SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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 <u>truthful and accurate</u> 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.
- 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

 By the loagement of this report to the insurers, you hereby conse aforesaid. 	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	30/06/2020 09:19
Date Of Accident	29/06/2020 14:05
Exact Location Of Accident	ALONG LUTHERAN ROAD & FARRER ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDZ988R
Insured/Policyholder	
Name Of Registered Owner	TAN SIEW CHOON
NRIC No	S1109179B
Email Address	DILYSONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97311938
Alternative Phone No	Others-97311938
Vehicle Particulars	
Manufacturer	LEXUS
Model	GS300
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	1900107199
Cover Note Number	
Driver	
Name of Driver	LEE EN ZE JONATHAN
NRIC No	S9143536E
Date Of Birth	22/11/1991
74.0 0. 2	

INDOOR

30/04/2012

8 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91110207

Fax Number

Contact Number

EMail Address LEEJONSG@GMAIL.COM
Address 103 GALLOP PARK ROAD

Postcode 258997

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - GRANDSON

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?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Was any other material or property damaged?

Number of December (Including Drive)

NO

YES

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 1 DUKE ROAD, POSTCODE: 268914, COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-4629999 - **FAX NO**: 64628933

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

Please refer to Police Report No. T/20200629/2083.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMB226B

Vehicle Make/Model/Colour

Details Of Properties SMRT Vehicle Category BUS Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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)

Lunderstand, 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).
 - (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 3 0 JUN 2020

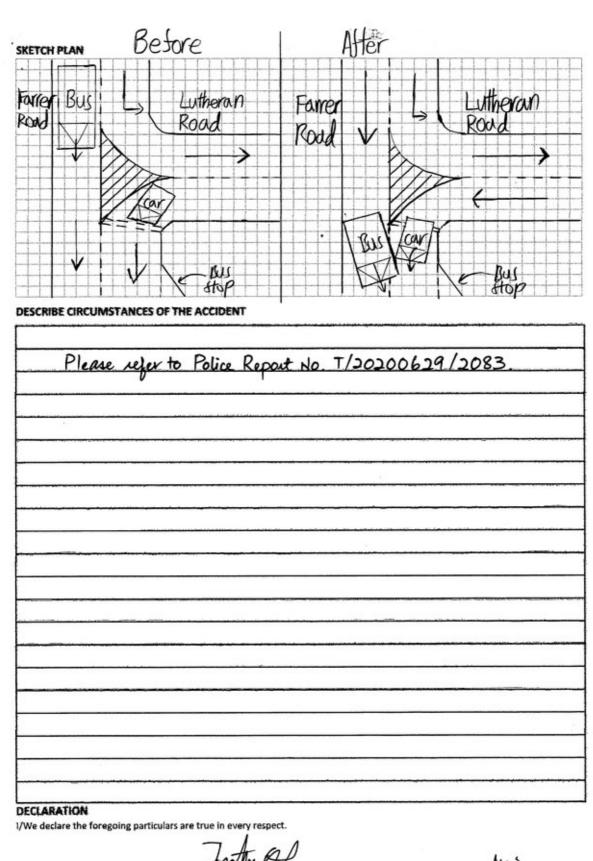
(If driver is not the policyholder)

Date & Time: 30 JUN 2020 Reporting Centre Personnel's Signature

Name:

Deborah Lai NRIC/FIN No.:

Jan Sew Choon



Policyholder's Signature Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

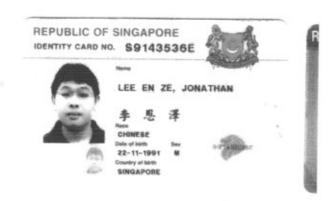
30 JUN 2020

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Deborah Lai

GIARMC SketchPlanForm_V3







Identification Card

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1109179B





TAN SIEW CHOON

陳秀春

THEN ESTE

Country of them.









Police Station Of Origin: Bukit Timah N.P.C

1 Duke's Road SINGAPORE 268914

Tel No: 1800-4629999

1 of 3 Report No. T/20200629/2083

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/06/2020 18:27		fade:	Vide Report No.:	Station Diary No.: 84	
Informa	nt's Partic	ulars			
Name of Informant: LEE EN ZE, JONATHAN			Address: 103 GALLOP PARK ROAD SINGAPORE 258997		
ID Type / ID No.: NRIC NO / S9143536E		36E	Contact No.: Home/Office:	Mobile: 91110207	
Nationality: SINGAPORE CITIZEN		EN	Email: LEEJONSG@GMAIL.COM		
Sex: Male	Age: 28	Date of Birth: 22/11/1991	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: DATA ANALYSIS			Driving Licence Information: Class: 3	Date of Expiry:	

General Infor	mation of the Acciden	t and the second	Charles Brown and Charles		
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 29/06/2020 14:05	Type of Location:	
Location: Along Road 1 LUTHERAN F FARRER RO		d 2			
Wodulet.		Road Surface: Dry		Road Speed Limit:	
		Traffic Control:	1	Traffic Volume: Moderate	
Type of Collis Between Mov	sion: ving Vehicles - Head To	Side	1:	Anyone conveyed by ambulance: No	

Vehicle No. Type Make Model Color Condition No of	
	assenge
SDZ988R Car Slightly 0	

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SDZ988R		1900107199	11/07/2019	10/07/2020





Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

2 of 3 Report No. T/20200629/2083

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location, I was driving the vehicle with the registration plate no. SDZ988R.

