

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 ability.
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 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 Report	15/08/2017 13:53
Date Of Accident	11/08/2017 11:30
Exact Location Of Accident	SHAW CENTRE PARKING LEVEL 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDU3331S
Insured/Policyholder	
Name Of Registered Owner	LIM KUE LAY
NRIC No	S0545012H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97331433
Alternative Phone No	OTHERS-97331433
Vehicle Particulars	
Manufacturer	LAND ROVER
Model	RANGE ROVER SPORT-3.0 D TDV6 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100486475-00000
Cover Note Number	
Driver	
Name of Driver	LIM KUE LAY
NRIC No	S0545012H
Date Of Birth	02/09/1946
Occupation	INDOOR
Date Of Driving Pass	30/12/1966
Driving Experience	50 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97331433
Fax Number	
Contact Number	OTHERS-97331433
EMail Address	NOEMAIL

Address
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

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 this accident? NO
 Was any body injured in the Accident? NO
 Was any other material or property damaged? NO
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

KINDLY REFER TO SKETCH

Attachment(s)

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

* Pending Ins Policy

TP: MSIG

SINGAPORE ACCIDENT STATEMENT	
IMPORTANT NOTICE	
1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing. 2. Please report correctly the details of the accident to speed up the claims process. 3. This Form must be completed by the Policyholder and/or the Authorised Driver. 4. 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. 5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies. 6. Any false reporting may be referred to the Traffic Police Department for investigation.	
ACCIDENT STATEMENT	
Date and Time of Accident	Date: 11/8/17 Time: 1130 hrs
Exact Location of Accident	SHAW CENTRE PARKING, Level 6
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDU 3331 S
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	LIM KUE LAY
Personal Identification - NRIC (Singaporean/PR)	S0545012H
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer Range Rover Model Sport
Type of Vehicle*	<input type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input checked="" type="radio"/> Others, SUV
Exact Purpose for which vehicle was being used at time of accident	Personal Use
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If No, Pls select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company*	AIU
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input type="radio"/> No
Policy Number	2100486475-00000
Motor CI	
DRIVER	<input checked="" type="radio"/> Same as Insured above
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Date of Birth	02 dd/ 09 mm/ 1946yy
Driving Date Pass	30 dd/ 12 mm/ 1966yy
Year of Driving Experience	50 Year(s) Month(s)
Occupation	Managing Director <input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	9733 1433

Accident Sketch Plan Pg. 2

Address of Driver		Postcode ()	
Email Address			
Was driver an employee of the Insured's Company?		<input type="radio"/> Yes <input type="radio"/> No	
If No, Relationship of the Driver with the Insured			
Vehicle Registration Number of Driver's Own		<input type="radio"/> Yes <input type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)			
Insurance Company of Driver's Own Vehicle (if applicable)			
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)		Front to Rear (3 rd party not insured)	
Weather Conditions		<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____	
Road Surface		<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____	
OTHER INFORMATION			
Was any foreign vehicle involved in this accident?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any body injured in the accident?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any other vehicle or property damaged?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was there any video captured by Car Camera?		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Number of Passengers (Including Driver)		1 pax	
DETAILS OF POLICE ACTION			
Was the Accident reported to the Police?		<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name			
Police Station Address			
Police Station Contact		Tel No. Fax No.	
Was notice of intended Prosecution given?		<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)	
DETAILS OF OTHER VEHICLE / PROPERTY 1			
Vehicle Registration Number		SCQ 80782 (MSIG)	
Vehicle Make/ Model/ Colour		BMW	
Details of Properties			
Name of Driver			
Personal Identification - NRIC (Singaporean/PR)			
- FIN/Passport Number			
Contact Number			
Address			
Name of Insurance Company			
Nature of Damage			
No. of Passenger (Including Driver)			
(Note - Please use page 6 if you need to add more vehicles)			

Accident Sketch Plan Pg. 3

Describe Circumstance of the Accident

I was looking for parking lot at SHAW centre level 6.
Out of a sudden vehicle number SC2 80782 ^{BMW} knock onto my car
rear RH bumper.

