

# 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 ..... 08/06/2021 09:53 (SGT)  
Date of Accident ..... 07/06/2021 15:50 (SGT)  
Exact Location of Accident ..... Near 126 Balestier Rd, Singapore 329681  
Additional Location Information ..... CTE EXIT TO MOULMEIN BALESTIER TOWARDS TO TAN TOCK SENG  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLE9914K

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SOH SIAO HUA  
NRIC No ..... S7132414A  
Email Address ..... SPGAIR@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-91770018  
Alternative Phone No ..... (Home) +65-97881383

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Qashqai  
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  
Transmission ..... Auto  
CC ..... 2000

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2100478383-04  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... YEO CHER CHIN

NRIC No .....	S7425868I
Date Of Birth .....	15/07/1974
Occupation .....	Indoor
Date Of Driving Pass .....	05/09/2000
Driving experience .....	20 YEARS AND 9 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97881383
Alt. Phone Number .....	-
Email Address .....	JANNSSS@HOTMAIL.COM
Address .....	4 WAN THO AVENUE
Address complement .....	-
Postcode .....	347530
Is the driver the policyholder? .....	No
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 .....	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) .....	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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED SKETCH PLAN AND PHOTO

#### 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 .....	SHC5047Y
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Prius
Vehicle Variant .....	-
Vehicle Colour .....	Red
Vehicle Category .....	Taxi
Name of Driver .....	CHIANG M.K
Contact Number .....	(Phone) +65-97340923
Address .....	-

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

## SKETCH PLAN

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6. 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.
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.

AUTOLUTION INDUSTRIAL PTE LTD  
19 UBI ROAD 4  
SINGAPORE 408623  
TEL: 6470 9666 FAX: 68467483

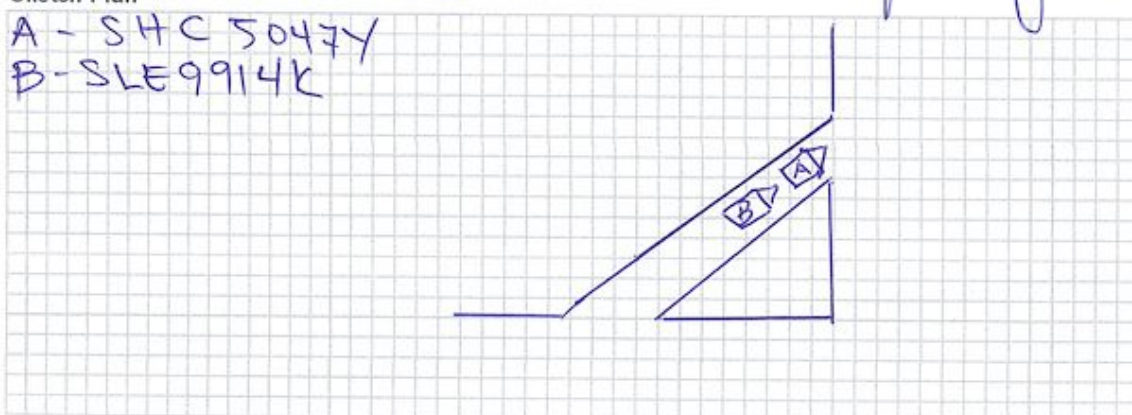
Policyholder's Signature / Date & Time  
08/06/2021  
8:45

Driver's Signature (if driver is not the policyholder) / Date & Time  
08/06/2021  
8:45

Witnessed by Reporting Centre Personnel  
EUMER ALFONSO

Sketch Plan

A - SHC 5047Y  
B - SLE9914K



## Describe Circumstances of the Accident

I exited at Exit 7c along CTE towards the city and was travelling towards MacLennan Road as I wanted to go to Tan Tock Seng Hospital. There was a taxi in front of me and we both stopped at the junction as there are cars passing by along Balestier Road towards MacLennan Road.

