

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 08/03/2021 12:15 (SGT)
Date of Accident 03/03/2021 14:47 (SGT)
Exact Location of Accident Sengkang, Singapore
Additional Location Information T-JUNCTION AT THE EXIT TO SENGKANG EAST ROAD
BEHIND SENGKANG POLICE STATION.
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGS239X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner YIP KWAN TAI
NRIC No S1557408I
Email Address KARENYKT2002@YAHOO.COM.SG
Mobile Phone No (Phone) +65-92706633
Alternative Phone No (Home) +65-68815368

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Attrage
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? No - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100495369-04
Cover Note Number -

DRIVER

Name of Driver YIP KWAN TAI
NRIC No S1557408I
Date Of Birth 18/10/1962

Occupation	Indoor
Date Of Driving Pass	10/02/1981
Driving experience	40 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-92706633
Alt. Phone Number	(Home) +65-68815368
Email Address	KARENYKT2002@YAHOO.COM.SG
Address	BLK 197, RIVERVALE DRIVE #08-705
Address complement	-
Postcode	540197
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	Collided into Motorcyclist
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?	No
Number of Passengers (Including Driver)	1
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING MY VEHICLE SGS239X WAITING TO TURN LEFT AT THE EXIT POINT. WHEN THERE WAS NO ON-COMING TRAFFIC, I TURNED MY VEHICLE BRUSHED ONTO A MOTORCYCLE FBR3722L STATIONED ON MY LEFT SIDE. THE MOTOR BIKE LOST BALANCE AND FELL ON THE CURB, THUS HURTING THE LEG OF THE BIKER. A PRIVATE SETTLEMENT WAS DONE, BUT THE BIKER WENT TO A DOCTOR AND WAS GIVEN 7 DAYS MC, WHICH HE LATER DECIDED THAT WE BOTH MAKE A REPORT.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOW CHEE KEONG
Address	-

Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' 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")

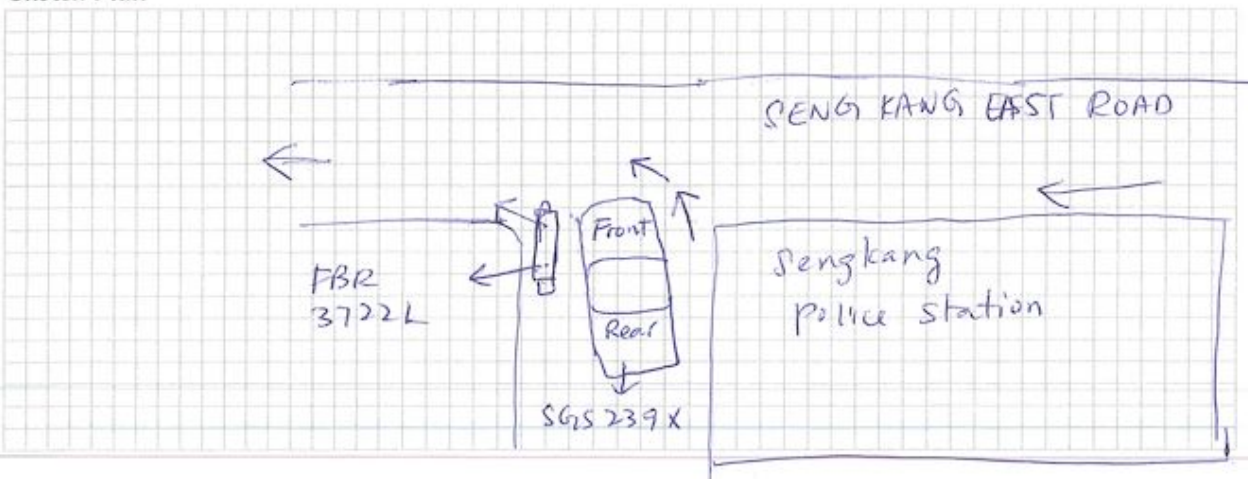
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.


6/3/2021
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was driving my vehicle SG5239X waiting to turn left at the exit point. When there was no on-coming traffic, I turned, my vehicle brushed onto a motor cycle FBR3722 L Stationed on my left side. The motor bike lost ~~best~~ balance and fell on the curb, thus hurting the leg of the biker. A private settlement was done, but the biker went to a doctor and was given 7 days MC, which he later decided that we both make a report.

Declaration

We declare the foregoing particulars are true in every respect.



