

# 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 ..... 20/04/2021 17:31 (SGT)  
Date of Accident ..... 19/04/2021 14:48 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... BEFORE EXIT 4B TWDS TPE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLS3830J

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LIM YIAN MENG  
NRIC No ..... S0420454I  
Email Address ..... mydaniel4@gmail.com  
Mobile Phone No ..... (Phone) +65-97262633  
Alternative Phone No ..... +65-97262633

### VEHICLE PARTICULARS

Manufacturer ..... Volkswagen  
Model ..... Golf  
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 ..... 1197

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1900147939-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEE MEI YUEN CATHERINE  
NRIC No ..... S1301848J

|  |                           |
|--|---------------------------|
| Date Of Birth .....  | 20/09/1958                |
| Occupation .....   | Indoor                    |
| Date Of Driving Pass .....   | 03/10/1979                |
| Driving experience .....   | 41 YEARS AND 6 MONTHS     |
| Gender .....   | Female                    |
| Mobile Number .....  | (Phone) +65-97238867      |
| Alt. Phone Number .....  | -                         |
| Email Address .....  | catherineleelim@gmail.com |
| Address .....  | 79 PASIR RIS GROVE #15-37 |
| Address complement .....   | -                         |
| Postcode .....   | 518209                    |
| 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? .....  | Yes |
| Was any injured conveyed to hospital by ambulance? .....  | Yes |
| 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 .....   | LEE YI LING SARAH |
| Gender ..... | Female            |

#### 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

REFER TO POLICE REPORT: T/20210419/7038.

#### ATTACHMENT(S)

|   |                 |
|---|-----------------|
| Are accident photos available for attachment? .....     | Yes             |
| Was there any video captured by Car Camera? .....       | Yes             |
| Reasons for not uploading a video of the accident ..... | SD CARD WITH TP |
| Was there any audio recorded? .....                     | No              |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | FBF8264Y |
|-----------------------------------|----------|

|   |            |
|---|------------|
| Vehicle Manufacturer .....                    | -          |
| Vehicle Model .....                           | -          |
| Vehicle Variant .....                         | -          |
| Vehicle Colour .....                          | -          |
| Vehicle Category .....                        | Motorcycle |
| Name of Driver .....                          | -          |
| Contact Number .....                          | -          |
| Address .....                                 | -          |
| Address complement .....                      | -          |
| Postcode .....                                | -          |
| Insurance Company Name .....                  | -          |
| Nature Of Damage .....                        | -          |
| Details of property damaged in accident ..... | VEHICLE B  |
| No. Of Passenger (Including Driver) .....     | -          |

## INJURED PERSONS DETAILS

### INJURED 1

|   |             |
|---|-------------|
| Name of injured person .....                              | VEH B RIDER |
| Address .....   | -           |
| Address Complement .....                                  | -           |
| Post Code .....   | -           |
| Approximate Age Years Old .....                           | -           |
| Injuries Sustained .....                                  | -           |
| Injured person in which vehicle? .....                    | FBF8264Y    |
| Were seat belts worn? .....                               | -           |
| Was this injured conveyed to hospital by ambulance? ..... | Yes         |

### INJURED 2

|   |               |
|---|---------------|
| Name of injured person .....                              | VEH B PILLION |
| Address .....   | -             |
| Address Complement .....                                  | -             |
| Post Code .....   | -             |
| Approximate Age Years Old .....                           | -             |
| Injuries Sustained .....                                  | -             |
| Injured person in which vehicle? .....                    | FBF8264Y      |
| Were seat belts worn? .....                               | -             |
| Was this injured conveyed to hospital by ambulance? ..... | Yes           |

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible**. Any willful 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. 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:

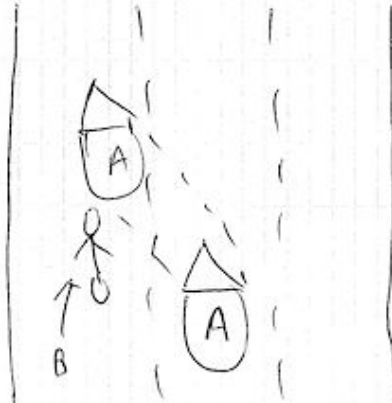
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

