

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	21/05/2020 13:54
Date Of Accident	21/05/2020 12:35
Exact Location Of Accident	SIMS AVENUE EAST (RIGHT JUNCTION WITH JALAN EUNOS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ1472K
Insured/Policyholder	
Name Of Registered Owner	CHAN MUN HONG
NRIC No	SXXXX801A
Email Address	LIFEVCHAN@SINGNET.SOM.SG
Mobile Phone No	(LOCAL) +65-93676789
Alternative Phone No	OFFICE-96300897

Vehicle Particulars

Manufacturer	MAZDA
Model	3

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	1800051853-01
Cover Note Number	

Driver

Name of Driver	YING YIM LENG
NRIC No	SXXXX447C
Date Of Birth	10/01/1956
Occupation	INDOOR
Date Of Driving Pass	23/08/1979
Driving Experience	40 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93676789
Fax Number	
Contact Number	
Email Address	VLBTCHAN@SINGNET.COM.SG

Address	27 HILLVIEW AVENUE HILLVIEW HEIGHTS #07-04 SINGAPORE
Postcode	669559
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	NO
Was any injured conveyed to hospital by ambulance?	
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 attached report

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC2617Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
Address	NA
	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

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 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:

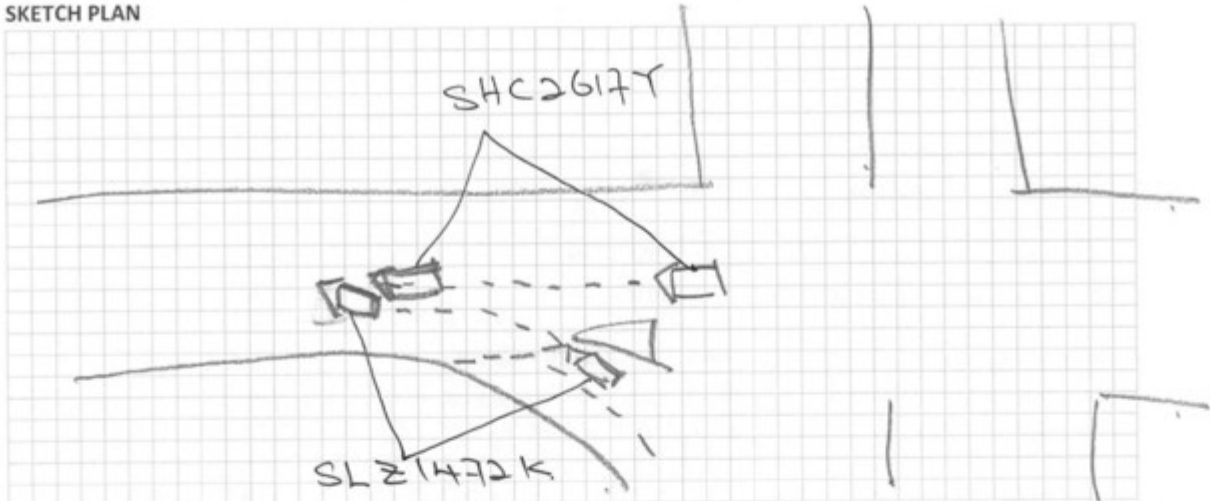
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Was slowly emerging out from the side road
The traffic was clear when I moved out
Suddenly, I felt an impact and realised
that SHC2617Y had collided with my
vehicle.

INSURER: AIG .
VEHICLE: SLZ1472K
DOA: 21/5/2020 .
CLAIM TYPE: OD .
WORKSHOP: KFS .

DECLARATION

I/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:

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

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Ying Yim Leng
VEHICLE NUMBER : SLZ 1472K
DATE/TIME OF ACCIDENT : 21/5/2020 12.35
PLACE OF ACCIDENT : Sims Ave East
THIRD PARTY VEHICLE (IF ANY) : SHC 2617Y

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

Pohar Lim Rd. Sekelup rd.

