

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	09/09/2020 09:40
Date Of Accident	08/09/2020 10:30
Exact Location Of Accident	MOULMEIN TURNING TO LAVENDER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT6949M
Insured/Policyholder	
Name Of Registered Owner	THAM CHEE HONG
NRIC No	S7471430G
Email Address	BJOCUND@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98227511
Alternative Phone No	Others-98227511

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-1.2 (A)
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	THIRD PARTY
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	1
Cover Note Number	

Driver

Name of Driver	KOH YUPING (XU YUPING)
NRIC No	S8132983D
Date Of Birth	10/10/1981
Occupation	INDOOR
Date Of Driving Pass	07/03/2007
Driving Experience	13 YEARS AND 6 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-96985400
Fax Number	
Contact Number	
EMail Address	OOPS04@GMAIL.COM
Address	BLK 13 FARRER PARK ROAD #24-25
Postcode	210013
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?	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

BOTH VEHICLES ARE TURNING RIGHT FROM MOULMEIN ROAD TO LAVENDER. MY VEHICLE IS IN THE 2ND TURNING LANE. AFTER COMPLETING THE RIGHT TURN, COMFORT TAXI SH7744Z HIT THE RIGHT BACK CORNER OF MY CAR. TO HIGHLIGHT, WHILE TURNING RIGHT, THE VEHICLE IN FRONT OF ME ON THE RIGHT HAND SIDE ALREADY CUT INTO MY LANE, HENCE MY VEHICLE HAS MADE A WIDER TURN.

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	SH7744Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI

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

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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.
- (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.:

IC AutoClinic Pte Ltd
1 SIXTH LOK YANG ROAD
SINGAPORE 628099
TEL: 6262 2212
FAX: 6262 3892

Both vehicles are turning right from Maulmain Road to Lavender.
My vehicle is in the 2nd turning lane. After completing the right turn, comfort taxi SH7744Z hit the right back corner of my car.
To highlight, while turning right, the vehicle in front of me already cut into my lane, hence my vehicle has already made a ^{on the right hand side} wider turn.

I/We declare the foregoing particulars are true in every respect.

Driver's Signature
(If driver is not the policyholder)
Date & Time:

TC AutoClinic Pte Ltd
1 SIXTH LOK YANG ROAD
SINGAPORE 628090
TEL: 6262 2212
FAX: 6262 3092

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

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 8 Sep 2020		Time 2230		2 Exact location of accident Moulmein turning to Lavender Road		To be signed by BOTH drivers	
4 Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

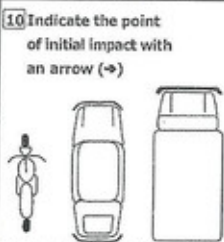
Registration No. **SKT644AM**
(VEHICLE A)

6 Insured / policyholder (see insurance cert.)
Name **THAM CHEE HONG**
(capital letters)
Address **13 Fong Park Rd #24-25**
NRIC / Passport no. **ST47143061**
Tel no. (from 9am till 5pm) _____
HP **98227611**

7 Vehicle
Make, type **NISSAN QASHQAI**

8 Insurance company
AIQ
Does the policy cover damage to vehicle A?
No ☐ Yes ☐
Policy No. (if available) **2100418149-05**

9 Driver (See driving licence)
(if different from insured A above)
Name **KOH YUPING**
(capital letters)
NRIC / Passport no. **S8B2983D**
Class of licence **3**



11 Visible damage to vehicle A

14 My remarks

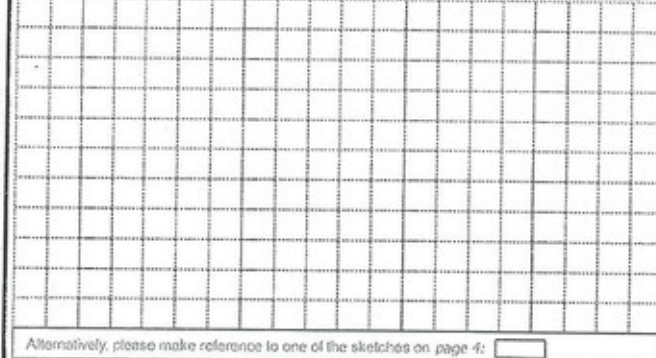
12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle

A	1 parked / stopped (at the roadside)
2	leaving a parking space / opening the door (at the roadside)
3	entering a parking space (at the roadside)
4	emerging from a car park, from private grounds, from a minor road
5	entering a car park, private grounds, a minor road
6	entering a roundabout or similar traffic system
7	circulating in a roundabout or similar traffic system
8	striking the rear of the other vehicle while going in the same direction and in the same lane
9	going in the same direction but different lane
10	changing lanes
11	overtaking
12	turning to the right, making a U-turn (official U-turn)
13	turning to the left
14	reversing
15	encroaching in the opposite traffic lane
16	coming from the right (at road junctions)
17	not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

