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 witholding 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 13/09/2021 13:55 (SGT) Date of Accident 11/09/2021 22:00 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information SLE TWDS BISHAN BEFORE BRADDELL EXIT

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGT1387

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner CHIU HAI BENG NRIC No. S0115284Z

Email Address hbchiu@yahoo.com.sg Mobile Phone No (Phone) +65-90239831

Alternative Phone No +65-90239831

VEHICLE PARTICULARS

Manufacturer **BMW** Model 528i

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 No - Claiming third party your vehicle? Vehicle Category Private car

Transmission Auto 1997

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Comprehensive

Type of Coverage Fleet Policy

Policy Number 1900091155-02

Cover Note Number

DRIVER

Name of Driver CHIU HAI BENG S0115284Z

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	18/07/1950 Indoor 03/12/1974 46 YEARS AND 9 MONTHS Male (Phone) +65-90239831 +65-90239831 hbchiu@yahoo.com.sg BLK 179 BISHAN STREET 13 #09-227 - 2057 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Chain Collision Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1	No 3 Yes No Yes 2 No
Name Gender	TAN SWEE CHENG EILEEN Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT: T/20210913/7006	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	SHC3680G

Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Taxi
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GU3322H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN SWEE CHENG EILEEN
Gender	Female
Phone No	-
Address	_
Address Complement	-
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SGT138Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SGT 138Z
B: SHC 368CG
C: GU 3322H
CTE | SLE Towards
Bishan Before
Bishan Before
Broolell Exits

NEW HOOR TECO

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	187			
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			10.50	
				114
	- 124			

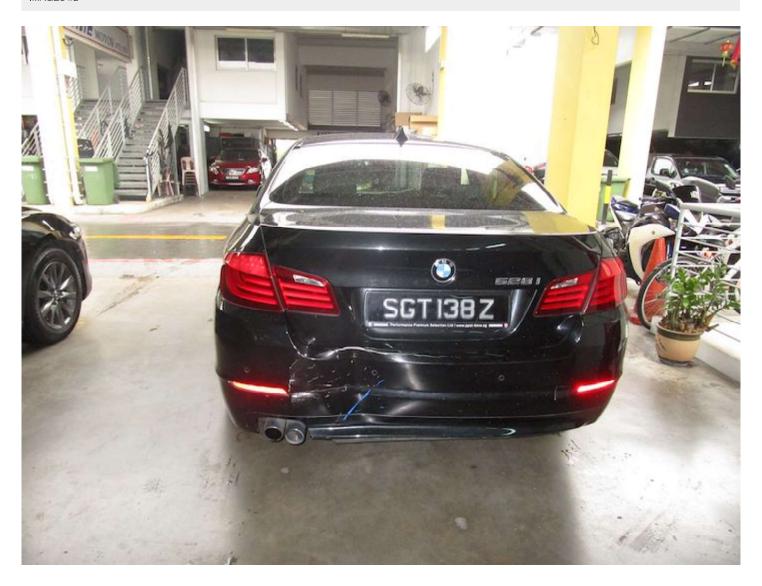
I/We declare the foregoing particulars are true in every respect,

Policyholder's Signature / Date &

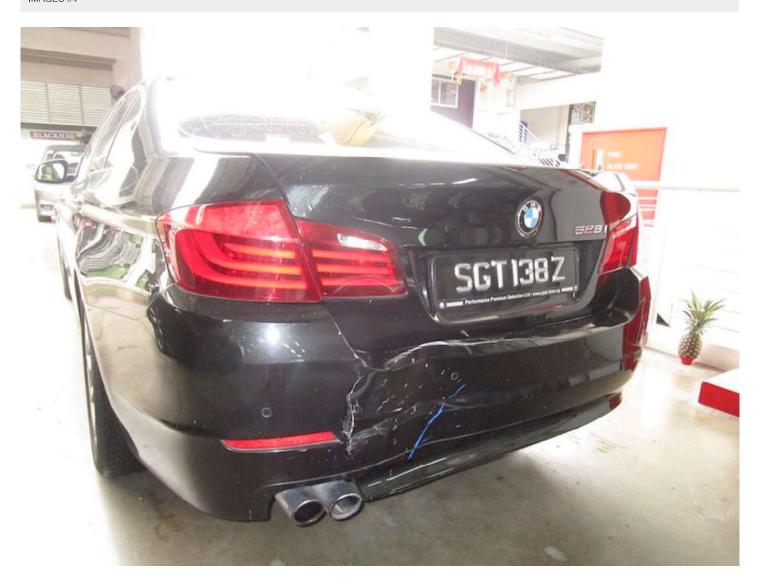
Driver's Signature (If driver is not the policyholder) / Date

