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.

- 4. The issue and acceptance of this is form by instrained 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 13/06/2022 16:41 (SGT) Reported by Driver Date of Accident 11/06/2022 09:15 (SGT) Exact Location of Accident 203 Yishun Street 21, Block 203, Singapore 760203 Additional Location Information BLK 203 YISHUN ST 21 CAR PARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ4916A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SIEW PUI YEOK NRIC No SXXXX656J Email Address siewpuiyeok@yahoo.com.sg Mobile Phone No (Phone) +65-97931036 Alternative Phone No +65-96931069

VEHICLE PARTICULARS

Manufacturer Kia Model Cerato 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 Transmission Auto CC 1600

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Policy Number / Cover Note Number 1900017643-02

DRIVER

Name of Driver YIP CHEE WEI NRIC No SXXXX695B Date Of Birth 03/09/1965 Occupation Indoor

Date Of Driving Pass 19/02/1987 Driving experience 35 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-96931069 Alt. Phone Number Email Address yipfc@yahoo.com.sg Address 82 HILLVIEW AVE #08-04 Address complement Postcode S(669587) Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? Nο 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 Parked Vehicle Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT KINDLY REFER TO ATTACH POLICE REPORT & SKTECH PLAN. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

QX321X

Toyota

CACcident report SE0O226B0001

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Government
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name IO SANKAR

Phone (Phone) +65-96798317

Email

SKETCH PLAN

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.
- 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.
- 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.
- 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 lodgment 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:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMC SketchPlanForm_V3

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Date & Time: (If driver is not the pplicyholder) Name:	particulars are true in every respect.	al)
	¥2	A.
	Driver's Signature	Reporting Centre Personnel's Signature
I/We declare the foregoing Policyholder's Signature		by workshop that in the event that you in the made within the stipulated time





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20220611/7034

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 22 22:21	lade:	Vide Report No.: L/20220611/0064	Station Diary No.
Informa	nt's Partic	ulars		
Name of YIP CHE	Informant: E WEI		Address: 85 HILLVIEW AVENUE #08-0	04 SINGAPORE 669587
	/ ID No.: D / S170869	95B	Contact No.: Home/Office:	Mobile: 96931069
National SINGAP	ity: ORE CITIZ	EN	Email: yipfc@yahoo.com.sg	
Sex: Male	Age: 56	Date of Birth: 03/09/1965	Type of Informant: Driver	
Race: Chinese	_		Language: English	Institution / School Name:
Occupat	ion:		Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Police Venicie		Date/Time of Accident: 11/06/2022 09:15	Type of Location Car Park
Location: YISHUN STR Weather: Clear	EET 21	Road Surface:		Road Speed Limit:
				Traffic Volume:
Traffic Flow: Two Way		Traffic Control: Not Controlled		No Traffic

Vehicle No.	Type	Make	Model	Color	Conditio	No of
QX321X	Car		Toyota	Multi-Colored	Slightly Damaged	0
SMJ4916A	Car	KIA	Cerato	Black	Slightly Damaged	0



T/20220611/7034

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220611/7034

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMJ4916A	AIG ASIA PACIFIC INSURANCE PTE.	1900017643-02 V1	07/03/2021	06/03/2023

Details of Perso	n Involved				A. Ly	
Any Pedestrian I	nvolved: No		-8-			
No. of Pedestriar	ns Injured: NIL		Use of Pe	destrian	Cross	ing: NA
Driver				3 2016		
Name	YIP CHEE WEI			ID No.	8	S1708695B
Related Vehicle	SMJ4916A (Car)			Contac	ct No.	96931069
Hospital/Clinic	NIL			Class of Driving Licence Expiry	,	Class: 3 Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	f	NIL	

Brief Details.

At about 08:15 am, I parked my car (vehicle no. SMJ4916A) at carpark lot no. 174 (reverse-parked with the front facing out) at the foot of Blk 203 Yishun St 21 and left to visit my relatives. When I returned to the car, I noticed that a group of four policemen were standing around my car. I was subsequently told that their police car (vehicle no. QX321X) driven by one of them had hit my car. I noticed that the said police car (QX321X) was parked next to my car, with the boot facing out. I examined my car and noticed that the right side of the front bumper was scratched, with fresh markings on the paint work. I was told to leave my car behind to await the arrival of the investigating officer from the traffic police. As I need to go to work, I left my car and took the public transport to work. I was given a card with the case number (L/20220611/0064) for reference. I returned later in the afternoon to retrieve my car.