When there is no more car along Balestier Road, I started to move. However, I did not noticed that the taxi in front of my car has not started to move. Therefore, my car hit onto the back of the taxi, (SHC 5047 Y)

## Declaration

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

Policyholder's Signature / Date & Time

68/06/2021  
8:45

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

08/06/2021  
8:45

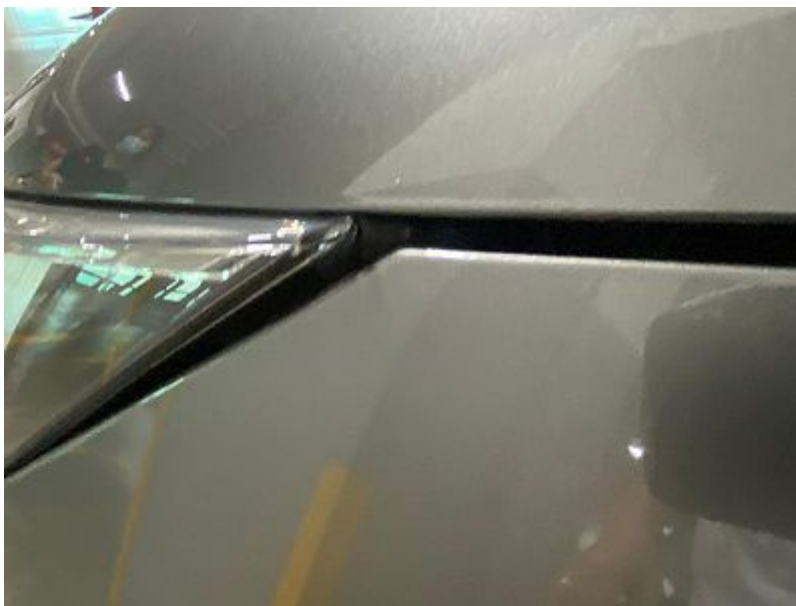
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19 UBI ROAD 4  
SINGAPORE 408623  
TEL: 6490 9666 FAX: 6467483