After speaking to the driver, I came to know that she was
actually making a right turn and saw my car but when she
try to slow down she accidentally step on the gas pedal instead
of brake pedal.

IMPORTANT NOTE

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence
or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

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

Accident Sketch Plan Pg. 4

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 firms/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' 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

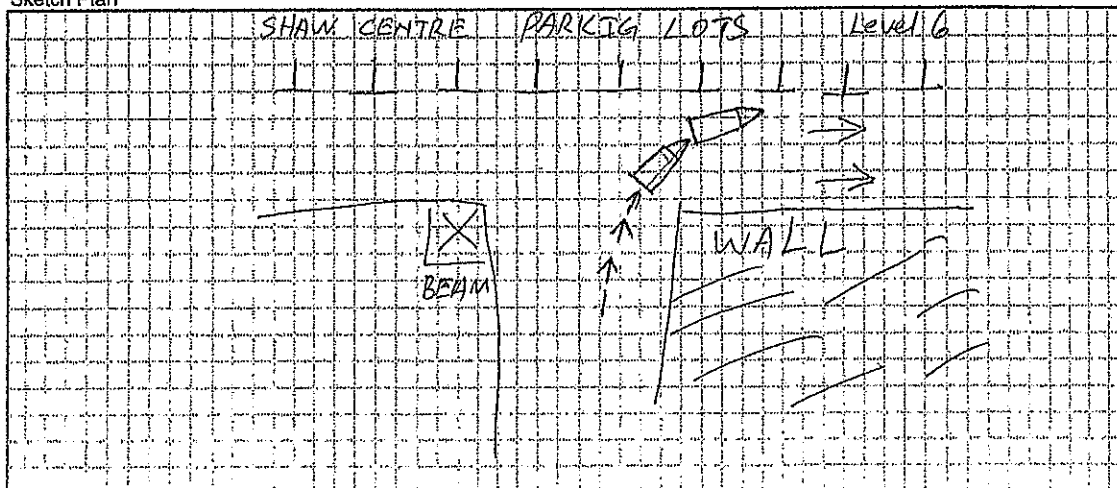
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GiA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Page 4

AUTHORIZATION TO ACT

I, LIM KUE LAY ("the third party Claimant")
of BLK 206 BOON LAY DRIVE, #05-43 (address),
owner of SDU 3331S (vehicle no.)
hereby authorize WEARNS AUTOMOTIVE PTE LTD ("The workshop")
to act for me with respect to my claim for repair costs and / or rental and / or loss of use
("claim") for my Vehicle No. SDU 3331S that was damaged
pursuant to the accident which occurred on 11/8/2017 (date) along
SHAW CENTRE PARKING (location)
involving Vehicle No/s _____ ("The accident").

I further authorize the workshop to sign the discharge voucher on my behalf to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver / owner / insurers of the other vehicle/s is concerned.