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

Report No. T/20220611/7034

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/06/2022 22:21
Officer In Charge Of Case: TP / TPIB / NORASHIKIN BINTE DAUD Contact No.: 65476439	Classification Of Case:
NP168	



CERTIFICATE OF INSURANCE

KIA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : SIEW PUI YEOK Vehicle No. : SMJ4916A Period of Insurance : 07 Mar 2022 To 06 Mar 2023 Policy No. : 1900017643-02

Engine No. : G4FGJH722085 Endorsement No.

: KNAF3416MK5031122 Issued Date : 12 Feb 2022 Chassis No.

ABOUT THE COVER

Make/Model : KIA Cerato Engine Capacity/Tonnage: 1,591.00 CC Sum Insured : Market Value First Year of Registration : 2019 : NA Off Peak Car : No Insuring with COE/PARF : Yes Driver Restriction

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 S\$\$3,000 as "Inexperienced Driver Excess" (1DR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience

: 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 Moor Trade.

* 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, 1997 (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)

SIEW PUI YEOK - \$600 (Own Damage), \$600 (Flood Cover)

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

Cycle & Carriage Body & Paint Centre. Add: 209 Pandan Gardens Singapore 609339 65884501
 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only). Add: 330 Utir Rd: 3 Singapore 408856 67461000
 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only). Add: 241 Alexandra Road Singapore 159931 04278000
 Cycle & Carriage Authorised Service Centre (For accident reporting & windscreen claim only). Add: 600 Sin Ming Ave Singapore 575733 69328000

For other: Approved Reporting Centres/AIG Authorised 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: Standard Chartered Bank (Singapore) 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 Act, 1987 (Malaysia), Road Transport Act, 1987 (Malaysia).

