## SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

**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.
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7. By the lodgement of this report to the insurers, you hereby conseaforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	20/05/2020 15:35
Date Of Accident	20/05/2020 11:50
Exact Location Of Accident	EXIT FROM CARPARK BLK 151 TO ANG MO KIO AVE 5
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG2017J
Insured/Policyholder	
Name Of Registered Owner	NGO YONG SIEW
NRIC No	S1737132J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97563846
Alternative Phone No	Others-97563846
Vehicle Particulars	
Manufacturer	SUBARU
Model	XV 1.6
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	1900141357
Cover Note Number	
Driver	
Name of Driver	TOH KEE CHUAN
NRIC No	S1574674B
Date Of Birth	22/10/1963
Occupation	OUTDOOR

03/08/1981

38 YEARS AND 9 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-96378336

Fax Number

**Contact Number** 

**EMail Address** TOHKEECHUAN@GMAIL.COM

BLK 108 ANG MO KIO AVENUE 4 Address

#11-96

**SPOUSE** 

Postcode 560108 Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

Type Of Accident COLLIDED INTO MOTORCYCLIST

**Weather Conditions CLEAR Road Surface** WET

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?

NO

NO

YES

NO

Was any other material or property damaged? YES

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?

If Yes, Please state which Police Station

Police Station Name KEBUN BARU NEIGHBOURHOOD POLICE POST

ROAD: BLK 111 ANG MO KIO AVENUE 4, POSTCODE: 560111, COUNTRY:

Police Station Address **SINGAPORE** 

Police Station Contact TEL NO: 1800-4589999 - FAX NO: 64574454

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

Please refer to Police Report: T/20200520/2041.

Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

FT7306X

Vehicle Make/Model/Colour

**Details Of Properties** Vehicle Category

**MOTORCYCLE** 

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode NO

FT7306X

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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: 2 0 MAY 2020

15.35W

Driver's Signature

(If driver & gowant (1999) (holder) Date & Time: 25 10 Reportin**PohrKweer@hoo**l's Signature

Name: NRIC/FIN No.:

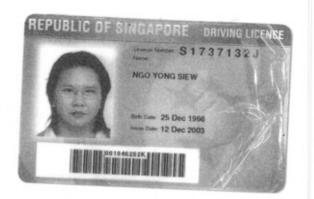
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B - FT 7306	X	
DESCRIBE CIRCUMSTANCES OF T	75	(4)
Refer to Police.	eport: T/20200520/.	2041
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		-
	-	
DECLARATION		
I/We declare the foregoing particulars	are true in every respect.	
0:0	- <del></del>	7/
Policyholderie Siggaturgozo	Driver's Signature	Reporting Roh Kwee Ghoo Signature
Date & Time: DINAY 2020	Driver's Sign ture (If driver is no the have 1825er) Date & Time:	Name: NRIC/FIN No.:

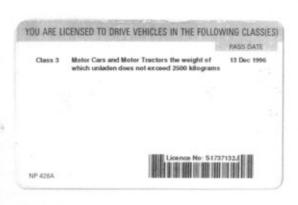
**Identification Card** 

GWARAC StetchPlenForm\_V3





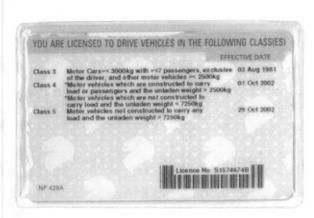
















Police Station Of Origin:

Kebun Baru NPP

111 Ang Mo Kio Avenue 4 SINGAPORE

560111

Tel No: 1800-4589999

REPORT OF A TRAFFIC ACCIDENT

100000000000000000000000000000000000000	20200520/2	041
		1 of 3

Report No. T/20200520/2041

Date/Time Report Made: 20/05/2020 15:06		lade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Particu	ulars			
	Informant: E CHUAN		Address: APT BLK 108 ANG MO KIO AVENUE 4 #11-96 SINGA 560108		
ID Type / ID No.: NRIC NO / S1574674B			Contact No.: Home/Office: Mobile: 96378336		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 22/10/1963	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information: Class:	Date of Expiry:	

Seneral Infor	mation of the Accident				SAME OF SAME	
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/05/2020 11:50	Type of Location Car Park		
Location: Along Road 1 ANG MO KIC Blk 151 Ang I Weather:		Road Surface:	Avenue 5	Roa	d Speed Limit:	
Clear		Wet		-		
Traffic Flow:		Traffic Control: Traffic Light - Working			Traffic Volume: Moderate	
One Way					one conveyed by	

Details of V	ehicle Involve	a				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FT7306X	Motorcycle				Slightly Damaged	0
SJG2017J	Car	-			Slightly Damaged	0

Details of Person Involved	And the second s
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111

2 of 3 Report No. T/20200520/2041

Tel No: 1800-4589999

CONTINUATION OF REPORT

Driver	CO. THE ROLL OF THE PARTY OF TH			ID No.	7	S1574674B
Name	TOH KEE CHUAN			ID No.		. 515740746
Related Vehicle	SJG2017J (Car)			Conta	ct No.	96378336
Hospital/Clinic	NIL			Class Driving Licent Expiry	g .	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

On 20/05/2020 at about 1150hrs, I was driving my vehicle bearing registration number SJG2017J exiting Blk 151 Ang Mo Kio Carpark (Carpark number A77) into Ang Mo Kio Avenue 5.

Since there was a bit of a traffic on Ang Mo Kio Avenue 5, I was the second vehicle waiting to exit the carpark and there was a motorcycle bearing registration number FT7306X in front of me. When the traffic on the main road cleared up, I then inch forward to exit the carpark however the motorcycle did not move. Due to that, my car collided to the rear portion of his motorcycle and caused him to drop off from his motorcycle.

I then left my vehicle to assist the rider and eventually he called for the ambulance and traffic police. The rider was then treated by the paramedics however he was not conveyed to any hospital.

I have an In-Car built camera that can be used to aid investigations and I did manage to exchange particulars with the rider.

There were some scratches on my vehicle due to the collision.

I am lodging this report for insurance claim and police investigation.





Report No. T/20200520/2041

Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111

Tel No: 1800-4589999

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.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: F / Sgt 2 MUHAMMAD AZRI AMIRUL BIN SAZARI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/05/2020 15:06
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case:
Authentication Stamp NP168 Singapore Police Police	Aci .



# CERTIFICATE OF INSURANCE

#### **AUTOPLUS PRIVATE VEHICLE**

Name of Policyholder : Ngo Yong Siew
Period of Insurance : 07 Aug 2019 To 06 Aug 2020
Engine No. : FB161255029

: JF1GP3KC5EG146090 Chassis No.

Vehicle No. Policy No.

Issued Date

: SJG2017J : 1900141357

Endorsement No.

: 02 Aug 2019

## ABOUT THE COVER

Make/Model : SUBARU XV 1.6

Engine Capacity/Tonnage : 1,600.00 CC Driver Restriction : NA

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2014

Insuring with COE/PARF : No

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 indemsify the Policyholder or any authorised driver orly 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 tailor, driving tailor, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

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

## EXCESS

Section 1 Fire - \$0 Own Damage - \$1200 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Ngo Yong Siew - \$1200 (Own Damage)

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

Approved negoting Centres into Autorised repaires (in or came resided repairs).

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers, Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/IQS Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

## IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

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

SNG KOK HOR

3 TAMPINES GRANDE #05-33 AIA TAMPINES

SINGAPORE 528799 SP-JERRYOON-DLIM

Underwritten by AIG Asia Pacific Insurance Pte, Ltd.

Marile

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE









## **CHASSIS NUMBER**