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?

Change lane / cross lane.

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

NO

Vly
Name: _____

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1186447C



YING YIM LENG
英艳玲
Race
CHINESE
Date of Birth
10-01-1956 F
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number
Name
YING YIM LENG
Date of Birth
10 Jan 1956
Issue Date
22 Jul 2003




S1144801A - OWNER-NRIC

1726992



NRIC No. S1186447C



Board Group
A+

Date of Issue
27-02-1994

27 HILLVIEW AVENUE #07-04
SINGAPORE 689559
NRIC No. S1186447C
Date: 18/04/1997 (R)

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	23 Aug 1979

NP 428A

License No: S1186447C



MAZDA AUTO PROTECTOR PRIVATE VEHICLE

Policy No. : 1800051853-01

Period of Insurance : 24 Apr 2020 to 23 Apr 2021

Issued Date : 07 Apr 2020

ABOUT THE POLICYHOLDER

Name of Policyholder : CHAN MUN HONG
 Address : 27 HILLVIEW AVENUE
 #07-04 HILLVIEW HEIGHTS
 SINGAPORE 669559

Occupation/Nature of Business : Manager/Director/Management

ABOUT THE VEHICLE

Registration No. : SLZ1472K Engine Capacity/Tonnage : 1,496.00 CC
 Chassis No. : JM6BN22A8J0221123 Engine No. : P520512249
 Seating Capacity : 5 First Year of Registration : 2018 Body Type : Sedan
 Make/Model : MAZDA 3 1.5 SKYACTIV
 Hire Purchase Company/Employer's Loan : HONG LEONG FINANCE LTD

ABOUT THE COVER

Sum Insured : Market Value Off Peak Car : No
 Driver Restriction : NA 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 his/her 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 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, Solar Film- \$1150, In-Car Camera Excess Waiver, Glass Roof/ Moon Roof/ Sun Roof/ Panoramic Glass Roof, Strike, Riots and Civil Commotions, PA to Authorised Driver / Unnamed Passengers- \$10000, Dealer + AIG Authorised Workshops, PA Insured- \$100000, Fixture and Accessories (Cosmetic)- \$5000, Loss of Use 1500cc - 1600cc Optional, New For Old (36 months)

EXCESS

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

Section 2
 Property Damage - \$0

Windscreen : \$100

Named Driver
 CHAN MUN HONG - \$600 (Own Damage), \$600 (Flood Cover)

PREMIUM

Premium : \$ 1,264.84

GST (7%) : \$ 88.54

Total : \$ 1,353.38

Your Premium includes the following discount(s):

Safe Driver Discount - 5.00%, Loyalty Discount - 5.00%, No Claim Discount - 50%

REPUBLIC OF SINGAPORE
CERTIFICATE OF REGISTRATION OF DEATH

DEATH REGISTRATION NO

307754C

DECEASED	Death registered at NATIONAL UNIVERSITY HOSPITAL(S) PTE LTD, SINGAPORE					
	Full name of deceased CHAN MUN HONG					
	NRIC/Identification Document No S1144801A		Sex MALE	Date of birth 01/09/1955		
	Race/Ethnic Group CHINESE/CANTONESE		Nationality SINGAPORE CITIZEN	Country/Place of birth SINGAPORE		
CAUSE OF DEATH BY CERTIFIER	Home Address APT BLK 27 HILLVIEW AVENUE #07-04 SINGAPORE 669539		Date and hour of death 14/12/2019 0245			
	Place at Address where death occurred NATIONAL UNIVERSITY HOSPITAL		Approximate interval between onset and death			
			Years	Months	Days	Hours
	I (a) PNEUMONIA				25	
	Disease or Condition leading to death					
	(b) Antecedent Causes					
(c) Other Significant conditions						
GANGRENE			2			
ISCHEMIC CARDIOMYOPATHY			6			
Name and official status of person certifying cause of death DR JAIN PREENA SANGAY, MEDICAL PRACTITIONER				Certificate of Cause of Death Reference No N358073 Date 14/12/2019		
INFORMANT	Name CHAN ZIHAN BOAZ		I certify that the above information given by me is correct			
	Address 26 FERNWOOD TERRACE #14-01 SINGAPORE 438335		14 DEC 2019			
	NRIC/Identification Document No S84037411		Informant's Signature/Thumb impression			
Relationship SON						
REGISTRATION OFFICER	Name of Registration Officer SITI ZABEDAH BINTE KHALIL		for Registrar of Births and Deaths			
	Designation REGISTRATION OFFICER					
Date 14/12/2019						