← State TOTAL number of boxes marked with a cross →

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads



A

15 Signatures of drivers

[Signature]

Registration No. **SH 7744Z**
(VEHICLE B)

6 Insured / policyholder (see insurance cert.)
Name _____
(capital letters)
Address _____
NRIC / Passport no. _____
Tel no. (from 9am till 5pm) _____
HP _____

7 Vehicle
Make, type **Hyundai**

8 Insurance company
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available) _____

9 Driver (See driving licence)
(if different from insured B above)
Name _____
(capital letters)
NRIC / Passport no. _____
Class of licence _____

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle B

14 My remarks

B

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

INDIVIDUAL STATEMENT (Part II)

To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)

Insured	1 Occupation (if more than one, state all)		Email: <u>bjocund@gmail.com</u>	
	2 Vehicle registration no. <u>SE6949M</u>	C.C.	If commercial vehicle, state permissible carrying capacity	
	3 Is driver the owner? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state the vehicle number and name of insurer of driver's own vehicle (where applicable)			
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Others - please specify			
Of which vehicle are you the owner? <input type="checkbox"/> A <input type="checkbox"/> B	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no. _____			
	6 Are you claiming under your own insurance policy for repair to your vehicle? <u>No</u> If no, state action to be taken <u>Claim third party</u>			
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth <u>10/10/1981</u>	Occupation (if more than one, state all) <u>Indoor</u>	Years of driving experience <u>7/3/2007</u>	Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability			
	9 Full details of all driving convictions including pending prosecutions in the last 36 months			
Injured persons	10 Name(s), address(es) and approximate age(s)		Injuries sustained	If vehicle occupants, state in which vehicle
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property	Nature of damage
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station _____			
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, against whom? _____			
Accident details	14 Weather conditions		Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others _____	
	15 Road surface		Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others _____	
	16 Speed of vehicles		A <u>20</u> km/hr B _____ km/hr	
	17 What warnings were given by driver or other party? _____			
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____			
	20 If your vehicle is commercial, state weight of load carried at time of accident _____			
21 State how accident happened, width of roads, speed limits, etc (use separate sheet of paper where necessary)				
Declaration	I/We declare the foregoing particulars are true in every respect			
	Policyholder's signature _____		Date _____	
	Driver's signature (if driver is not the policyholder) _____		Date _____	

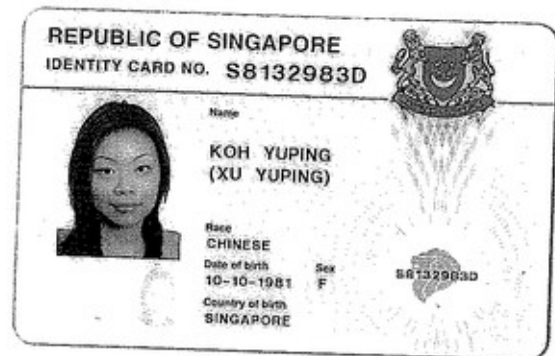
To whom it may concern,

I, Tham Chee Hong, S7471430G, hereby authorise Koh Yuping, S8132983D, to report the accident on my behalf.



Date: 9 Sep 2020

Identification Card



CERTIFICATE OF INSURANCE



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

1

Name of Policyholder : Tham Chee Hong
Period of Insurance : 20 Jun 2020 To 19 Jun 2021
Engine No. : HRA2150403A
Chassis No. : SJNFEAJ11U1402145

Vehicle No. : SKT6949M
Policy No. : 2100418169-05
Endorsement No. :
Issued Date : 29 Apr 2020

ABOUT THE COVER

Make/Model : NISSAN QASHQAI 1.2 DIG-TURBO
Engine Capacity/Tonnage : 1,197.00 CC Sum Insured : Market Value First Year of Registration : 2015
Driver Restriction : NA Off Peak Car : No 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
The 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.