0504622231

C&CKICP2 - CINDY

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

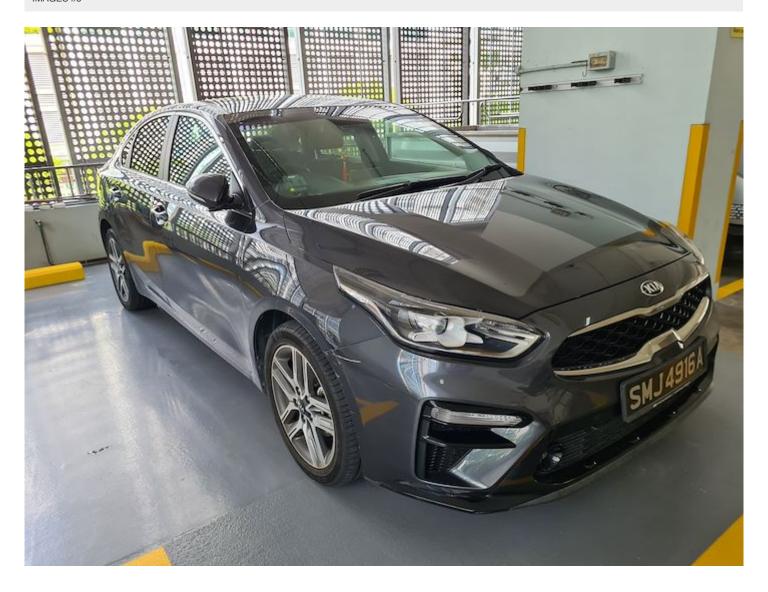
239 ALEXANDRA ROAD SINGAPORE 159930

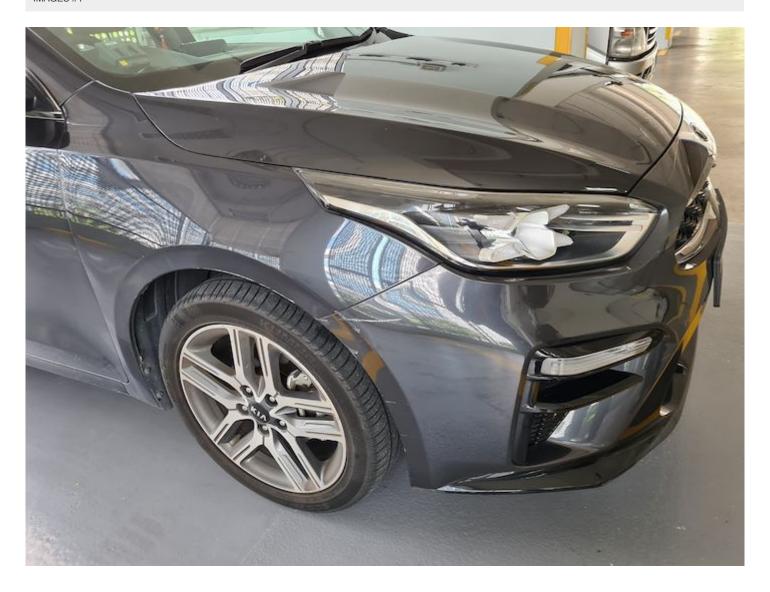
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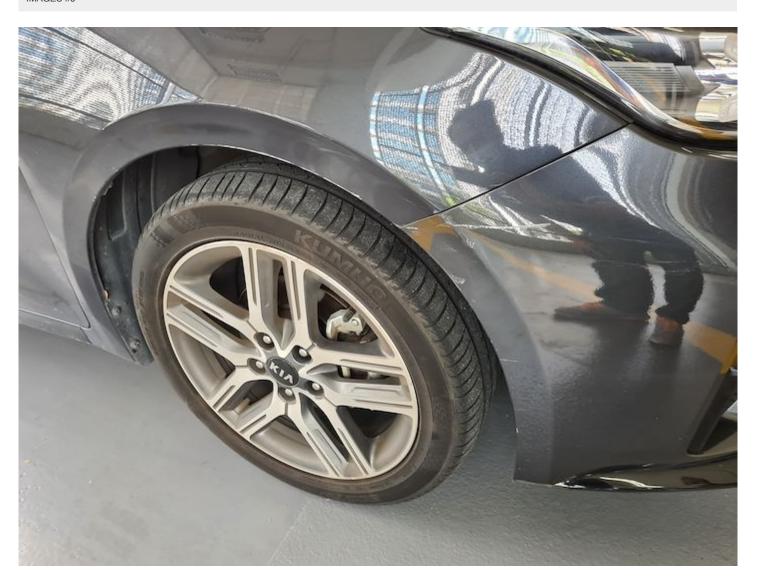
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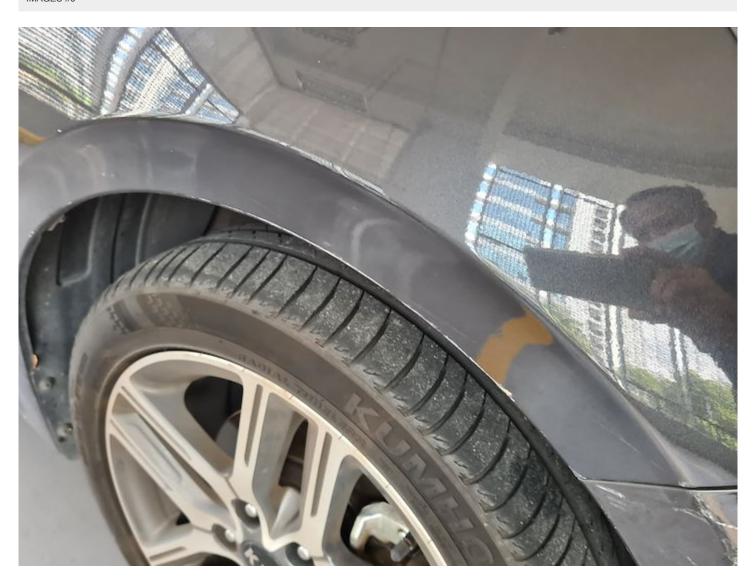