SUE

## Describe Circumstances of the Accident

REFER TO POLICE REPORT

## 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

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : LOE MEI YUEN CATHERINE  
 VEHICLE NUMBER : 3LS 3830J  
 DATE/TIME OF ACCIDENT : 19/04/21 @ 4.45 PM  
 PLACE OF ACCIDENT : BEFORE EXIT 4B OF PIE TUNDS TPE  
 THIRD PARTY VEHICLE (IF ANY) : 7B7 8264Y

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

ST PATRICKS ROAD To TAIKING MALL.

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?

HEAD To REAR

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.



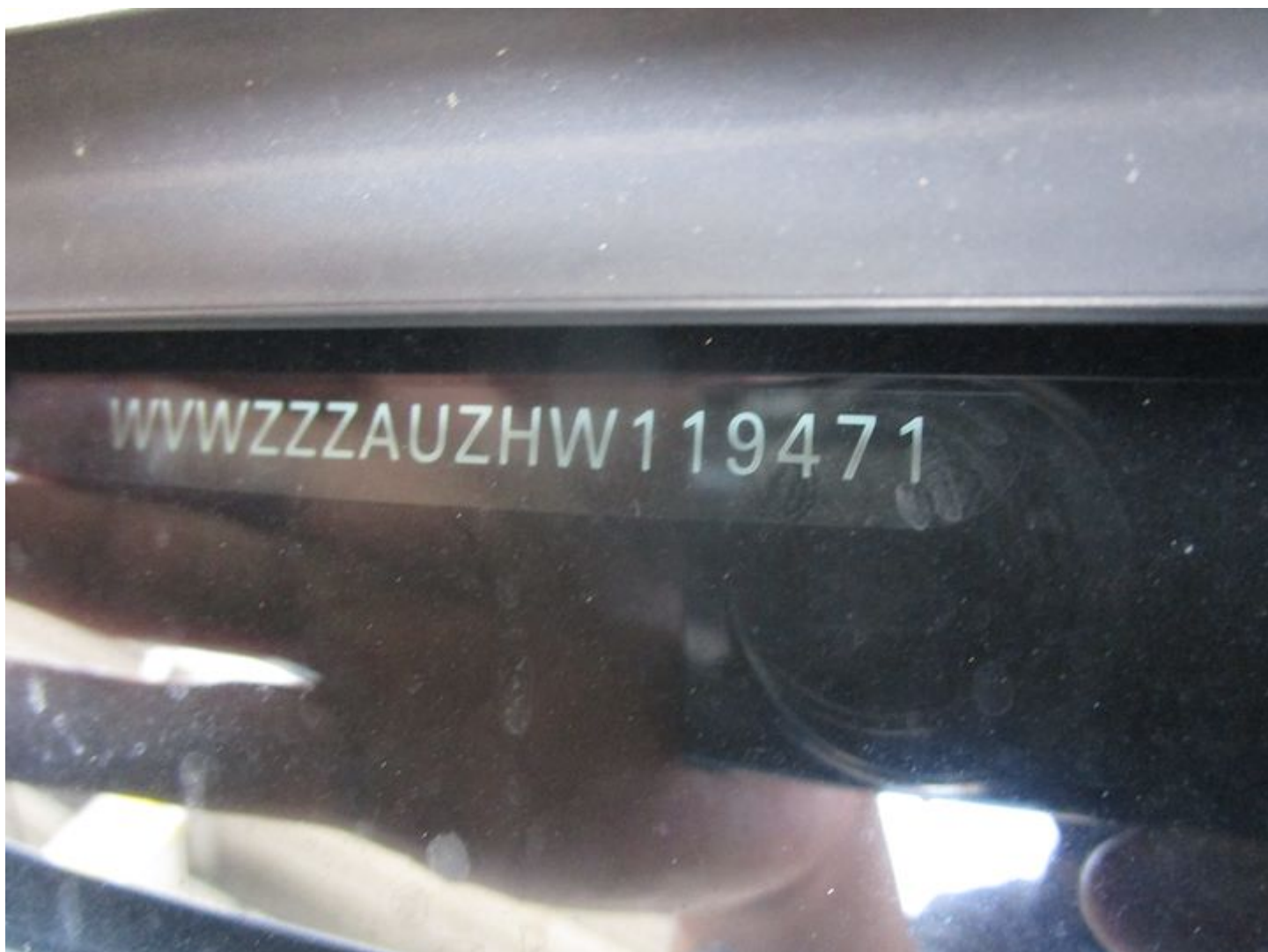






























**SINGAPORE  
POLICE FORCE**



T/20210419/7038

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

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Report No. T/20210419/7038

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                                     |  |                    |                            |
|--|------------|-------------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made:<br>19/04/2021 18:44   |            | Vide Report No.:<br>G/20210419/0114 |  | Station Diary No.: |                            |
| <b>Informant's Particulars</b>               |            |                                     |  |                    |                            |
| Name of Informant:<br>LEE MEI YUEN CATHERINE |            |                                     | Address:<br>79 PASIR RIS GROVE #15-37 SINGAPORE 518209 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S1301848J     |            |                                     | Contact No.:<br>Home/Office: Mobile: 97238867          |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN            |            |                                     | Email:<br>catherineleelim@gmail.com                    |                    |                            |
| Sex:<br>Female                               | Age:<br>62 | Date of Birth:<br>20/09/1958        | Type of Informant:<br>driver                           |                    |                            |
| Race:<br>Chinese                             |            |                                     | Language:<br>English                                   |                    | Institution / School Name: |
| Occupation:<br>Housewife                     |            |                                     | Driving Licence Information:<br>Class:                 |                    | Date of Expiry:            |

|  |                                  |                      |  |                                    |
|--|----------------------------------|----------------------|--|------------------------------------|
| <b>General Information of the Accident</b>                   |                                  |                      |  |                                    |
| Type of Accident:  | Non-Injury<br>Attended by Police | Drink Drive:<br>No   | Date/Time of Accident:<br>19/04/2021 14:48 | Type of Location:<br>Straight Road |
| Location:<br><br>Before Exit 4B of PIE towards TPE           |                                  |                      |  |                                    |