te Witnessed by Reporting Centre Personnel

















1 of 4

Report No. T/20210913/7006

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 21 10:33	/lade:	Vide Report No.: E/20210912/7024	Station Diary No.:	
Informa	nt's Partic	ulars			
	Informant: AI BENG		Address: 179 BISHAN STREET	13 #09-227 SINGAPORE 570179	
	/ ID No.: D / S01152	84Z	Contact No.: Home/Office:	Mobile: 90239831	
	Nationality: SINGAPORE CITIZEN		Email: HBCHIU@YAHOO.COM.SG		
Sex: Male	Age: 71	Date of Birth: 18/07/1950	Type of Informant: Driver	- 11 - 10 - 100	
Race: Chinese	100		Language: English	Institution / School Name:	
	Occupation: Management executive		Driving Licence Inform Class:	ation: Date of Expiry:	

	mation of the Acci		T2-12-1	7 - 7 -
Type of Accident:	Injury Others	Drink Drive; No	Date/Time of Accident: 11/09/2021 22:00	Type of Location Flyover
Location: CENTRAL EX Weather: Clear	(PRESSWAY	Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
One Way				Anyone conveyed by

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GU3322H	Lorry					0
SGT138Z	Car	BMW	528I 2.0L AT D/AB 2WD 4DR GAS/D NAV	Black		1
SHC3680G	Car					0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20210913/7006

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGT138Z	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900091155-02	30/04/2021	29/04/2022
Details of P	erson Involved			
Any Pedestri	ian Involved; No			
No. of Pedes	strians Injured: NIL I	Jse of Pedestrian Cr	ossing: NA	
Passenger				

Passenger				
Name	TAN SWEE CHENG EILEEN		ID No.	S0145485D
Related Vehicle	SGT138Z (Car)	Contact No.	96800138	
Hospital/Clinic	TP SIM FAMILY CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	12/09/2021	Date	NIL	in the same of the
No. of Days gran	ted Medical Leave 03	Degree	of Sligh	nt
Driver				
Name	CHIU HAI BENG		ID No.	S0115284Z
Related Vehicle	SGT138Z (Car)		Contact No.	90239831
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL	
No. of Days gran	ted Medical Leave NIL	Degree	of NIL	

Brief Details.

I (SGT138Z) was driving straight along CTE/SLE towards Bishan before Braddell exit at the extreme left lane of 4 lanes.

The traffic at that point of time was very heavy, Vehicles were moving and stopping intermittently. As the car in front of me had stopped, I also followed suit.

Suddenly, i felt an impact. Vehicle B (SHC3680G) collided onto the rear portion of my vehicle and caused damages.

When I alight from my vehicle, I realized it was 3 cars chain collision.

After the accident, my wife felt discomfort and went to T P Sim Family Clinic & Surgery to seek medical treatment and was given 3 days MC by a doctor.



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



3 of 4 Report No. T/20210913/7006

CONTINUATION OF REPORT





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20210913/7006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Date/Time: 13/09/2021 10:33
Classification Of Case:



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Chiu Hai Beng Vehicle No. : SGT138Z Period of Insurance : 30 Apr 2021 To 29 Apr 2022 Policy No. : 1900091155-02

Engine No. : B0820442N20B20A Endorsement No.

Chassis No. : WBAXG32050D121945 Issued Date : 26 Apr 2021

ABOUT THE COVER

: BMW 528I 2.0 [Sedan]

Engine Capacity/Tonnage : 1,997.00 CC Sum Insured : Market Value First Year of Registration : 2013 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

a) The Prosproader b) Any offer 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 helshe meets the specified age condition.

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

Age Condition : 30 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 fution, 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 - \$1100 Theft - \$0 Flood Cover - \$1100

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Chiu Hai Beng - \$1100 (Own Damage), \$1100 (Flood Cover)

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

oproved 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/Mic Authorised Repairers, please contact our 24-hour accident emergency hotine at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.sg.or AIG SG Mottle App. Simply search and download "AIG SG" from Tunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

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 I/V of the Read Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia),

0504401000

SHARON ANN PEREIRA

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

31 MARINE CRESCENT #16-135

SINGAPORE 440031

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIGSGMOBILEAPP

78 Shenton Way #09-16 A/G Building S079120 | T:+65 6419 3000 | www.aig.sg