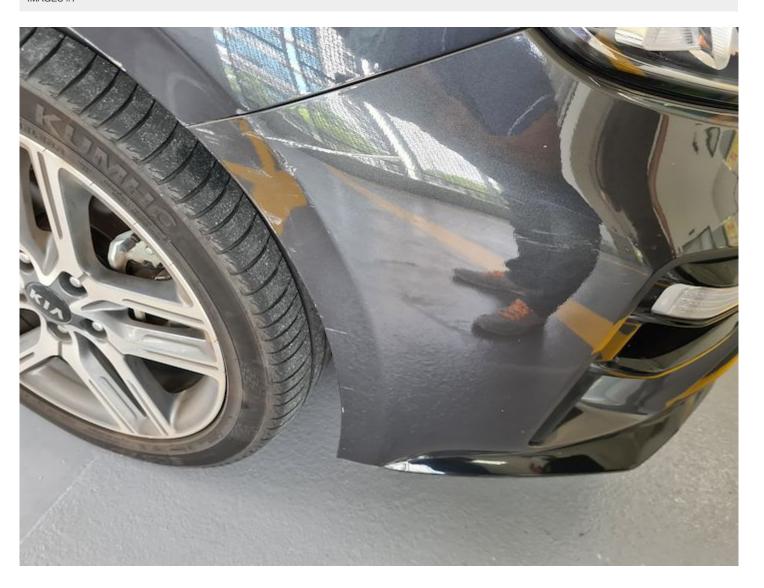


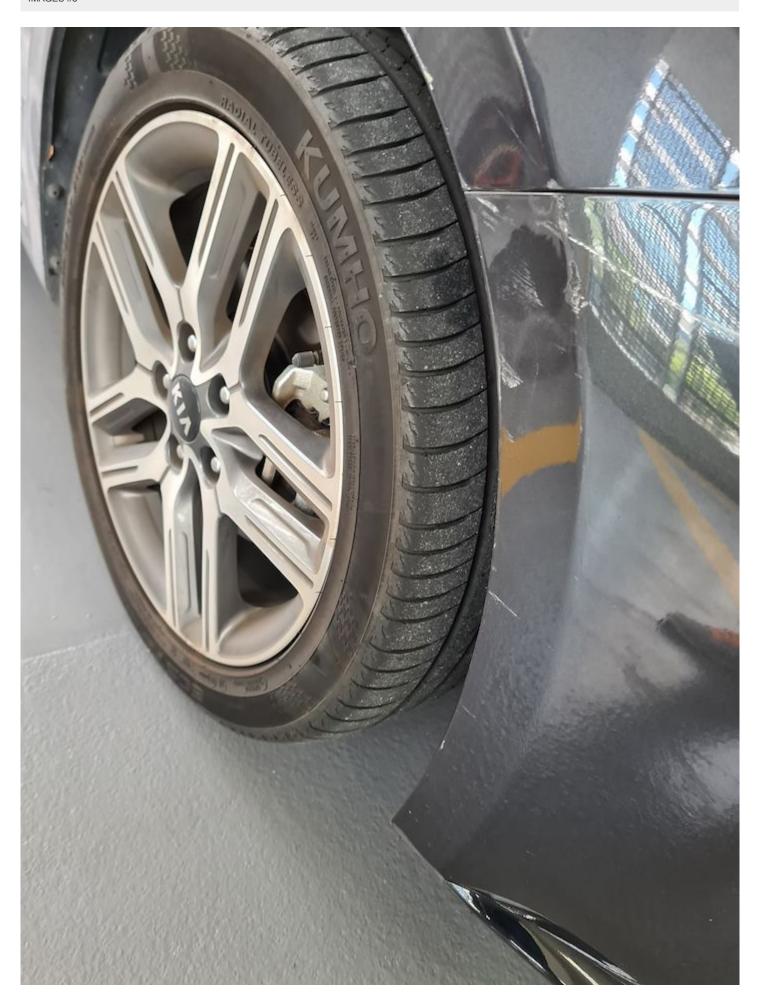


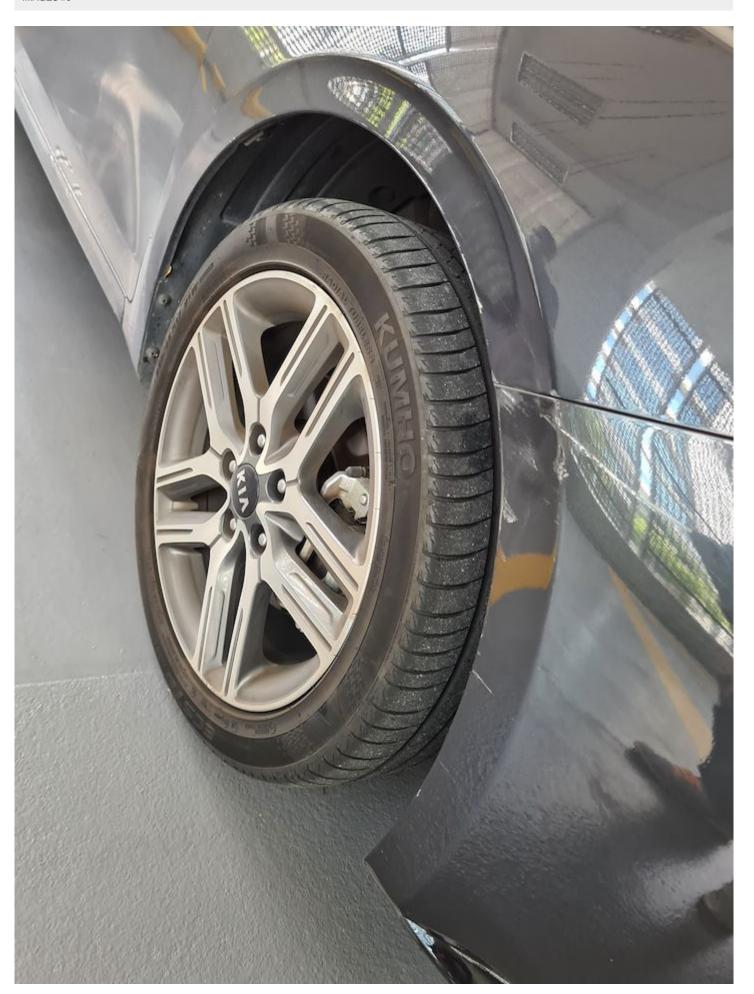


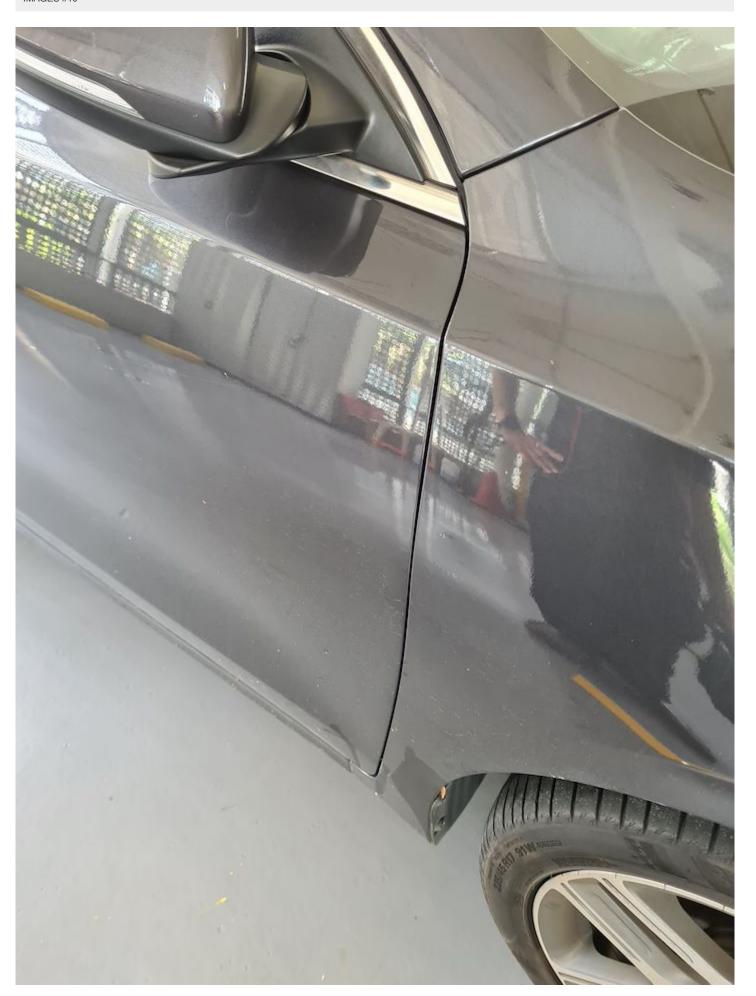














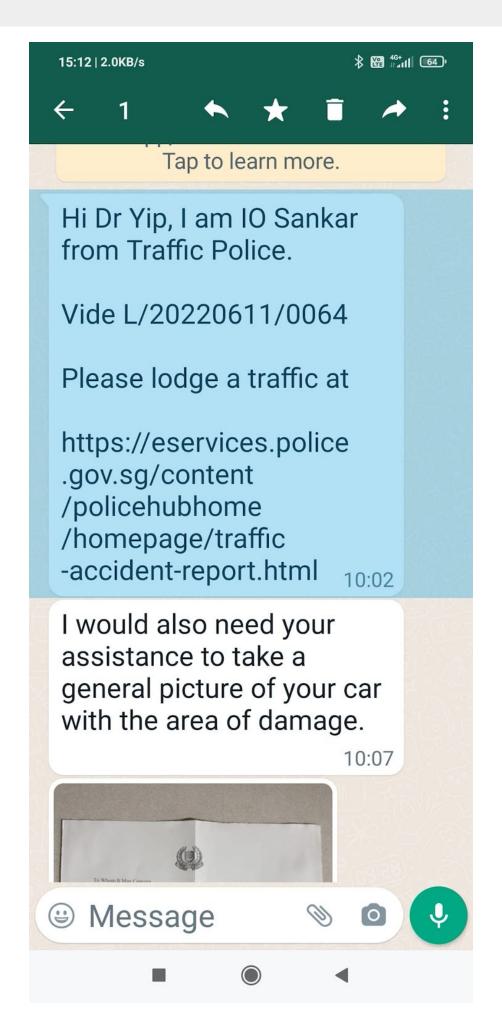




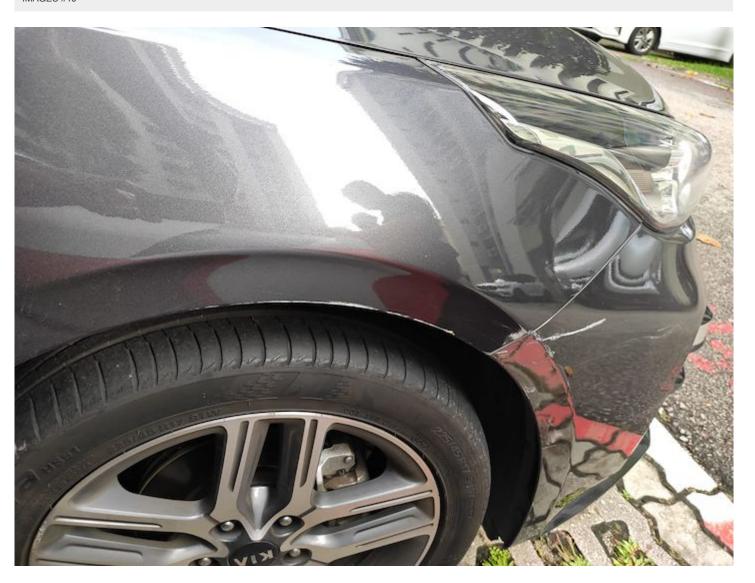