| Weather:<br>Clear  |                                  | Road Surface:<br>Dry | Road Speed Limit:<br>90 Km/h               |                                    |
| Traffic Flow:<br>One Way                                     |                                  | Traffic Control:     | Traffic Volume:<br>Moderate                |                                    |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                                  |                      | Anyone conveyed by ambulance:<br>No        |                                    |

|                                    |            |      |       |       |          |       |
|------------------------------------|------------|------|-------|-------|----------|-------|
| <b>Details of Vehicle Involved</b> |            |      |       |       |          |       |
| Vehicle No.                        | Type       | Make | Model | Color | Conditio | No of |
|                                    | Motorcycle |      |       |       |          | 0     |

|                                   |                                |
|-----------------------------------|--------------------------------|
| <b>Details of Person Involved</b> |                                |
| Any Pedestrian Involved: No       |                                |
| No. of Pedestrians Injured: NIL   | Use of Pedestrian Crossing: NA |



**SINGAPORE  
POLICE FORCE**



T/20210419/7038

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

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Report No. T/20210419/7038

**CONTINUATION OF REPORT**

|                                   |                        |  |  |
|-----------------------------------|------------------------|--|--|
| driver                            |                        |  |  |
| Name                              | LEE MEI YUEN CATHERINE |  | ID No. S1301848J   |
| Related Vehicle                   | NIL                    |  | Contact No. 97238867   |
| Hospital/Clinic                   | NIL                    |  | Class of Driving Licence & Expiry<br>Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL                    |  | Date NIL   |
| No. of Days granted Medical Leave | NIL                    |  | Degree of NIL  |
| pillion rider                     |                        |  |  |
| Name                              | Unknown pillion rider  |  | ID No. NIL   |
| Related Vehicle                   | NIL                    |  | Contact No. NIL  |
| Hospital/Clinic                   | NIL                    |  | Class of Driving Licence & Expiry<br>Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL                    |  | Date NIL   |
| No. of Days granted Medical Leave | NIL                    |  | Degree of NIL  |
| rider                             |                        |  |  |
| Name                              | Unknown rider          |  | ID No. NIL   |
| Related Vehicle                   | NIL                    |  | Contact No. NIL  |
| Hospital/Clinic                   | NIL                    |  | Class of Driving Licence & Expiry<br>Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL                    |  | Date NIL   |
| No. of Days granted Medical Leave | NIL                    |  | Degree of NIL  |

