### Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 18/11/2020 16:56

### 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 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.

<ol><li>By the lodgement of this report to the insurers, you hereby coaforesaid.</li></ol>	onsent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	18/11/2020 15:01
Date Of Accident	11/11/2020 07:15
Exact Location Of Accident	ALONG LENTOR AVE TWDS AMK AVE 8 NEAR L/P 134
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV7947M
Insured/Policyholder	
Name Of Registered Owner	CHAN GEK CHOO JUNE
NRIC No	S1555575J
Email Address	JUNE.GC.CHAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96343649
Alternative Phone No	OFFICE-96343649

**Vehicle Particulars** 

Manufacturer **SUZUKI** 

Model SX4 SEDAN 1.6 AT

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** 

AIG ASIA PACIFIC INSURANCE PTE. LTD. Name of Insurance Company

**COMPREHENSIVE** Type Of Coverage

Fleet Policy

2000002839 Policy Number

Cover Note Number

**Driver** 

Name of Driver CHAN GEK CHOO JUNE

NRIC No S1555575J Date Of Birth 09/06/1962 Occupation **INDOOR** 16/10/1984 **Date Of Driving Pass** 

36 YEARS AND 0 MONTHS **Driving Experience** 

Gender MALE

Mobile Number (LOCAL) +65-96343649

Fax Number

Contact Number OFFICE-96343649

**EMail Address** JUNE.GC.CHAN@GMAIL.COM Address 733 YISHUN AVE 5 #12-366

Postcode 760733

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

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

YES

2

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

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? 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

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

# **Circumstances of Accident**

THERE WAS A CUBE STYROFOAM AT THE MIDDLE LANE. THERE WERE NO CARS ON MY LEFT.I SWERVED A BIT TO AVOID THE FORM AND THE TAXI INFROTN (SHD4236U) JAMMED BRAKE SUDDENLY. THE CAR (SKU936J) IN FRONT STOPPED SUDDENLY. I JAMMED MY BRAKE BUT UNABLE TO AVOID THE COLLISION. THE IMPACT CAUSED GREAT DAMAGE TO MY CAR, CAUSING MY AIR BAG TO BE DEPLOYED. I GOT INJURED, BRUISING OF MY STERNUM, BECAUSE OF IT AND WAS CONVEYED TO A&E AT KTPH. I HAVE VEHICLE CAMERA AND TOOK PICTURES OF THE ACCIDENT.

### 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 SHD4236U

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)

# **DETAILS OF INJURED PERSON 1**

Name

CHAN GEK CHOO JUNE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

### **Accident Sketch Plan**





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20201111/7011

### REPORT OF A TRAFFIC ACCIDENT

Date/Time 11/11/202		Made:	Vide Report No.:	Station Diary No.:
Informan	t's Partice	ulars	1400000	
Name of I CHAN GE			Address: 733 YISHUN AVENUE 5 #12-	366 SINGAPORE 760733
ID Type / NRIC NO		75J	Contact No.: Home/Office:	Mobile: 96343649
Nationality		EN	Email: JUNE.GC.CHAN@GMAIL.CC	M
Sex: Female	Age: 58	Date of Birth: 09/06/1962	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation Administration		ager	Driving Licence Information: Class: 3	Date of Expiry:

General Infor	mation of the Accident				
Type of Accident:	Injury Conveyed By Ambula	nce Drink No			Type of Location Straight Road
Location:	V-1	3,000,000	30,300,000,000,000		
Yishun					
Weather:		Road Surface	e:		ad Speed Limit:
Clear		Dry			Km/h
Traffic Flow: One Way		Traffic Contro	ol:	1000000	ffic Volume: derate
Type of Collis Between Mov	sion: ring Vehicles - Head To Re	ar			vone conveyed by bulance:

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SHD4236U	Taxi	TOYOTA	Prius	Blue	Seriously Damaged	1
SJV7947M	Car	SUZUKI	SX4	Grey	Seriously Damaged	0
SKU936J	Car			Grey	No Damage	0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20201111/7011

#### CONTINUATION OF REPORT

Details of V	ehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SJV7947M	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2000002839	11/01/2020	08/02/2021			

<b>Details of Perso</b>	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Peo	destrian C	ross	sing: NA
Passenger						
Name	Unknown Passenger			ID No.		NIL
Related Vehicle	SHD4236U (Taxi)			Contact	No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence Expiry	3	Class: NIL Date of Expiry: NIL
Date	NIL		Date	1	VIL.	
No. of Days gran	ted Medical Leave	NIL	Degree of	1	VIL	
Driver			W 8			
Name	CHAN GEK CHOO J	UNE		ID No.		S1555575J
Related Vehicle	SJV7947M (Car)			Contact	No.	96343649
Hospital/Clinic	KHOO TECK PUAT	HOSPITAL	0:	Class of Driving Licence Expiry		Class: 3 Date of Expiry: NIL
Date	11/11/2020	S-1-1-1	Date	1	1/11	/2020
No. of Days gran	ted Medical Leave	NIL	Degree of	5	Sligh	t

### Brief Details.

There was a cube styrofoam at the middlelane. There were no cars on my left. I swerved a bit to avoid the form and the taxi in front (SHD 4236U) jammed brake suddenly. The car(SKU 936J) in front stopped suddenly. I jammedmy brake but unable to avoid the collision.