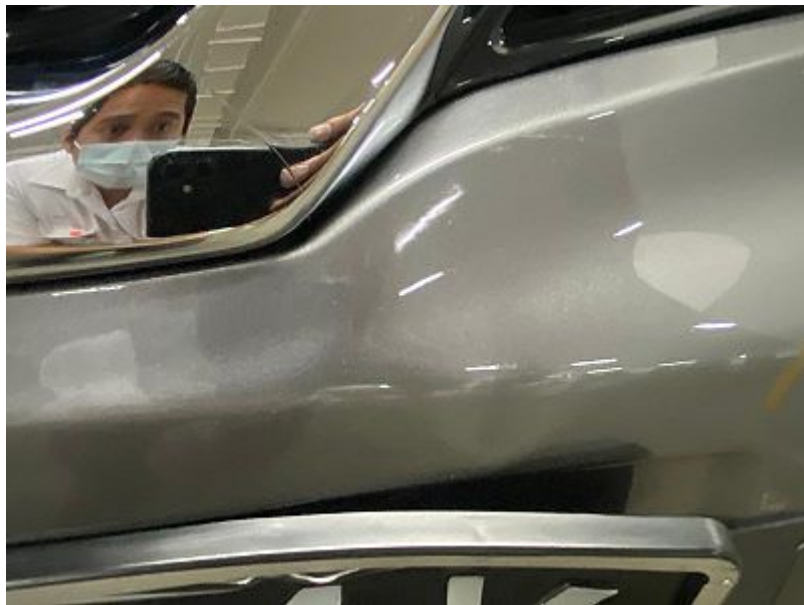
Witnessed by Reporting Centre Personnel

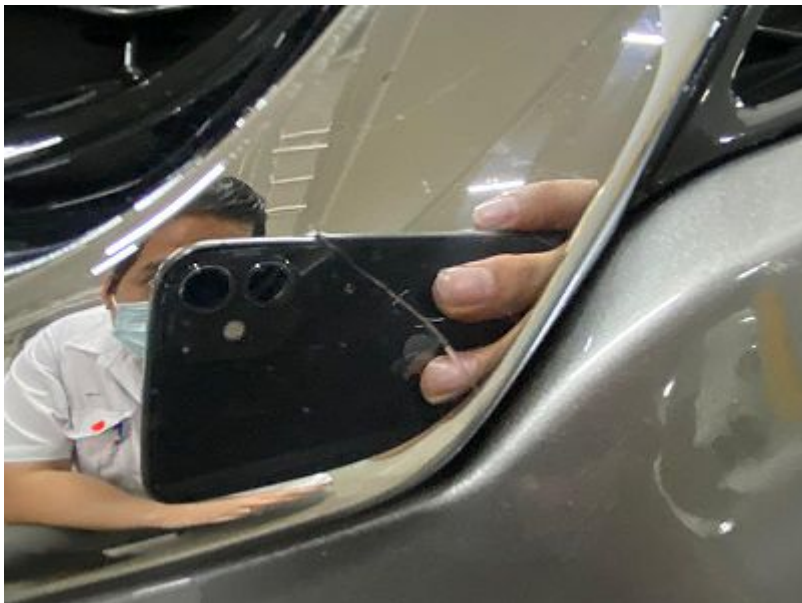
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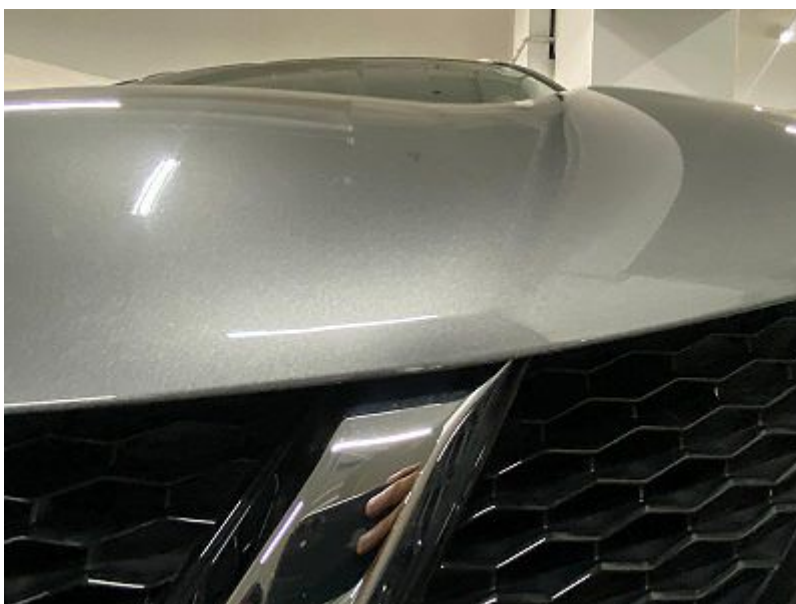