Brief Details.

I was driving towards Exit 4B along Pan-Island Expressway when the motorcycle hit the left rear of my vehicle soon after I have changed to the most left lane from 2nd lane. I moved to the road shoulder immediately to call the emergency number at 1451hrs. LTA officers were first to arrive and took my IC and driving license for record purposes and informed that they will hand over to the police. Ambulance arrived second to the scene and waited for the police arrival and completion of report before conveying motorcyclist and pillion rider to hospital. Police informed that motorcyclist and pillion rider that they sustained skin injuries and reassure me that not to worry too much and only some insurance matters. Reference report no: G/20210419/0114





**SINGAPORE  
POLICE FORCE**



T/20210419/7038

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

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Report No. T/20210419/7038

CONTINUATION OF REPORT



# SINGAPORE POLICE FORCE

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



T/20210419/7038

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Report No. T/20210419/7038

## 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 / TPIB /  
VILTON HIA WEE SIANG  
Contact No.: 65476232

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:  
19/04/2021 18:44

Classification Of Case:



# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : LIM YIAN MENG  
 Period of Insurance : 21 Sep 2020 To 20 Sep 2021  
 Engine No. : CYV513817  
 Chassis No. : WVVZZZAUZHW119471

Vehicle No. : SLS3830J  
 Policy No. : 1900147939-01  
 Endorsement No. :  
 Issued Date : 20 Aug 2020

### ABOUT THE COVER

Make/Model : VOLKSWAGEN GOLF 1.2 TSI  
 Engine Capacity/Tonnage : 1,197.00 CC  
 Driver Restriction : NA  
 Person or Classes of Persons Entitled to Drive\* :  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2016  
 Insuring with COE/PARE : Yes

a) The Policyholder  
 b) Any other person who is driving on the Policyholder's cover or with his/her permission  
 This Policy will indemnify the Policyholder or any authorized driver only if he/she made the specified usage condition.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" (IDEX) if you are a New Authorized Driver (named or unnamed) 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 for hire, driving test, racing, prize money, publicity trial or speed testing, the carriage of goods other than samples in connection with any State or business use for any purpose in connection with Motor Trade.

Loss of Use: 1500hrs - 1600hrs Optional

\* Limitations imposed progressively by Section 6 of the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 159), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, and not to be included under these headings.

### EXCESS

#### Section 1

Fire - \$0 (Own Damage) - \$1000 (Theft) - \$0 (Road Cover) - \$1000

#### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Lee Mei Wuen Catherine - \$1000 (Own Damage), \$1000 (Road Cover), LIM YIAN MENG - \$1000 (Own Damage), \$1000 (Road Cover)

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

Approved Reporting Centres (ARC) / Authorized Repairers (AR) are claims related repairs/any accident repairs to the Vehicle must be carried out by one of our Authorized Repairers. With the ARC's approval, the third registration of the Vehicle is (Temporary). You have the option of having the accident repairs carried out at the Side Agent's workshop or other Approved Reporting Centres/ARC Authorized Repairers, please contact our 24 hour accident emergency hotline at 405-6335-1200. 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 the stores or Google Play.

### IMPORTANT NOTES

Fire Purchase Company/Employer's Loan: DBS BANK 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 Vehicle (Third Party Risks and Compensation) Act (Cap. 159), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicle (Third Party Risks) (Repeal, 1979) (Malaysia).

0693395000  
 NG THONG CHOW ANDY

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