INFORMANT MAKING APPLICATION	PERMIT TO BURY/CREMATE BODY [The Environment Public Health Act (Chapter 95)]			
	Place of Burial or Place of Cremation CHUA CHU KANG GOVERNMENT CEMETERY		Religion type CHRISTIAN	
	I CHAN ZIHAN BOAZ			
	NRIC/Identification Document No S84037411 apply for a permit to bury + cremate + the deceased referred to in the Death Certificate No 307754C		14 DEC 2019	
REGISTRATION OFFICER	For application to cremate only		Informant's Signature/Thumb impression	
	I certify that to the best of my knowledge, the deceased has no written directions he/she should not be cremated +		Date	
	The Certificate of Cause of Death certified that there is <input checked="" type="checkbox"/> No evidence of pacemaker in the body of the deceased + <input type="checkbox"/> Evidence of pacemaker/device removed from the body of the deceased +		for Commissioner of Public Health	
Permit is approved 14 DEC 2019				

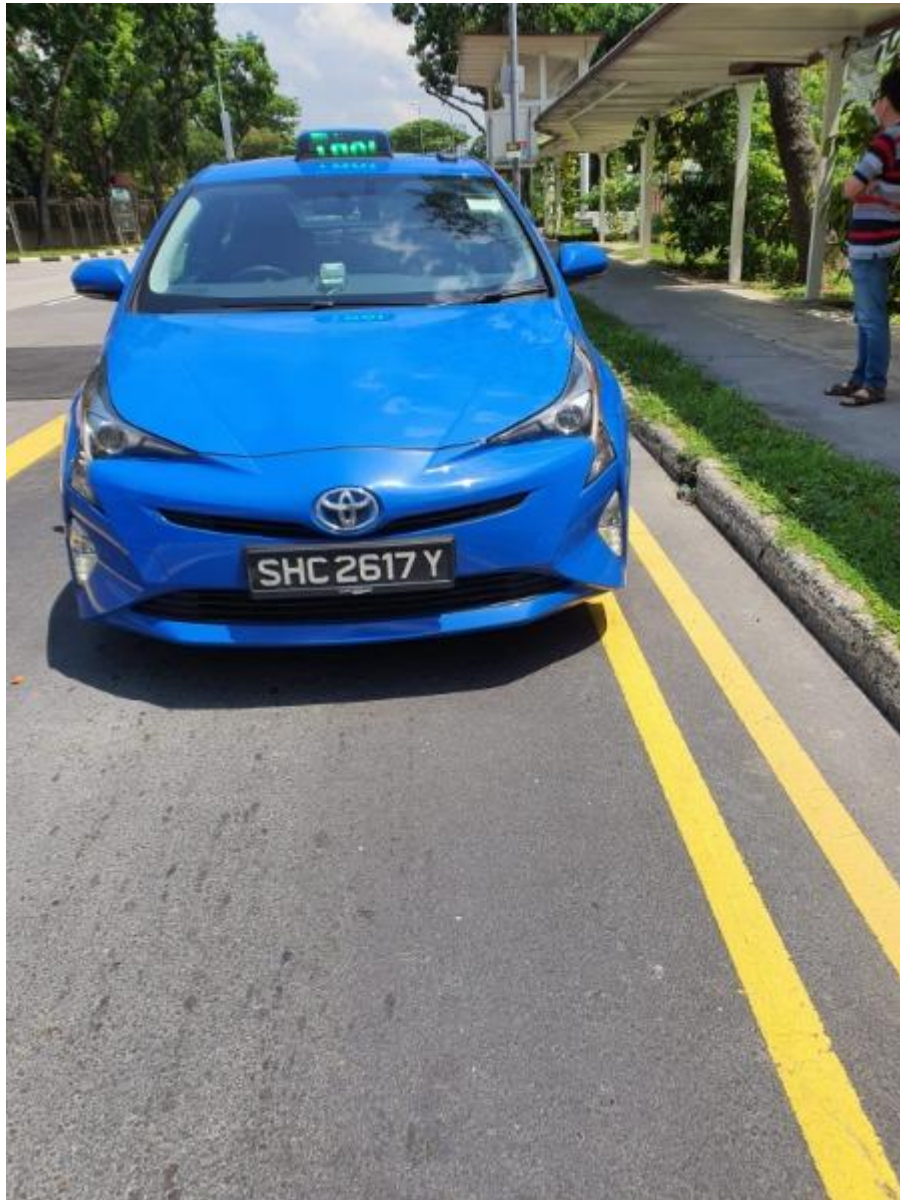
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



