

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 | 01/02/2021 17:23 (SGT) |
| Date of Accident | 30/01/2021 17:05 (SGT) |
| Exact Location of Accident | Paya Lebar, Singapore |
| Additional Location Information | KALLANG PAYA LEBAR EXPRESSWAY (KPE) |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SMM7878R |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | CHAN HWEE MIN,FELICIA |
| NRIC No | SXXXX916Z |
| Email Address | FCHM@LIVE.COM |
| Mobile Phone No | (Phone) +65-83223355 |
| Alternative Phone No | +65-83223355 |

VEHICLE PARTICULARS

| | |
|--|-------------|
| Manufacturer | Mitsubishi |
| Model | Outlander |
| 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 | 1900099739 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-----------------------|
| Name of Driver | CHAN HWEE MIN,FELICIA |
| NRIC No | SXXXX916Z |
| Date Of Birth | 15/04/1978 |
| Occupation | Outdoor |

| | |
|--|------------------------------|
| Date Of Driving Pass | 28/08/2000 |
| Driving experience | 20 YEARS AND 5 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-83223355 |
| Alt. Phone Number | +65-83223355 |
| Email Address | FCHM@LIVE.COM |
| Address | BLK 233A SUMANG LANE #06-345 |
| Address complement | - |
| Postcode | 821233 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| 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 | 2 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| 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 | TAN SIEW PENG |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|-------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Hougang Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18004890999 |
| Alt. Police Station Phone No | (Fax) +65-63128989 |
| Police Station Address | 60 Hougang Ave 9 Singapore 538775 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

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 | SMS442D |
| Vehicle Manufacturer | Honda |
| Vehicle Model | Fit |
| Vehicle Variant | - |

| | |
|---|----------------------|
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | SOH BOON HAO |
| Contact Number | (Phone) +65-97243400 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|---------------------------------|
| Name of injured person | CHAN HWEE MIN,FELICIA |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | PAIN AT RIGHT SIDE FINGERS AREA |
| Injured person in which vehicle? | SMM7878R |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

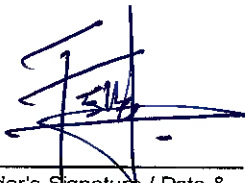
IMPORTANT NOTICE

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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.
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.



Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan



A: sum 7878 R
B: sum 442 D

Describe Circumstances of the Accident

REFER TO POLICE REPORT

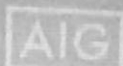
Declaration

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



CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Chan Hwee Min, Felicia
Period of Insurance : 24 May 2019 To 23 May 2021
Engine No. : 4J11AC6616
Chassis No. : GF7W0600727

Vehicle No. : SMM7878R
Policy No. : 1900099739
Endorsement No. :
Issued Date : 04 Jun 2019

ABOUT THE COVER

Make/Model : MITSUBISHI Outlander 2.0 Elegance/Sports
Engine Capacity/Tonnage : 1,998.00 CC Sum Insured : Market Value First Year of Registration : 2019
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

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. 189) and Section 95 of the Road Transport Act, 1997 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

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

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Chan Hwee Min, Felicia - \$600 (Own Damage)

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

1. Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only): Add: 600 Sin Ming Ave Singapore 575733 69328000

2. Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only): Add: 20 Leng Kee Rd Singapore 159094 64708688

3. Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only): Add: 350 Ubi Rd 3 Singapore 408650 67461000

4. Cycle & Carriage Body & Paint Centre: Add: 209 Pandan Gardens Singapore 609339 65684501

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 6200. Alternatively, you may refer to AIG website www.aig.com.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: MayBank

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, 1997 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

04623201

ILCOMICP2 - CO
UBI ROAD 4 FULCO BUILDING
SINGAPORE 408617

underwritten by AIG Asia Pacific Insurance Pte. Ltd.

S. Tanik

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

END PAGE



**SINGAPORE
POLICE FORCE**



T/20210131/2043

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20210131/2043

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 31/01/2021 13:14 | | Vide Report No.: G/20210130/0227 | | Station Diary No.: 66 | |
| Informant's Particulars | | | | | |
| Name of Informant: CHAN HWEE MIN, FELICIA | | | Address: APT BLK 233A SUMANG LANE #06-345 SINGAPORE 821233 | | |
| ID Type / ID No.: NRIC NO / S750916Z | | | Contact No.: Home/Office: Mobile: 83223355 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Female | Age: 42 | Date of Birth: 15/04/1978 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Interior designer | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------------------|------------------------------------|---|--|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 30/01/2021 17:00 | Type of Location: Expressway |
| Location: KALLANG PAYA LEBAR EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------------|-----------------------|-------|---------------------|-----------------|
| SMM7878R | Car | MITSUBISHI | OUTLANDE R 2.0 CVT | Black | Slightly Damaged | 1 |
| SMS442D | Car | HONDA | | Blue | Slightly Damaged | 2 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|---|--------------|------------|-------------|
| SMM7878R | AIG ASIA PACIFIC INSURANCE PTE. LTD. | 1900099739 | 24/05/2019 | 23/05/2021 |



**SINGAPORE
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T/20210131/2043

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20210131/2043

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Passenger | | | |
| Name | TAN SIEW PENG | ID No. | S7836098D |
| Related Vehicle | SMM7878R (Car) | Contact No. | 96817400 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | CHAN HWEE MIN, FELICIA | ID No. | S7609916Z |
| Related Vehicle | SMM7878R (Car) | Contact No. | 83223355 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 30/01/2021 | Date Discharge | 31/01/2021 |
| No. of Days granted Medical Leave | NIL | Degree of Injury | Slight |
| Driver | | | |
| Name | SOH BOON HAO | ID No. | S7609580I |
| Related Vehicle | NIL | Contact No. | 97243400 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 30/01/2021 at about 1700hrs, I was driving my vehicle (Reg no: SMM7878R) along Kallang - Paya Lebar Expressway (KPE) towards Old Airport Road and the vehicle in front of mine (Reg no: SMS442D) suddenly jam brake, causing me to also immediately jam brake. However, I was not able to stop in time, causing my vehicle to collide onto the rear of the said vehicle.

The said accident had caused some dents at the front of my vehicle and also dents on the rear of the said vehicle. From my understanding, there was another vehicle which was involved in the said accident at the front of the vehicle that I had collided onto. However, I did not manage to take down the details of the



**SINGAPORE
POLICE FORCE**



T/20210131/2043

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Report No. T/20210131/2043

CONTINUATION OF REPORT

vehicle or the driver.

After the said accident, I felt pain at my right side fingers area and I had seek medical attention at Mt. Alvernia Hospital on 30/01/2021 and was discharged on 31/01/2021. I had sustained fracture on my right side pinky finger and I was given Medical Leave. I wish to also informed that Police had attended to the said accident and had taken the memory card from my in-vehicle camera.

That is all.



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T/20210131/2043

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Report No. T/20210131/2043

CONTINUATION OF REPORT

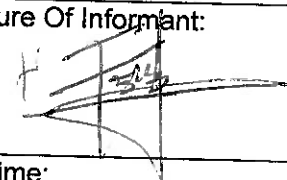
Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

| |
|---|
| Signature Of Officer Recording The Report: F / Sr Staff Sgt HO ZI CAI |
| Signature Of Interpreter: Not applicable |
| Officer In Charge Of Case: TP / GIT / Sr Staff Sgt ABDUL RAHIM BIN SALIM Contact No.: 65476437 |

Authentication Stamp
NP168

| |
|---|
| Signature Of Informant:  |
| Date/Time: 31/01/2021 13:14 |
| Classification Of Case: |