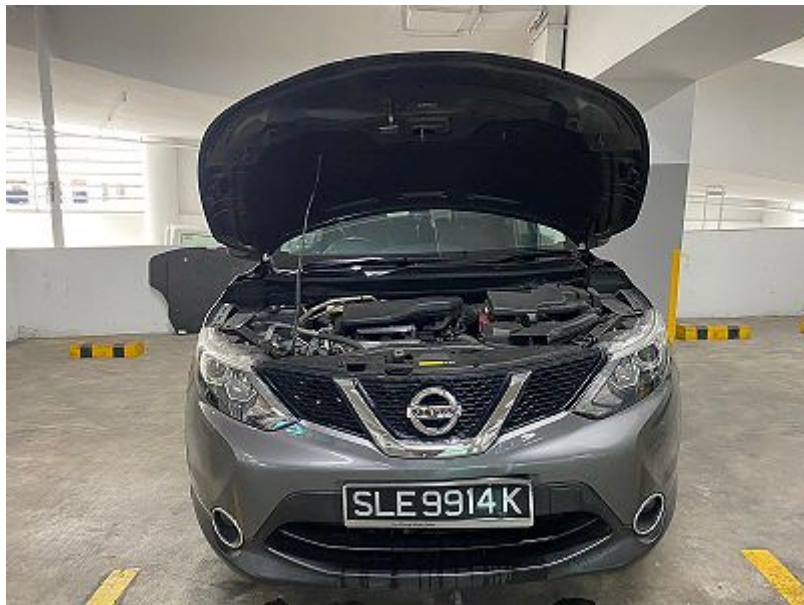






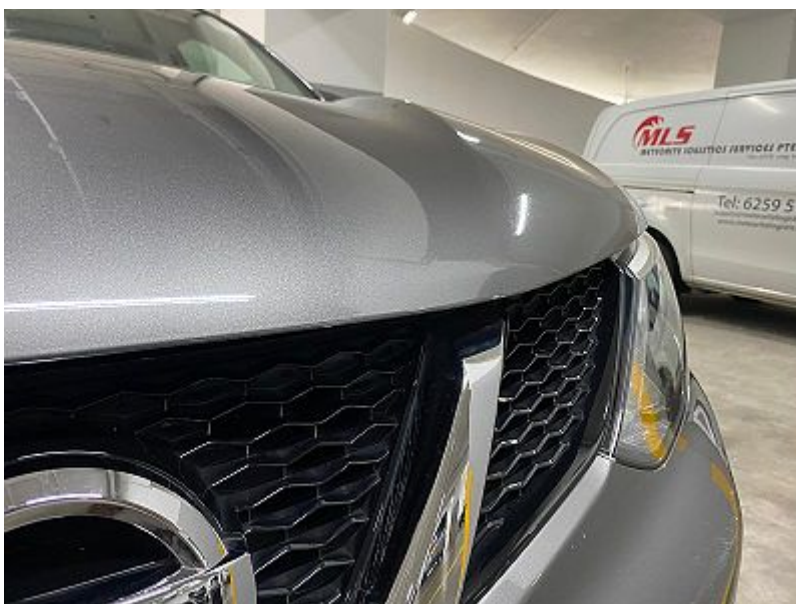
























# CERTIFICATE OF INSURANCE

## NISSAN AUTO PROTECTOR PRIVATE VEHICLE

**Name of Policyholder** : Soh Siao Hua (Su Xiaohua)  
**Period of Insurance** : 10 Aug 2020 To 09 Aug 2021  
**Engine No.** : MR20422490W  
**Chassis No.** : SJNFBAJ11U1738029

**Vehicle No.** : SLE9914K  
**Policy No.** : 2100478383-04  
**Endorsement No.** :  
**Issued Date** : 08 Aug 2020

### ABOUT THE COVER

**Make/Model** : NISSAN QASHQAI 2.0 PREMIUM 2014  
**Engine Capacity/Tonnage** : 1,997.00 CC **Sum Insured** : Market Value **First Year of Registration** : 2016  
**Driver Restriction** : NA **Off Peak Car** : No **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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised 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.

Less of Use 1500cc - 1600cc

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 180), 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 - \$500 Theft - \$0 Flood Cover - \$500

**Section 2**  
 Property Damage - \$0

Windscreen : \$100

**Named Driver and Excess (where applicable)**

Soh Siao Hua (Su Xiaohua) - \$500 (Own Damage), \$500 (Flood Cover)

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

1. TC AutoClinic Add: 25 Leng Kee Road Singapore 159097 67038511 67038512 67038513
2. TC AutoClinic Add: No 1, Sixth Lok Yang Road Singapore 628099 62622212
3. Autoklinik Industrial Add: 19 Ubi Road 4 Singapore 408623 64606666
4. Tan Chong Motor Sales Add: 913 Bukit Timah Road Singapore 589623 64694091 64694092 64694093
5. Tan Chong Motor Sales Add: 17 Lorong 8 Toa Payoh Singapore 319254 63570753 63570754

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour incident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.sg](http://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:** HL Bank

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

0500810563  
 TAN CHONG CREDIT PTE LTD-LKF  
 911 BUKIT TIMAH ROAD TAN CHONG MOTOR CENTRE  
 SINGAPORE 589622  
 Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**  
 This computer generated document does not require a signature.

AIGSGMOBILEAPP

78 Shenton Way #09-15 AIG Building 8079120 | T: +65 6419 3000 | [www.aig.sg](http://www.aig.sg)

AIG Asia Pacific Insurance Pte. Ltd.