#### 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 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	08/09/2020 15:44
Date Of Accident	07/09/2020 23:00
Exact Location Of Accident	X-JUNCTION OF PUNGGOL WAY & SUMANG LINK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SMA4274R
nsured/Policyholder	
Name Of Registered Owner	LOW HAN CHENG
NRIC No	S7437991E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83446800
Alternative Phone No	Office-83446800
/ehicle Particulars	
Manufacturer	KIA
Model	CERATO K3
exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE CAR
nsurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
ype Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800065443
Cover Note Number	
Driver	
Name of Driver	LOW HAN CHENG
NRIC No	S7437991E
Date Of Birth	17/11/1974

**OUTDOOR** 

28/08/2007

13 YEARS AND 0 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-83446800

Fax Number

**Contact Number** OFFICE-83446800

**EMail Address NOEMAIL** 

Address BLK 117 TAMPINES ST 11 #03-516

Postcode 521117 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 **COLLISION - HEAD TO REAR** 

2

YES

NO

NO

1

NO

**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

Was any injured conveyed to hospital by

Was any body injured in the Accident?

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: SINGAPORE

**TEL NO**: 65470000 - **FAX NO**: **Police Station Contact** 

Was notice of intended Prosecution given?

If Yes, against whom?

#### **Circumstances of Accident**

REFER TO POLICE REPORT: T/20200908/7002.

#### 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 FBN5999M

Vehicle Make/Model/Colour

**Details Of Properties VEHICLE B MOTORCYCLE** Vehicle Category

Name of Driver

ANG WEE KIAT

NRIC/Passport Number

Contact Number 96471188

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name ANG WEE KIAT

Approximate Age Injuries Sustain

Injured person in which vehicle? FBN5999M

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

# **DETAILS OF INJURED PERSON 2**

Name GLADYS

Approximate Age Injuries Sustain

Injured person in which vehicle? FBN5999M

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

#### 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.
- 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.
- 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:

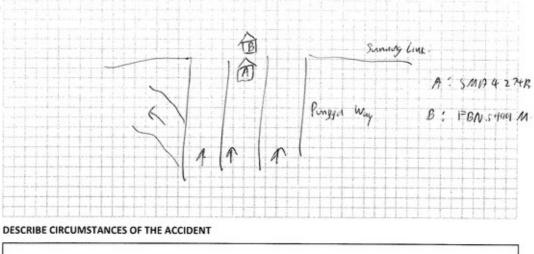
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



Refer	40	attached	Eluc	seport				
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		-						

#### DECLARATION

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

Aglicyholder's Signature Date & Times

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:





T/20200908/7002

1 of 4

Report No. T/20200908/7002

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/09/2020 00:15		fade:	Vide Report No.:	Station Diary No.:			
Informa	nt's Partice	ulars					
Name of Informant: LOW HAN CHENG			Address: 117 TAMPINES STREET 11 #03-516 SINGAPORE 521117				
ID Type / ID No.: NRIC NO / S7437991E			Contact No.: Home/Office:	Mobile: 83446800			
Nationality: SINGAPORE CITIZEN		EN	Email: LOWDV@YAHOO.COM.SG				
Sex: Age: Date of Birth: Male 45 17/11/1974			Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name:			
Occupation: Self employed			Driving Licence Information: Class: Date of Expiry:				

General Information Type of Accident:	Injury Attended by Police	Drink Drive:	Date/Time of Accident:	X-J	e of Location unction
Location: PUNGGOL W	/AY	No	07/09/2020 23:0		
Weather: Clear		Road Surface: Dry	***************************************	Road Spe	ed Limit:
			rking	Road Spe Traffic Vo Moderate	lume:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBN5999M	Motorcycle	HONDA	CB150R		Slightly Damaged	1
SMA4274R	Car	KIA	CERATO K3 1.6A SUNROOF	Black	Slightly Damaged	0





T/20200908/7002

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

**Details of Vehicle Insurance** 

Date

NIL

No. of Days granted Medical Leave

2 of 4 Report No. T/20200908/7002

#### CONTINUATION OF REPORT

Vehicle No.	Ins	surance Company	Insuran	ce No	Effective	Expiry Date	
SMA4274R	LT	G ASIA PACIFIC INSURANCE PTE D.	SURANCE PTE. 1800065443-02			06/06/2021	
Details of P	erso	n Involved	Getting				
Any Pedestri	ian Ir	nvolved: No					
No. of Pedes	striar	ns Injured: NIL	Use of Pe	destrian Cr	ossing: NA		
Rider							
Name		ANG WEE KIAT		ID No.	NIL	NIL	
Related Veh	icle	FBN5999M (Motorcycle)		Contact N	lo. 96471188	96471188	
Hospital/Clin	ic	NIL		Class of Driving Licence & Expiry		Class: 2B Date of Expiry: NIL	
Date		NIL	Date	NIL			
No. of Days	gran	ted Medical Leave NIL	Degree of				
Driver							
Name		LOW HAN CHENG		ID No.	S7437991	E	
Related Veh	icle	SMA4274R (Car)		Contact N	lo. 83446800		
Hospital/Clin	ic	NIL		Class of Driving Licence 8 Expiry	Date of Ex	Class: NIL Date of Expiry: NIL	
Date		NIL	Date	N	L		
No. of Days	gran	ted Medical Leave NIL	Degree of	ee of NIL			
Pillion							
Name		GLADYS		ID No.	NIL		
Related Veh	icle	NIL		Contact N	lo. NIL		
Hospital/Clin	ic	NIL		Class of Driving	Class: 2B Date of Ex	piry: NIL	

