

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 Submission 11/01/2021 11:07 (SGT)
Date of Accident 10/01/2021 15:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information UPP SERANGOON RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJA3531R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner YEW SWEE LIAN
NRIC No S1230735G
Email Address G.KATRINA@GMAIL.COM
Mobile Phone No (Phone) +65-96407092
Alternative Phone No (Office) +65-96407092

VEHICLE PARTICULARS

Manufacturer Honda
Model Jazz
Variant -
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
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100238096-10
Cover Note Number -

DRIVER

Name of Driver GOH XIN MEI KATRINA
NRIC No S8824806F
Date Of Birth 13/07/1988
Occupation Indoor

Date Of Driving Pass	10/11/2007
Driving experience	13 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98803137
Alt. Phone Number	-
Email Address	G.KATRINA@GMAIL.COM
Address	33H LOWLAND RD
Address complement	-
Postcode	547436
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GOH ZONG WEI BRINSTON
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Serangoon Gardens Neighbourhood Police Post
Police Station Address	51 Serangoon Garden Way Singapore 555947
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED REPORT

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	SM6992T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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

SKETCH PLAN**IMPORTANT NOTICE**

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 Policyholder's Signature / Date &
 Time

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

 Witnessed by Reporting Centre
 Personnel

**Sketch Plan**

A: SJA 3531R
 B: SMS 6992T

Describe Circumstances of the Accident

I was stationary in my vehicle and the next thing I know, I saw a blue car coming towards me from my driver side area and then I felt a collision.

Insurance Co.	AIG	
Vehicle No.	SA3531R	Date of Accident 10/1/21
<input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Own Damage Claim <input type="checkbox"/> Third Party Claim <input type="checkbox"/> Other Workshop		
KFS		

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



11 JAN 2021 1030H



































CONFIDENTIAL**Annex E****NOTICE OF COMPLIANCE**

This is to confirm that Goh Xin Mei, Katrina HP : 98803137,
NRIC/FIN S8824806E, has reported to the Police a non-injury traffic accident
which occurred at Upper Serangoon Road towards Hougang before junction of
Serangoon Central (Beside NEX - L/Post 85/21 on 10/01/2021 at 1305hrs involving the
following vehicles:

SJA 3531 R – Complainant's vehicle

SMS 6992 T – 2nd vehicle (Salina Bte Basir, S1712581H)

- 2 If this accident was reported to the Police within 24 hours of its occurrence,
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt(3) T160337 Fariz Aziz

Date: 10/01/2021

Time: 1540 hrs

S/D Ref: 15

Serangoon NPC
No: 50 Serangoon Ave 2
#01-02 Singapore 556129
Tel: 1800 488 0999

Police Post/Unit: Serangoon NPC

Original – to be issued to informant
Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Cow Xin Mei Katrina
 VEHICLE NUMBER : SJA 3531 R .
 DATE/TIME OF ACCIDENT : 10/1/2021 1505 .
 PLACE OF ACCIDENT : Upp Serangan Rd .
 THIRD PARTY VEHICLE (IF ANY) : Sms 6992 T

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Low Kund Rd. - Upp Serangan Rd .

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NO .

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Side Swipe .

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO


 Name:

I Affirmed The Above Information Is Given To My Best Knowledge.

G		CERTIFICATE OF INSURANCE	
AUTOPLUS PRIVATE VEHICLE			
Name of Policyholder	: Yew Swee Lian	Vehicle No.	: SJA3531R
Period of Insurance	: 05 Dec 2020 To 04 Dec 2021	Policy No.	: 2100238096-10
Engine No.	: L13A54002096	Endorsement No.	:
Chassis No.	: JHMGD17507S223103	Issued Date	: 04 Nov 2020
ABOUT THE COVER			
Make/Model	: HONDA JAZZ 1.4 [Sedan]	Sum Insured	: Market Value
Engine Capacity/Tonnage	: 1,339.00 CC	First Year of Registration	: 2007
Driver Restriction	: NA	Off Peak Car	: No
Insuring with COE/PAF			: 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.			
Loss of Use 1500cc - 1600cc Optional			
* 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			
Section 1			
Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$600			
Section 2			
Property Damage - \$0			
Windscreen : \$100			
Named Driver and Excess (where applicable)			
Yew Swee Lian - \$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 contact our 24-hour accident emergency hotline at +65 6338 6200. 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: NA			
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).			
1501366000		AIG Asia Pacific Insurance Pte. Ltd.	
.OH WEN SHEK EDMOND		This computer generated document does not require a signature.	
3LK 560 HOUGANG ST.51 #08-402		12/11/20	
SINGAPORE 530560 ANSP-ROYAL&SUN		13-32	
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.		SSPIMO	
8 Shenton Way #09-16 AIG Building S079120 T:+65 6419 3000 www.aig.sg		AIG Asia Pacific Insurance Pte. Ltd.	