6-3-2021

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel







**SINGAPORE
POLICE FORCE**



T/20210305/7009

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

1 of 3

Report No. T/20210305/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/03/2021 12:18		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: YIP KWAN TAI			Address: 197 RIVERVALE DRIVE #08-705 SINGAPORE 540197		
ID Type / ID No.: NRIC NO / S1557408I			Contact No.: Home/Office: Mobile: 92706633		
Nationality: SINGAPORE CITIZEN			Email: KARENYKT2002@YAHOO.COM.SG		
Sex: Female	Age: 58	Date of Birth: 18/10/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Occupational health professional			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/03/2021 02:47	Type of Location: T-Junction
Location: The small road to Sengkang East behind Sengkang police Station				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 20 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBR3722L	Motorcycle	YAMAHA		Multi-Colored	No Damage	0
SGS239X	Car	MITSUBISHI	Attrage	Maroon	No Damage	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20210305/7009

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

2 of 3

Report No. T/20210305/7009

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGS239X	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100495369-04	10/01/2021	09/01/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	YIP KWAN TAI		ID No.	S1557408I
Related Vehicle	SGS239X (Car)		Contact No.	92706633
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Rider				
Name	LOW CHEE KEONG		ID No.	S1704623C
Related Vehicle	NIL		Contact No.	93899598
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		07	Degree of	Slight

Brief Details.

I was driving my vehicle SGS239X waiting to turn left at the exit point. When there is no on coming traffic, I turned, my vehicle brushed onto a motor cycle FBR 3722L stationed on my left side. The motor bike lost balance and fell on the curb, thus hurting the leg of the biker. A private settlement was done, but the biker went to a doctor and was given 7 days MC which he later decided that we both make a report.



**SINGAPORE
POLICE FORCE**



T/20210305/7009

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

3 of 3

Report No. T/20210305/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
05/03/2021 12:18

Classification Of Case:



Exceptional Journeys

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
COMPANY NO. 197701469GCYCLE & CARRIAGE KIA PTE LTD
COMPANY NO. 199405410KCYCLE & CARRIAGE FRANCE PTE. LIMITED
COMPANY NO. 200609327MDIPLOMAT PARTS PTE LIMITED
COMPANY NO. 196400304H**Accident Statement**
☒ Mitsubishi ☐ Kia ☐ Citroen ☐ Others (Please tick accordingly)
Motor Accident Repair Basic Information

Date of Accident	3 / 3 / 2021
Time of Accident (24hr format)	1447 hours
Exact Location of Accident	T-Junction at the exit to Jengskang East Rd behind Jengskang

Own Vehicle Details

Vehicle Registration Number	SGS 239X	police station.
INSURED/ POLICY HOLDER (OWN VEHICLE)		
Name of Registered Owner	YIP KWAN TAI	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Company
ID of Registered Owner	S 1557408I	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN

Vehicle Particulars (Own Vehicle)

Model	Mitsubishi Attrage
Exact purpose for which vehicle was being used at the time of accident	Sending parcel at Singpost
Are you claiming under your own Ins. Policy	<input type="checkbox"/> Yes <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/> Reporting Only
Vehicle Category	<input checked="" type="checkbox"/> Private Car / <input type="checkbox"/> Comm Veh / <input type="checkbox"/> Goods Veh / <input type="checkbox"/> Motor Trade / <input type="checkbox"/> Government

Insurance Company (Own Vehicle)

Insurance Company	AIG
Type of Coverage	<input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire and / or Theft
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number / Cover Note Number	2100495369-04

Driver

Name of Driver	YIP KWAN TAI
ID of Driver	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN S 1557408I
Date of Birth	18 / 10 / 1962
Occupation	<input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Indoor
Driving Pass Date	10 / 02 / 1984
Gender	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Not Specified
Mobile Phone No.	92706633
Office / Home / Other Numbers	68815368
Home Address	BLK 197 Rivervale Drive #08-705 540197
Email Address	karenxkt2002@yahoo.com.sg
Was Driver an employee of the Insured's Company	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reason: _____
Does the driver own any other vehicle? If YES, please indicate driver's own car vehicle number and insurance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vehicle No: _____ Insurance: _____

OWNER/ DRIVER'S SIGNATURE: _____

Ver. Jun 2018/B&P

General Information Of The Accident	
Type Of Accident	
Weather Condition	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Other If Others, please state the condition:
Road Surface	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Other If Others, please state the condition:
Other Information	
Was anybody injured in the accident?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was any foreign vehicle involved in the accident?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Foreign Vehicle Registration Number	
Foreign Vehicle Category	
Number of vehicles involved in the accident	2
Was there any witness? (Name, Phone, Email)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was there any other vehicle or property damaged?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Was the accident reported to the police?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Click here if not in the above list
Was notice of intended Prosecution given?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Yes, against whom?
I have been approached by unknown person(s) soliciting/offering accident claims assistance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Number of Passengers (Including Driver)	1
Passenger (Name and Gender)	
Circumstances of Accident	
Refer attachment	