The impact caused great damage to my car, causing my air bag to be deployed.

I got injured, bruising of my sternum, because of it and was conveyed to A&E at KTPH.

I have vehicle camera and took pictures of the accident.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20201111/7011

### CONTINUATION OF REPORT

### Sketch Plan

NP168

Informant is not able to provide sketch

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: 11/11/2020 11:44
Officer In Charge Of Case: TP / TPIB / CHONG GUAN FATT Contact No.: 65476083	Classification Of Case:

#### 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 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")
- 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.

Bolicyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Contre Personnel's Signature

NRIC/FIN No.:

Name:

HARMC SketchPlanForm, V3

					Along	Lentor	Ave	tuds	ma	mo	190 1	Ave 8	NE
					t	amp	post	134	3				
		$\blacksquare$					A:	81A :	9HTM				
							ß:	SHD#	136U				
		B						-					$\Box$
		0								H	-		
		A									H		
		1						-		H	H		
										H			+
SCRIBE CIRCUMSTA	ANCES OF T	HE AC	CIDENT										
					0101								
	Ader 1	0	Police	Repo	H	_			_				
			7/	1 0806	11/7	011							
					20.0	0.01							
													_
LARATION													
	e nartígulare e												
CLARATION e declare the foglegoing	g particulars a		In every re-	spect.									
declare the foregoing	g particulars a		în every re	spect.									
	g particulars a		in every re-	spect.					***************************************				
declare the foregoing	g partículars a	are true		spect.					tu	h			
declare the foregoing		are true	In every res					parting	Control	Person	) nel's Si	ignatur	Te e



# CERTIFICATE OF INSURANCE

#### AUTOPLUS PRIVATE VEHICLE

Name of Policyholder

: CHAN GEK CHOO JUNE

Vehicle No.

: SJV7947M

Period of Insurance Engine No.

: 11 Jan 2020 To 08 Feb 2021 : M16A1480945

Policy No. Endorsement No.

: 2000002839 : 000000000346986

: JSAGYC21S00310005

Issued Date

: 20 Jul 2020

### ABOUT THE COVER

Make/Model

Chassis No.

: SUZUKI SX4 1.6

Engine Capacity/Tonnage: 1,586.00 CC

Sum Insured : Market Value

First Year of Registration : 2010

Driver Restriction

: NA

Off Peak Car : No

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

a) The PolicyFolder
b) Any other parson who is driving on the Policyholder's order or with higher permission.
This Policy will indemnify the Policyholder or any authorised driver only if harate meets the specified age condition.

You have to pay an adoltional sum of \$5,000 as "Young anothr inexpedienced Driver Excess" ("YIDR") if You are or Your Australised Driver (named or unnames; is under the age of 23 ansitor has less

Age Condition

: All Age Condition

Mileage Condition

: Unlimited Mileage

Limitation as to use\* :

Use only for social, demestic and pleasure purposes and for the Edisphalter's business. This Policy does not cover use for the or revealt, driving failion, chiving test, racing, pscs-making, reliability trial or speechesing, the carriage of goods other than earples in connection with futor Trade.

Lose of Use 1500co - 1600co Optional

\* Utritations rendered inoperative by Section 8 of the Motor Vehicles (Thire-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport Act, 1987

#### EXCESS

Section 1
Fire - S0 Own Damage - Secon Trials - 11 Trial - 12 Trial - 15 Tria

Windscreen: \$100

Named Driver and Excess (where applicable)

CHANIGEK CHOO JANE - \$600 (Own Damage), \$600 (Flood Cover), NIKOLE WONG E-LYN - \$600 (Own Damage), \$600 (Flood Cover)

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

Approved Reporting Certreal AIG Authorised Repairers (For claims related repairs).

Any applicant 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 control to.

For other Approved Reporting Certreships Repairers, please contact our 24-hour applicant emergency hotine at +35 8336 8200. Alternatively, You may refer to AIG wobsite ownship up or AIG 8G Mobile App. Simply search and download "AIG 9G" from Tunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: Maybank Singapore Limited

I/We hereby sentify 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 Companisation) Act (Cop. 188), Part IV of gifthe Road Transport Act. 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia).

0504629000

CHAUTO SOLUTION

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

BLK 17 EUNOS CRESCENT #12-2885

SINGAPORE 400017

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

SECARE























