I was travelling along Lutheran Road and I was planning to return back to my residence located at Gallop Park Road. As I approached the end of Lutheran Road, I had to stop my vehicle before the dotted line and look out for any incoming traffic on my right side. As there was no incoming traffic into the left lane, I proceeded to turn to the left and stick to the left lane of Farrer Rd. It was then when a SMRT Public Bus with the registration plate no. SMB226B, which was travelling on the right lane had cut into the left lane to approach the bus stop right outside The Sienna Condominium. I could hear a dragging sound and I realized that my vehicle must be damaged. The bus driver was aware of the accident as well. Both of us drove our vehicle towards the bus stop to inspect the damage.

The bus driver contacted his command center and both of us took pictures of the damage. My vehicle damage consist scratches and paint peeled off at the front right side of the bumper. With regards to the bus damage, there were only scratches near and on of its back door.

The bus driver also verified that no one on the bus was injured. I provided my name and contact number but the bus driver did not provide any of his particulars. The bus driver only informed that the company will be contacting me soon. There was no date given.

I wish to state that the vehicle belongs to my grandmother by the name of Tan Siew Choon. The vehicle does not having in-car camera.

I am lodging this report as I am required to by the insurance company.





3 of 3

Report No. T/20200629/2083

Police Station Of Origin: Bukit Tîmah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

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 / Sgt 2 JANELL SENG WEI XUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/06/2020 18:27
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168 SI	GNATURE

Insurance Certificate



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder
Period of Insurance
Engine No.
Chassis No.
: TAN SIEW CHOON
: 11 Jul 2019 To 10 Jul 2020
: 3GR0241589
: JTHBH96\$905060939

Vehicle No.

: SDZ988R : 1900107199

Policy No. Endorsement No.

leaued Date

: 10 Jun 2019

ABOUT THE COVER

Make/Model

: LEXUS GS300

Engine Capacity/Tonnage ; 2,995.00 CC

Sum Insured : Market Value

First Year of Registration : 2008

Driver Restriction

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

Any parson other than the Policyholder who is driving on the Policyholder's order or with his/her permission.
This Policy will indemnify any authorised driver other than the Policyholder only if his/her mests 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 für sobiel, dominatio and pleasure jurposses and for the Policyholder's businese. This Policy does not cover use for him or reward, driving bullon, driving test, racing, pace-business or use for any purpose in connection with Motor Trade. making, reliability trial or speed-lessing, the carriage of goods other than samples in connection with any trade or

Loss of Use 1500cc - 1600cc Optional

* Limitations randered inoperative by Section 6 of this Motor Vehicles (Third-Party Risks and Companisation) Act (Cep. 189) and Section 95 of the Road Transport Act, 1987 (Melayele), are not to be included under those headings.

EXCESS

Section 1 Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2 Property Demage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Lee Gek Chos Jennifer - \$800 (Own Damage)

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

Approved Reporting Centreal Al@ Authorised Repairers (For claims related repairs)
Any socioerd repairs to the Vehicle must be centred 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 centred out in the State Approved Repairs workshop.
For other Approved Repairing CentrealAl@ Authorised Repairers, please contact our 2A-hour excident energency hoties at +65 5336 5200. Alternatively, You may refer to Alig website www.aig.com.ag or Alid Still Mother App. Search and download 'Alid Stiff from ITures or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: NA

I/Vis harmby cartify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Metter Vehicles(Third Perty Risks and Companishin). Act (Cop. 1909, Part IV of the Road Transport Act, 1967 (Metayala) and Motor Vehicles (Third Perty Risks and Companishin).

0662000000

CHATHANADU IYPE THOMAS

371 ALEXANDRA ROAD #07-22 AIA ALEXANDRA

SINGAPORE 159963 SP-CITHOMAS-BSTAN

Underwritten by AIG Asia Pacific insurance Pts. Ltd.

Marile

AIG Asia Pacific Insurance Pte. Ltd. **AUTHORISED REPRESENTATIVE**

Accident Photo

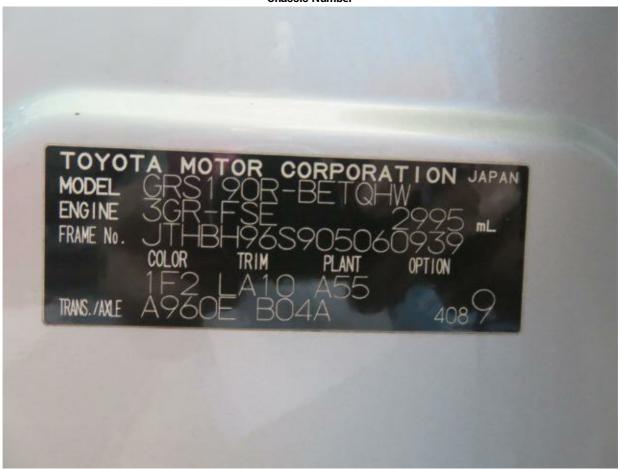








Chassis Number



Third Party Vehicle No. SMB 226B

Third Party Vehicle No. SMB 226B



Third Party Vehicle No. SMB 226B



Third Party Vehicle No. SMB 226B





Third Party Vehicle No. SMB 226B



Third Party Vehicle No. SMB 226B



Third Party Vehicle No. SMB 226B





Third Party Vehicle No. SMB 226B



Third Party Vehicle No. SMB 226B



Third Party Vehicle No. SMB 226B



Third Party Vehicle No. SMB 226B