NIL

Date

Degree of

Licence & Expiry

NIL

NIL





T/20200908/7002

3 of 4 Report No. T/20200908/7002

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

#### Brief Details.

I was stationary before the stop line along Punggol Way before the cross junction of Sumang Link with no vehicles in front of me. Upon seeing the traffic lights turned green, I moved off and suddenly saw a rider in front of me. I alighted and rendered assistance, called for ambulance and police and was advised to lodge an accident report on this said matter. Case reference number: F/20200907/0230





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

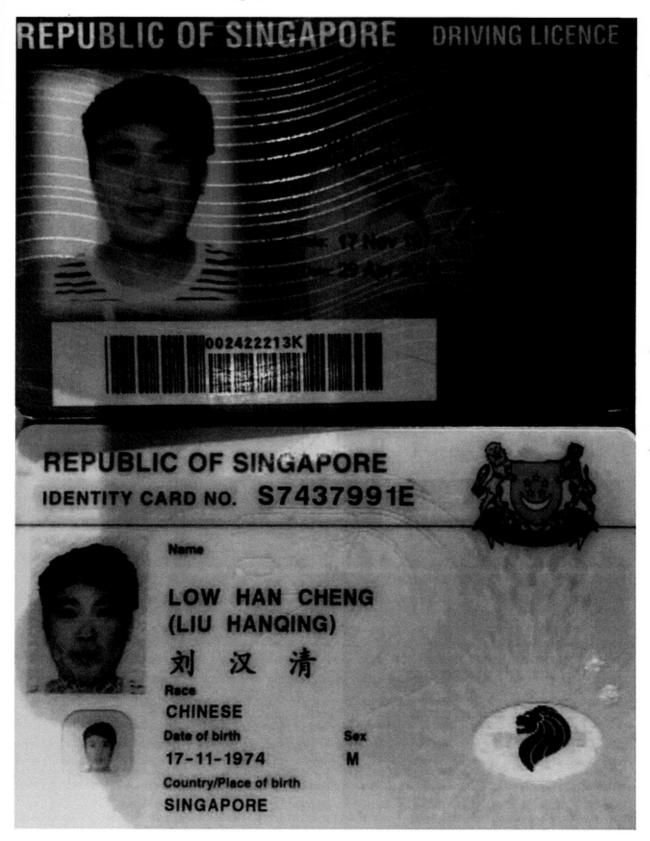
4 of 4 Report No. T/20200908/7002

#### CONTINUATION OF REPORT

Sketch Plan					
Informant is	not	able	to	provide	sketc

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/09/2020 00:15
Officer In Charge Of Case: TP / TPHQ / MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247	Classification Of Case:
Authentication Stamp	



SMA 4974R DOM: 09(09/20

Shuth 45 (\*C)

YOU ARE LICENSED TO DRIVE VEHIC

FOLLOWING CLASS(ES

**EFFECTIVE DATE** 

Class 3 Motor Cars=< 3000kg with =<? passanger , exclusive 28 Aug 2007 of the driver; and other motor vehicles =< 2500kg

**NP 428A** 



5469945



NRIC No. S7437991E



29-04-2015

Address

APT BLK 117 TAMPINES STREET 11 #03-516 SINGAPORE 521117



# CERTIFICATE OF INSURANCE

# KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : LOW HAN CHENG (LIU HANQING)
Period of Insurance : 07 Jun 2020 To 06 Jun 2021

Engine No. : G4FGHH692718
Chassis No. : KNAFZ411MJ5762425

Vehicle No.

: SMA4274R

Policy No.

: 1800065443-02

Endorsement No. : Issued Date

: 11 May 2020

# ABOUT THE COVER

Make/Model

: KIA Cerato K3 1.6 SX

Engine Capacity/Tonnage : 1,591.00 CC Driver Restriction

Sum Insured : Market Value

First Year of Registration : 2018

Insuring with COE/PARF : Yes

: NA

Off Peak Car : 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 indomnily the Policyholder or any authorised driver only if halfule 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 unnar than 2 years' driving experience. ed) is under the age of 23 and/or has less

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 her or reward, driving tuition, driving test, racing, pace 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. 189). Section 95 of the Road Transport Act, 1967 (Malarysia) and Road Transport Act,

#### **EXCESS**

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

Windscreen: \$100

Named Driver and Excess (where applicable)

LOW HAN CHENG (LIU HANGING) - \$600 (Own Damage), \$600 (Flood Cover)

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

#### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Daimler Financial Services Africa & Asia Pacific Ltd

hereby certify that the policy to which the Certificate of Insurance relates is based in accordance with the provisions of the Motor Vehicles (Third Party Road Transport Act, 1957 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Roads) Rules, 1959 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Roads) Rules, 1959 (Malaysia).

500709928

CLE & CARRIAGE - ERICL

ALEXANDRA ROAD

APORE 159930

written by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. This computer generated document does not require a signature.

