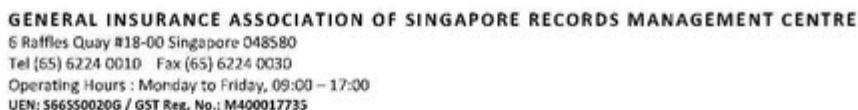
Accident Photo



Accident Photo



Addendum Sheet



ADDENDUM

Original Report No : MKFS20047336 Vehicle Registration No: SLZ1472K

Name(as shown in NRIC) : YING TIM LENG NRIC/FIN/Passport No : SXXXX447C

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore(

Contact (Tel) : _____ Mobile No. : 93676789

Email Address : _____

Date of Accident : 21/05/2020 Time of Accident : 1235

Place of Accident : Sims Avenue East (right junction with Jalan Eunus)

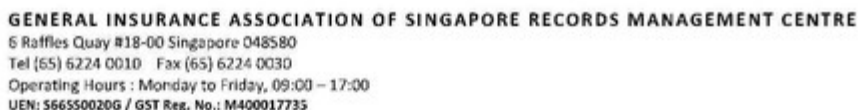
Insurance Company: AIG Asia Pacific Insurance Pte. Ltd.

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TYPO ERROR DRIVER'S - DOB SHOULD BE 10/01/1956



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



ADDENDUM

Original Report No : MKFS20047336 Vehicle Registration No: SLZ1472K

Name(as shown in NRIC) : YING TIM LENG NRIC/FIN/Passport No : SXXXX447C

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore(

Contact (Tel) : _____ Mobile No. : 93676789

Email Address : _____

Date of Accident : 21/05/2020 Time of Accident : 1235

Place of Accident : Sims Avenue East (right junction with Jalan Eunus)

Insurance Company: AIG Asia Pacific Insurance Pte. Ltd.

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TYPO ERROR DRIVER'S - DOB SHOULD BE 10/01/1956

email: vlbtchan@singnet.com.sg



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



ADDENDUM

Original Report No : MKFS20047336 Vehicle Registration No: SLZ1472K

Name(as shown in NRIC) : YING YIM LENG NRIC/FIN/Passport No : SXXXX447C

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore{

Contact (Tel) : Mobile No. : 93676789

Email Address :

Date of Accident : 21/05/2020 Time of Accident : 1235

Place of Accident : Sims Avenue East (right junction with Jalan Eunus)

Insurance Company: AIG Asia Pacific Insurance Pte. Ltd.

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TYPO ERROR DRIVER'S NAME: YING YIM LENG



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