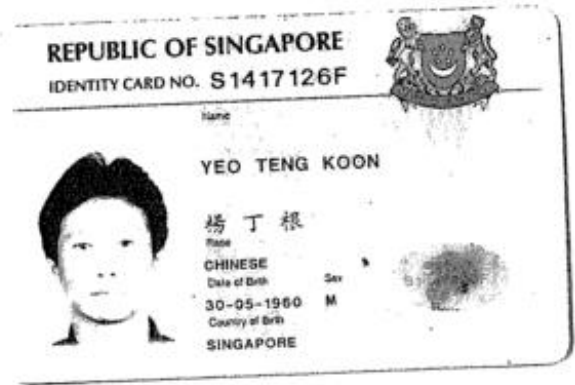
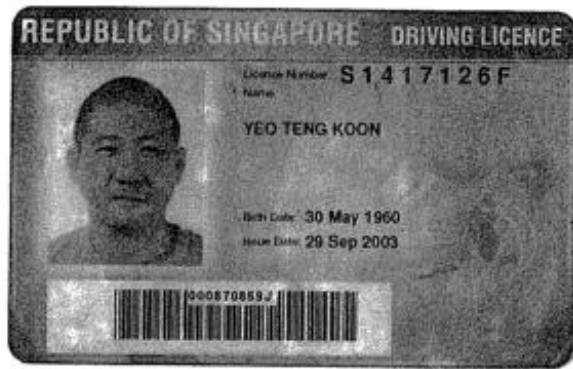
Original – to be issued to informant
Duplicate – to be submitted to Traffic Police

Sengkang NPC
2 Sengkang Square
#01-02 S(545025)
Tel: 1800-3438999

CONFIDENTIAL

Version as of 15 Jan 2002

Accident Sketch Plan



Accident Sketch Plan



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

(The below excess is subject to GST)

OWN DAMAGE EXCESS S\$600.00 (1)

WINDSCREEN EXCESS S\$100.00

(for policies with effect from 1st November 2002)

CERTIFICATE NO. 2100326794-03000

SUM INSURED Market Value-
INSURING WITH COE/PARF Yes

- 1) VEHICLE REGISTRATION NO. SJM4309Y
- 2) NAME OF INSURED Yeo Teng Koon
- 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 2 Jan 2016
- 4) DATE OF EXPIRY OF INSURANCE 1 Jan 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. Autolution Industrial - 19 Ubi Rd 4 (T: 64909666) 2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118)
3. DPS Body & Paint - 209 Pandan Gardens (Tel: 65684501) 4. Ethoz - 30 Bukit Batok Cres (Tel: 66547777)
5. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only 6. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560)
7. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110) 8. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892)
9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336) 10. SME Motor - 1 Kaki Bukit Ave 6 Bld D (Tel: 67476106)
11. Tan Chong Mtr - 913 Bt Timah Rd (T: 64894091/2/3) 12. Tan Chong Mtr - 17 Lor 8 Toa Payoh (T: 63570753/4)
13. TC AutoClinic - No 1 Sixth Lok Yang Rd (T: 62622212) 14. TC AutoClinic - 25 Leng Kee Rd (T: 67038511/2/3)

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

* NAMED DRIVER NA

HIRE PURCHASE COMPANY MayBank

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 15 Dec 2015

AIG Asia Pacific Insurance Pte. Ltd.

113006-000
HO PENG WENG JACK
371 ALEXANDRA ROAD
#06-09 AIA ALEXANDRA
SINGAPORE 159963
SP-JACKHO-AGNESWOON

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPMND.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



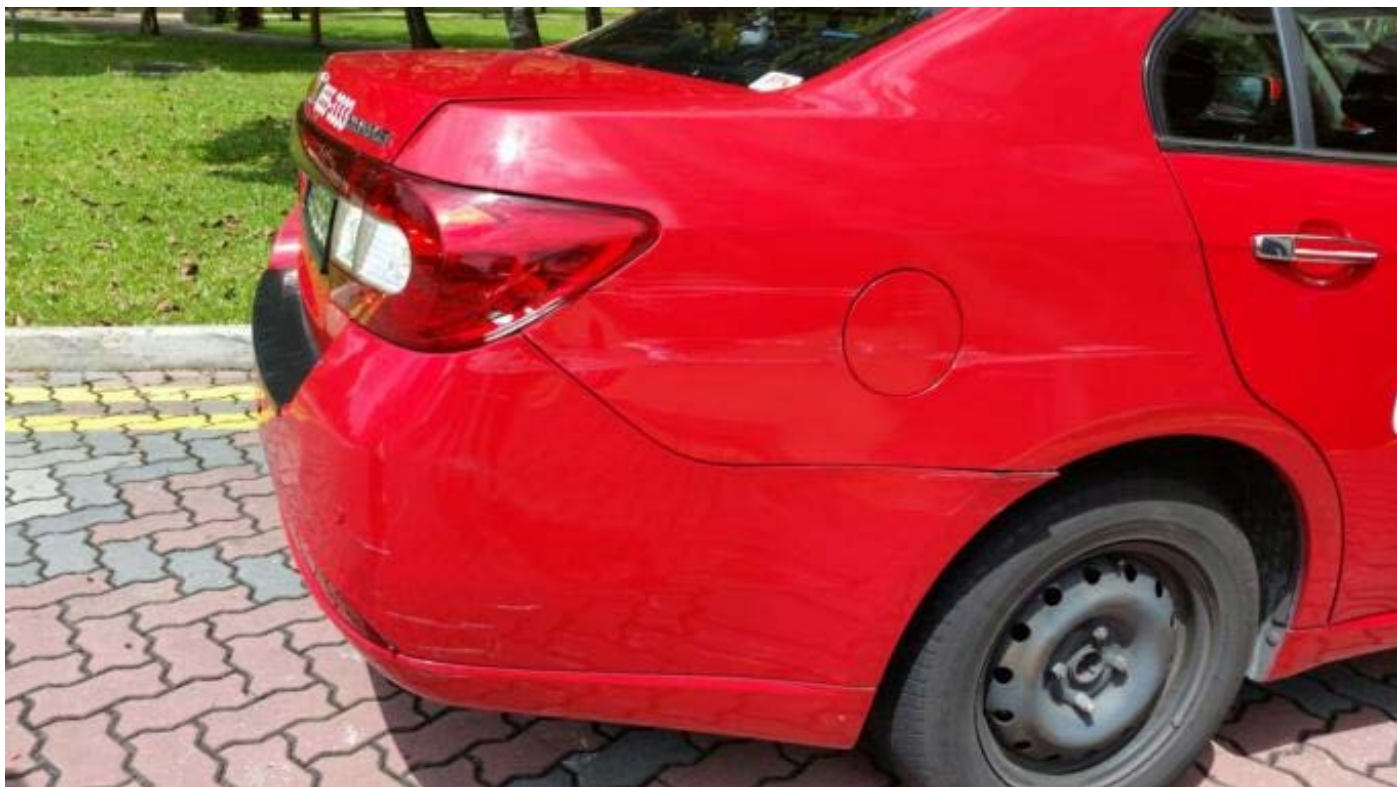
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