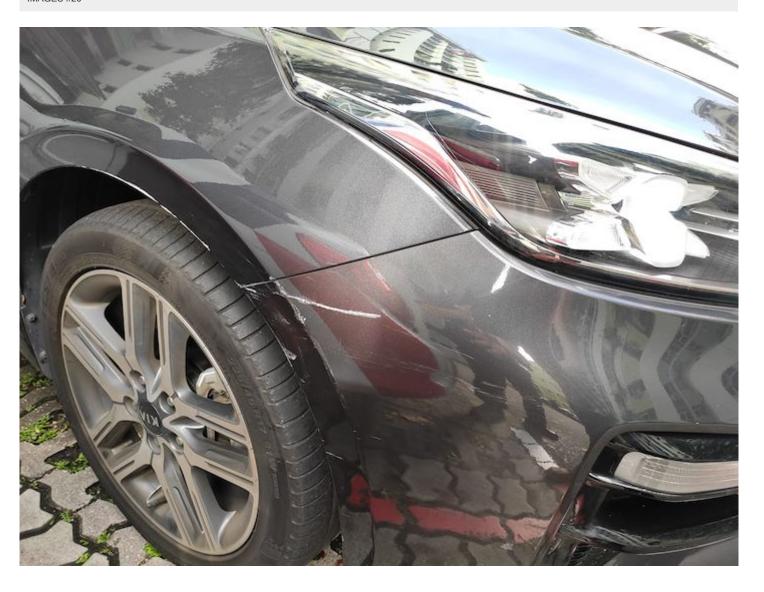










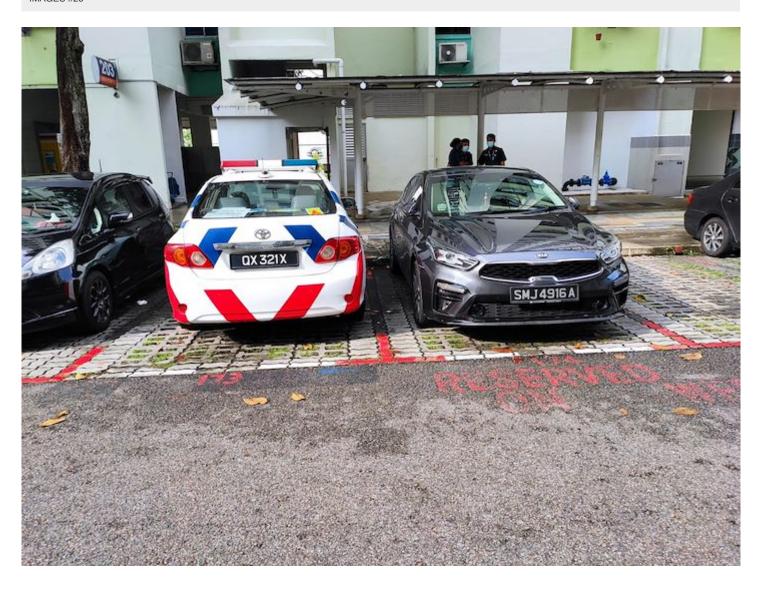






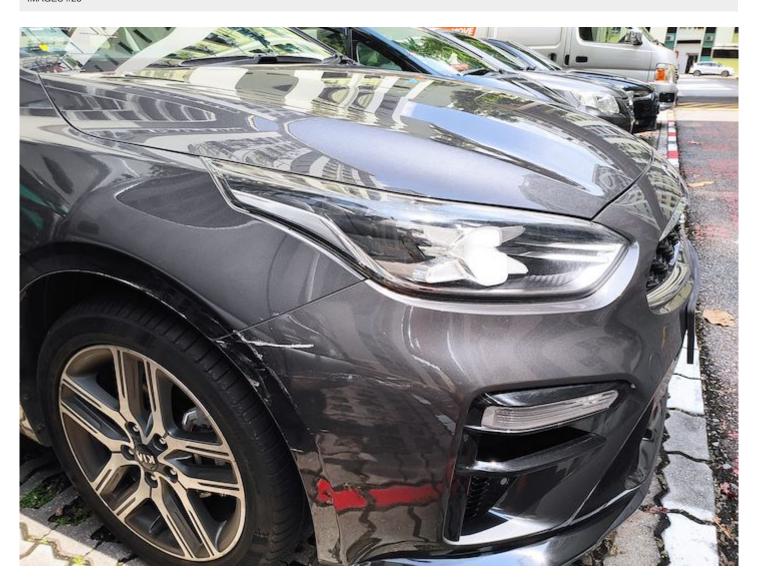


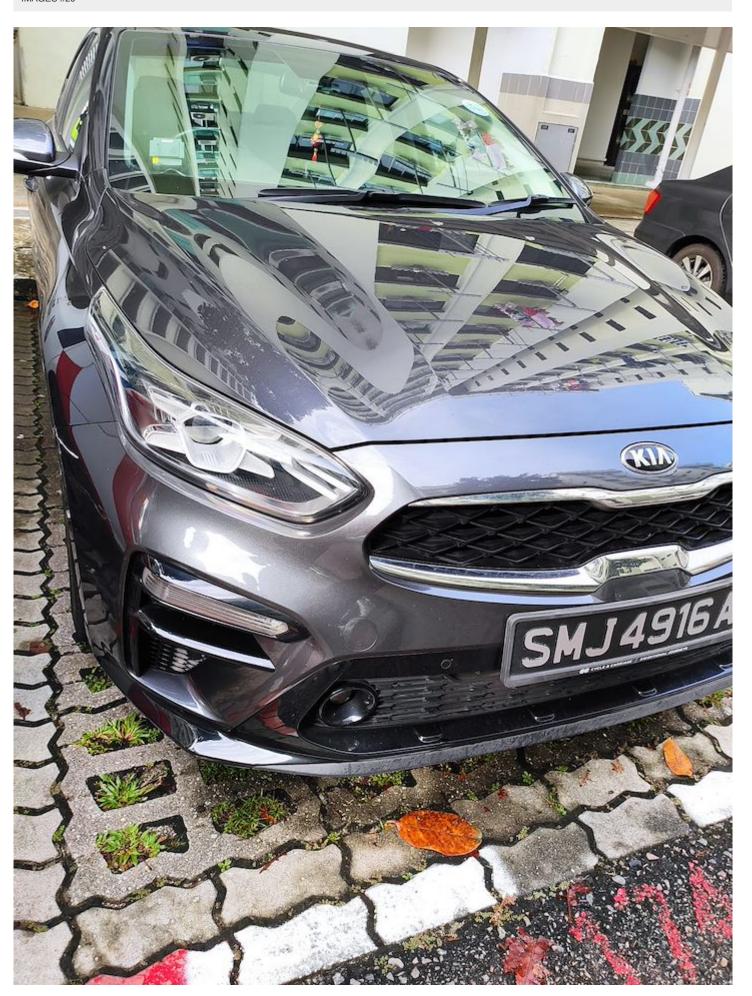


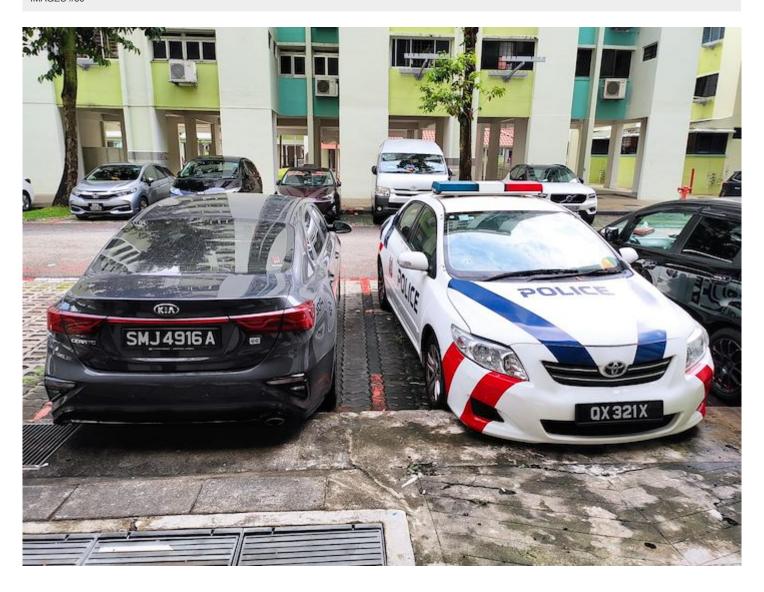














GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : SE00226B0001-01 ___Vehicle Registration No: SMJ4916A Name(as shown in NRIC) : YIP CHEE WEI _NRIC/FIN/Passport No : SXXXX695B (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate : 82 HILLVIEW AVE #08-04 _Singapore(669587) Address 96931069 Mobile No.: Contact (Tel) : yipfc@yahoo.com.sg Email Address Date of Accident : 11/06/2022 _Time of Accident: 09:15 Place of Accident : BLK 203 YISHUN ST 21 CAR PARK Insurance Company: AIG Asia Pacific Insurance Pte. Ltd. (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Amend on type of claim from third party claim to Own damage claim.

/ Driver's Signature 1 July 2022

Reporting Centre Personnel's Signature

Name: NRIC/FINNo.:

Date:

SKETCH PLAN #2

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Accident report SE00226B0001

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