Loss of Use 1500cc - 1600cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 169), 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 - \$500 Theft - \$0 Flood Cover - \$600

Section 2

Property Damage - \$0

Windscreens - \$100

Named Driver and Excess (where applicable)

Tham Chee Hong - \$600 (Own Damage), \$600 (Flood Cover)

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

1 TC Auto Clinic Add: 25 Leng Kee Road Singapore 150097 67038511 67038512 67038513
2 TC Auto Clinic Add: No 1, Sidiq Lok Yang Road Singapore 620099 62022212
3 Autolub Industrial Add: 19 Ubi Road 4 Singapore 408623 64909668
4 Tan Chong Motor Sales Add: 913 Bukit Timah Road Singapore 589623 64094091 64094092 64094093
5 Tan Chong Motor Sales Add: 17 Lorong 8 Teo Payon Singapore 319254 63570753 63570754

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 8200. Alternatively, you may refer to AIG website www.aig.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: Standard Chartered Bank (Singapore) Limited

We 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. 169), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500610353

TAN CHONG CREDIT PTE LTD-LSL

913 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE
SINGAPORE 589623 ANSP-MOTOR

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

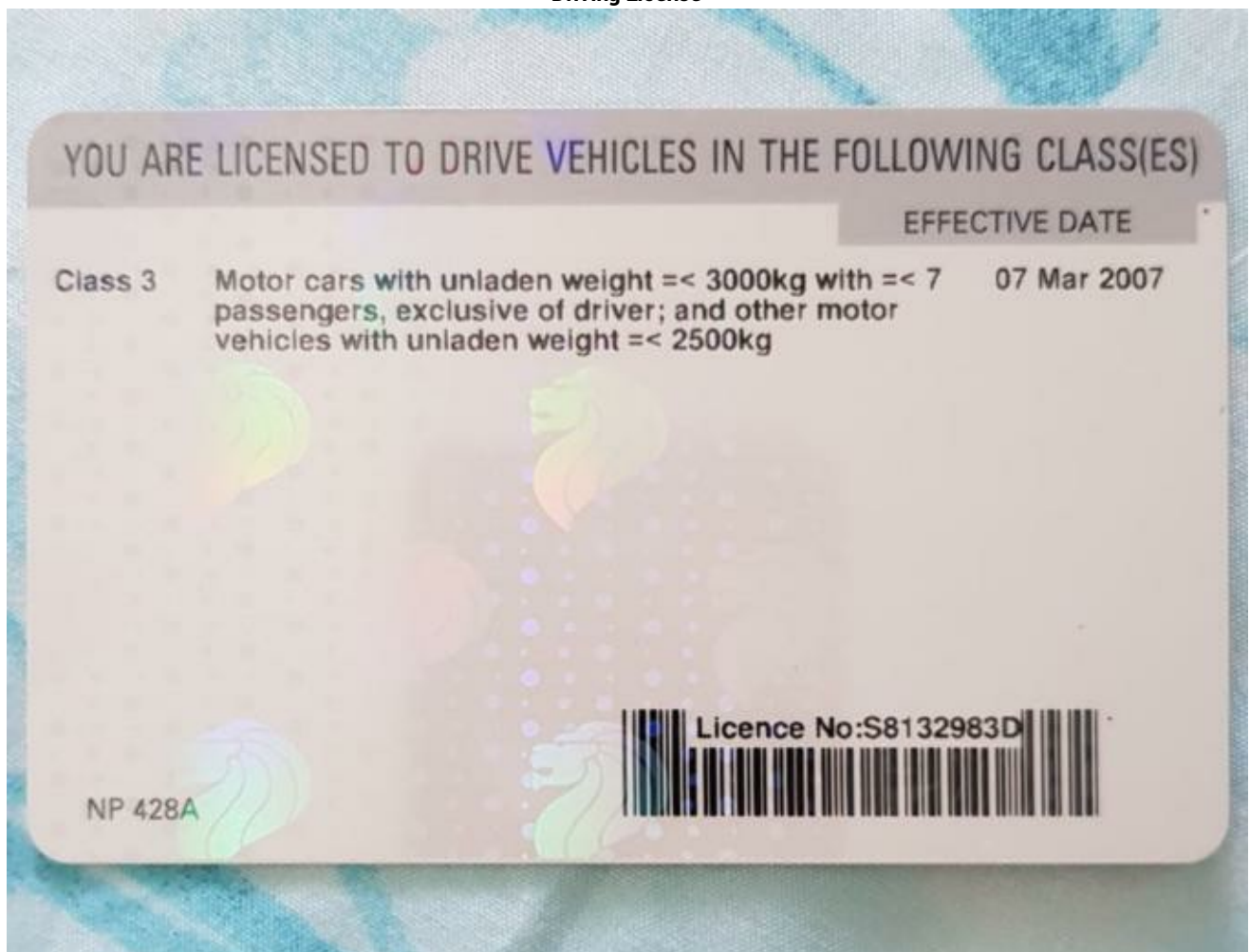
This computer generated document does not require a signature.

AIGSGMOBILEAPP

Driving License



Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

