

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.
- 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 Submission 04/12/2020 09:17 (SGT) Date of Accident 02/12/2020 16:50 (SGT) Exact Location of Accident Seletar, Singapore Additional Location Information Seletar Expressway Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV24L

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Wong Zhan Hong NRIC No. S9239607Z Email Address eunice lim93@hotmail.com Mobile Phone No (Phone) +65-92205828 Alternative Phone No +65-91819350

VEHICLE PARTICULARS

Manufacturer **BMW** Model Activehybrid Variant 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? Yes Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG Type of Coverage Comprehensive Fleet Policy Policy Number 1900248712-01 Cover Note Number

DRIVER

Name of Driver Eunice Lim Poh Yee NRIC No S9347517H Date Of Birth 14/12/1993 Occupation Indoor

Date Of Driving Pass 24/12/2019 Driving experience 1 YEAR Gender Female Mobile Number (Phone) +65-91819350 Alt. Phone Number Email Address eunice lim93@hotmail.com Address Blk 520 Woodlands Drive 14 #08-305 Address complement Postcode 730520 Is the driver the policyholder? Nο If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver 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 the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

Traffic Police

(Phone) +65-65470000

(Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

CIRCUMSTANCES OF ACCIDENT

Please refer to the police report no. T/20201202/7059.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration NumberSMP7353YVehicle ManufacturerHyundaiVehicle ModelAvanteVehicle Variant-Vehicle ColourBlackVehicle CategoryPrivate carName of Driver-Contact Number-



Address	
Address complement	
Postcode	·····-
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accide	
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Address	_
Address Complement	_
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	_
Injured person in which vehicle?	SMP7353Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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- 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)

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: - 3 DEC 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

- 3 DEC 2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Jenny Lim

KETCH PLAN		
(AE) BRE		A - SMV 24L
(Exit)		B - SMP 7353 Y
小 个		
SCRIBE CIRCUMSTANCES O	OF THE ACCIDENT	
Digara malas	- Daling Danach M	* T/7010 1202 / HOED
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CLADATION	·	
CLARATION Te declare the foregoing particu	lars are true in every respect.	
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icyholder's Signature e & Time: - 3 DEC 2020	Driver's Signature	Reporting Centre Personnel's Signature

Date & Time: 3 DEC 2020

GIARMC Sketch Plan Form_V3





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20201202/7059

REPORT OF A TRAFFIC ACCIDENT

Date/Time 02/12/2020		ade:	Vide Report No.: L/20201202/0115	Station Diary No.:	
Informant	s Particu	ars			
Name of Ir EUNICE L		EE	Address: 520 WOODLANDS DRIVE 14 #08-305 SINGAPORE 730520		
ID Type / II NRIC NO /		7H	Contact No.: Home/Office: Mobile: 91819350		
Nationality SINGAPO		EN	Email: eunice_lim93@hotmail.com		
Sex: Female	Age: 26	Date of Birth: 14/12/1993	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Retail/Shop sales manager		anager	Driving Licence Information: Class: 3	Date of Expiry:	

General Interimati	omoistre Acordent			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/12/2020 16:50	Type of Location: Bend
Location:			,	
SELETAR EXPRI	ESSWAY			
Weather:	×	Road Surface:		Road Speed Limit:
Cloudy		Dry		90 Km/h
Traffic Flow:		Traffic Control:	*	Traffic Volume:
One Way		Not Controlled		Moderate
Type of Collision:	*			Anyone conveyed by
	Vehicles - Head On			ambulance:
				Yes

Details of Ve	hicle Involved			100		
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMP7353Y	Car	HYUNDAI	avante	Black	Seriously Damaged	1
SMV24L	Car					0





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3 Report No. T/20201202//059

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian II	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Peo	destrian (Cross	ing: NA
Driver	A SP					
Name	EUNICE LIM POH YE	E		ID No.		S9347517H
Y	V	i.				
Related Vehicle	SMV24L (Car)			Contact	t No.	91819350
Hospital/Clinic	NIL			Class o		Class: 3
				Driving		Date of Expiry: NIL
				Licence	₽&	
				Expiry		
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	
Driver						3.3
Name	Unknown Driver			ID No.		NIL
,						
Related Vehicle	NIL	8		Contact	t No.	NIL
Hospital/Clinic	NIL			Class o	of	Class: 3A
				Driving		Date of Expiry: NIL
				Licence	e &	
				Expiry		
Date	NIL		Date		NIL	
No. of Days grant	ted Medical Leave	NIL	Degree of)	Slight	

Brief Details.

I was travelling along BKF(Woodlands) towards SLE/CTE exit. I cut in from the third lane to merge into the forth lane. To my memory there was about 1.5 car distance for me to cut in. However as I was merging in i realised that the car in front of me was at a standstill. I stepped on the brakes but the accident could still not be avoided.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20201202/7059

CONTINUATION OF REPORT

Sketch Plan

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: 02/12/2020 22:36
Officer In Charge Of Case: TP / TPIB / YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:

NP168

Authentication Stamp



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : WONG ZHAN HONG

Period of Insurance : 21 Nov 2020 To 31 Oct 2021

: 09708140N55B30A Engine No.

Chassis No. : WBAFZ92070DY74577 Vehicle No. : SMV24L

Policy No. : 1900248712-01

Endorsement No.

: 06 Nov 2020 Issued Date

ABOUT THE COVER

Make/Model : BMW ACTIVEHYBRID 5

Engine Capacity/Tonnage: 2,979.00 CC

Driver Restriction : NA Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2012

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.
 This 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

Mileage Condition

: Unlimited Mileage

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.

* 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

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

Scotion 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

WONG ZHAN HONG - \$600 (Own Damage), \$600 (Flood Cover)

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

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

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: HONG LEONG FINANCE LTD

I/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. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0502503000

CHUA TIEN SENG BENSON

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

371 ALEXANDRA ROAD #07-28 AIA ALEXANDRA

SINGAPORE 159963 SP-NEAM

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

TIEN SENG BENSON CHUA