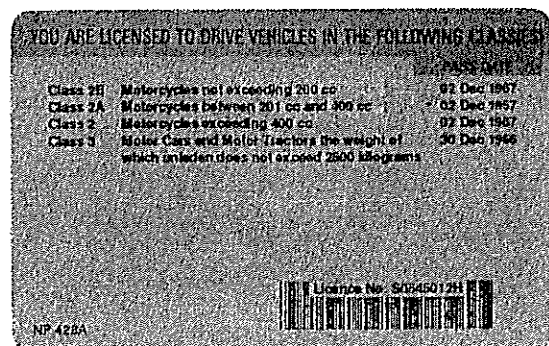
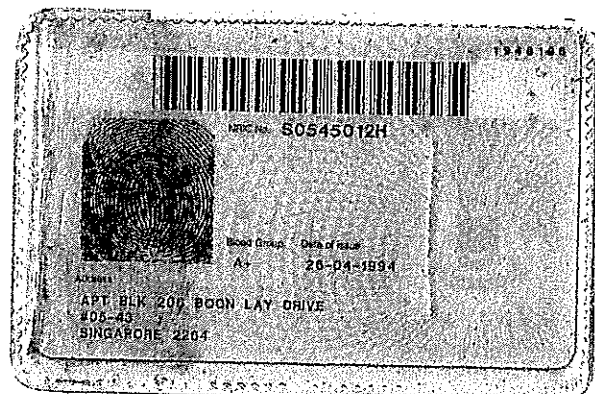
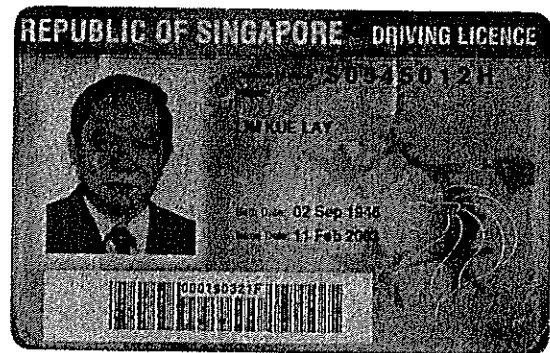
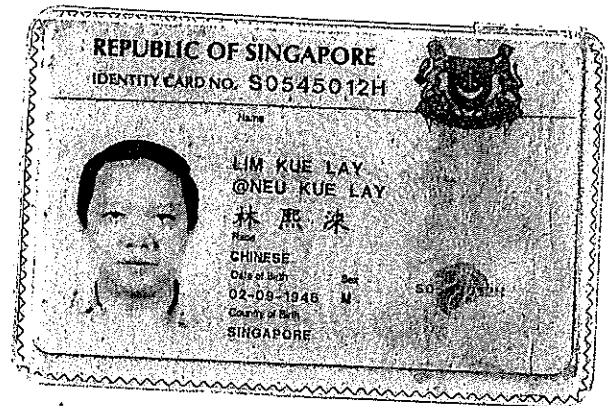
Date this 11 day of AUGUST (month) 20 17 (year)



Signed by "the third party claimant"

Signed by "the workshop"

Accident Sketch Plan Pg. 6



Accident Sketch Plan Pg. 7



HOTLINE TEL: (65) 6419 3000
FAX: (65) 6415-3723

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

MLX 1

WEARNES AUTO PROTECTOR	OWN DAMAGE EXCESS	SS900.00 (1)
CERTIFICATE NO. 2100486475-00000	WINDSCREEN EXCESS	SS100.00
	(for policies with effect from 1st November 2002)	
	SUM INSURED	Market Value
	INSURING WITH COE/PARF	Yes
1) VEHICLE REGISTRATION NO.	SDU3331S	
2) NAME OF INSURED	LIM KUE LAY @ NEU KUE LAY	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT	30 Sep 2016	
4) DATE OF EXPIRY OF INSURANCE	29 Sep 2017	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *	SUBJECT TO AGE CONDITION : All Age Condition	
a) The Insured.		
b) Any other person who is driving on the Insured's order or with his permission.		
This policy will indemnify the Insured or any authorised driver only if he/she meets the age conditions.		
A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00, in addition to the		
Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said		
Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.		
<p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle</p>		
6) LIMITATION AS TO USE *	<p>Use only for social, domestic and pleasure purposes and for the Insured's business.</p> <p>The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.</p>	
<p>APPROVED REPORTING CENTRE / WEARNES AUTHORISED WORKSHOP</p> <p>1. Wearnies Automotive Pte Ltd - 45 Leng Kee Road (Tel: 64737755 - For Jaguar, Bentley, LandRover) (Tel: 6378 2623 - For Infiniti)</p> <p>APPROVED REPORTING CENTRE / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)</p> <p>2. ComfortDeigo Engrg - 205 Braddell Rd (Tel: 63837118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65684501)</p> <p>4. Elhoz - 30 Bukit Batok Cres (Tel: 66547777) 5. Gluss-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only</p> <p>6. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 7. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)</p> <p>8. Nova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)</p> <p>10. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)</p>		
LOSS OF USE	15 Days Replacement Car only for repairs at Wearnies Automotive-Refer to policy wordings for details	
NAMED DRIVER	NA	
HIRE PURCHASE COMPANY / EMPLOYER'S LOAN	United Overseas Bank Limited	
<p>* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</p>		

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 19 Oct 2016

AIG Asia Pacific Insurance Pte. Ltd.