Third Party Vehicle Detail	
Details of Other Vehicle / Property	
Vehicle Registration No.	FBR 3722 L
Vehicle Make/ Model/ Colour	Yamaha Motor Bice. white/Red
Details of Property Damaged in Accident	Very slight
Vehicle Category	2
Name Of Driver	LOW CHEE KEONG
Driver's NRIC	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN S 1704623C
Contact Number	93899598
Name of Insurance Company	
Nature of Damage	

Damages to Other Vehicles & Property (Other than Vehicles A & B)	Vehicle Regn No. or Details of Property	Name of the Driver	Contact Number
	NA		

Details of Injured Person	
Name	LOW CHEE KEONG
Injury Sustained	
Injured person is on which vehicle?	Third party vehicle FBR 3722 L
Were seat belts worn?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

OWNER/ DRIVER'S SIGNATURE: 

1) Number of Passengers in Vehicle A (including driver)?

Passenger 1	YIP KWAN TAI
Name	
Gender	M (F)

Passenger 2	
Name	
Gender	M / F

Passenger 3	
Name	
Gender	M / F

Passenger 4	
Name	
Gender	M / F

Passenger 5	
Name	
Gender	M / F

Passenger 6	
Name	
Gender	M / F

Passenger 7	
Name	
Gender	M / F



AIG Asia Pacific Insurance Pte. Ltd.
78 Shenton Way
#09-16
AIG Building
Singapore 079120
Co.Reg.No.201009404M

Policy/Reference No. 2100495369-04

05 Jan 2021

Ms. Yip Kwan Tai
197 Rivervale Drive
#08-705
SINGAPORE 540197

Dear Ms. Yip Kwan Tai

Your Policy Has Been Renewed

We are pleased to inform you that your CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE has been renewed and details of your policy are below:

Policy number : 2100495369-04
Effective date : 10 Jan 2021
Expiry date : 09 Jan 2022

It is important that you review the enclosed policy documents to verify that all the information in these documents is accurate. If you wish to update us on any changes, please contact us.

For More Information

If you require more information about your policy, please contact our customer service representatives Monday through Friday between 9am to 5pm at +65 6419 3000. Alternatively, you can send us an email at www.aig.sg.

Thank you for your support. We look forward to serving you in all your general insurance needs.

Yours sincerely

Manik Bucha
Head of Personal Insurance

PS: You can now enjoy round-the-clock access to selected AIG products and services with our easy-to-use Apple or Android smartphone app. Purchase new policies, renew your policies, access claims support or receive emergency assistance for motor and travel, anytime, 24-hours a day. Your AIG Mobile App can be downloaded for free at iTunes or Google Play.

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CERTIFICATE OF INSURANCE

CYCLE & CARRIAGE AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder	: Yip Kwan Tai	Vehicle No.	: SGS239X
Period of Insurance	: 10 Jan 2021 To 09 Jan 2022	Policy No.	: 2100495369-04
Engine No.	: 3A92UDP0309	Endorsement No.	:
Chassis No.	: MMBSTA13AHH003653	Issued Date	: 05 Jan 2021

ABOUT THE COVER

Make/Model	: MITSUBISHI ATTRAGE 1.2 CVT	Sum Insured	: Market Value	First Year of Registration	: 2017
Engine Capacity/Tonnage	: 1,193.00 CC	Off Peak Car	: No	Insuring with COE/PAF	: Yes
Driver Restriction	: NA				

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 authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorized Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition : 40 years old and above

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

* 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)

Yip Kwan Tai - \$600 (Own Damage), \$600 (Flood Cover)

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

1. Cycle & Carriage Body & Paint Centre Add: 209 Pandan Gardens Singapore 609339 65684501
2. Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 330 Ubi Rd 3 Singapore 408650 67461000
3. Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 20 Leng Kee Rd Singapore 159094 64705688
4. Cycle & Carriage Authorized Service Centre (For accident reporting & windscreen claim only) Add: 600 Sin Ming Ave Singapore 575733 69326000

For other Approved Reporting Centres/AIG Authorized 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: United Overseas Bank Limited

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).

0500720793

CYCLE & CARRIAGE - LUKAS

239 ALEXANDRA ROAD
SINGAPORE 159930

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

AIGSGMOBILEAPP