503486-613
WEARNES AUTOMOTIVE - DJT (J)
45 LENG KEE ROAD SINGAPORE 159103

AUTHORISED REPRESENTATIVE

ORIGINAL

WEALYE

AIG Building 78 Shenton Way #07-15 Singapore 079120

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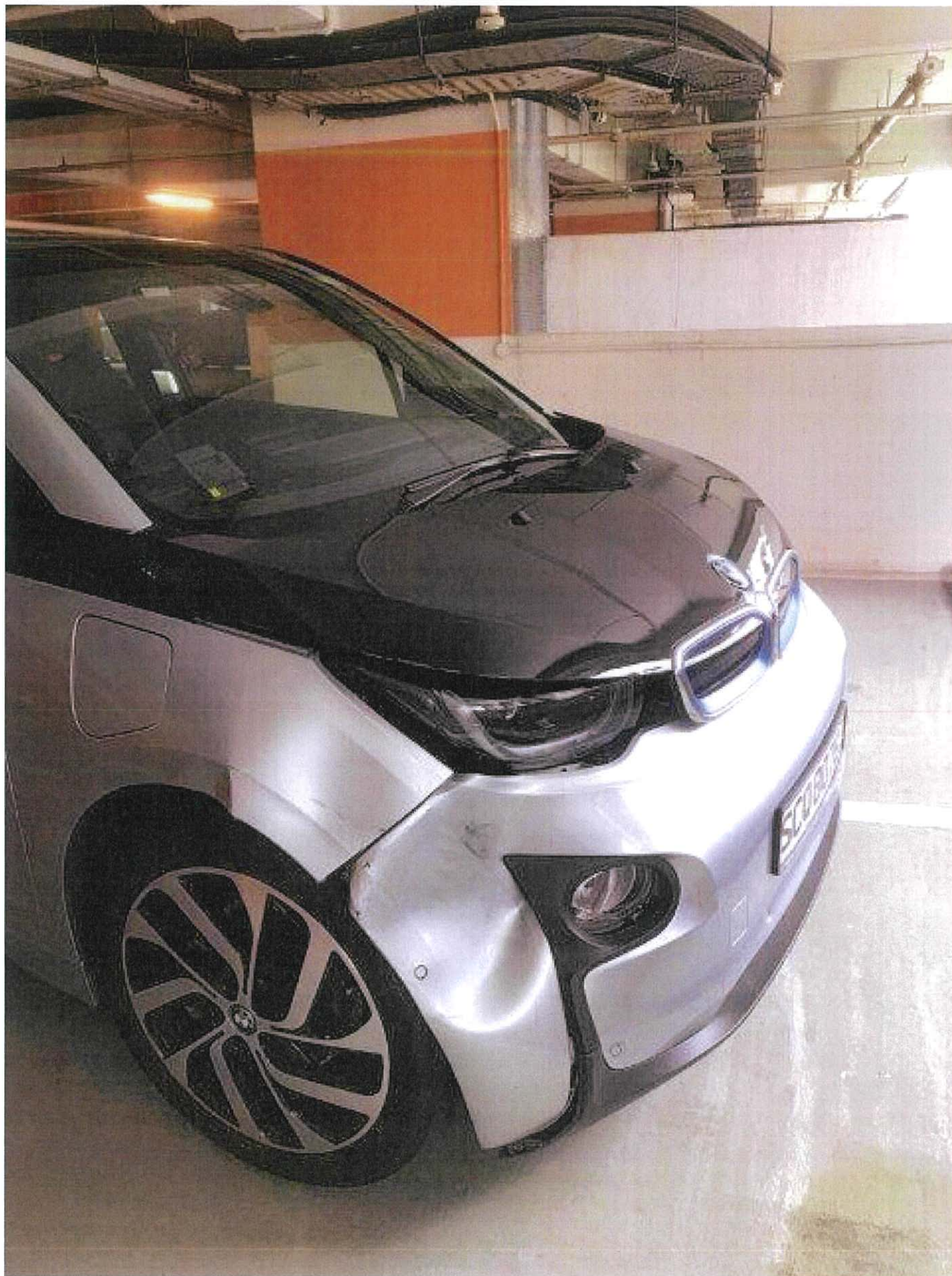
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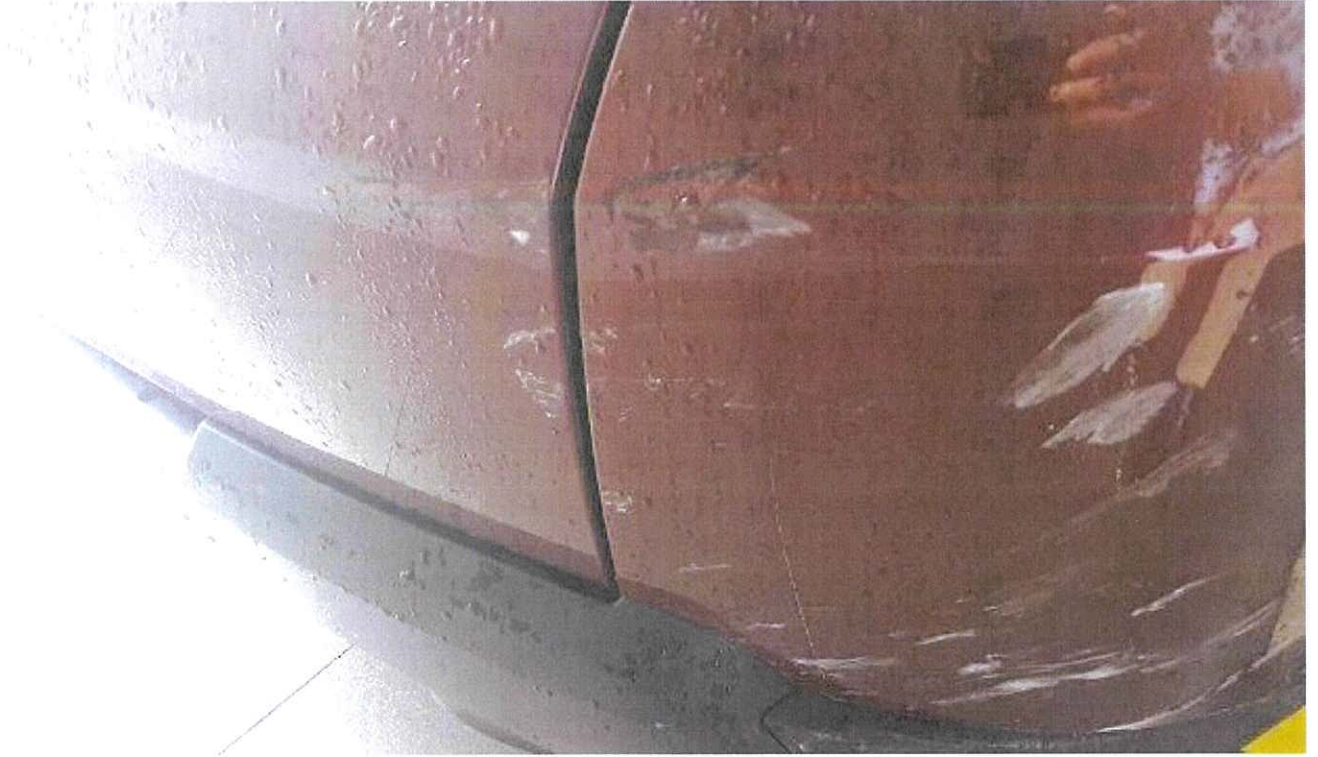
SCENE PHOTO



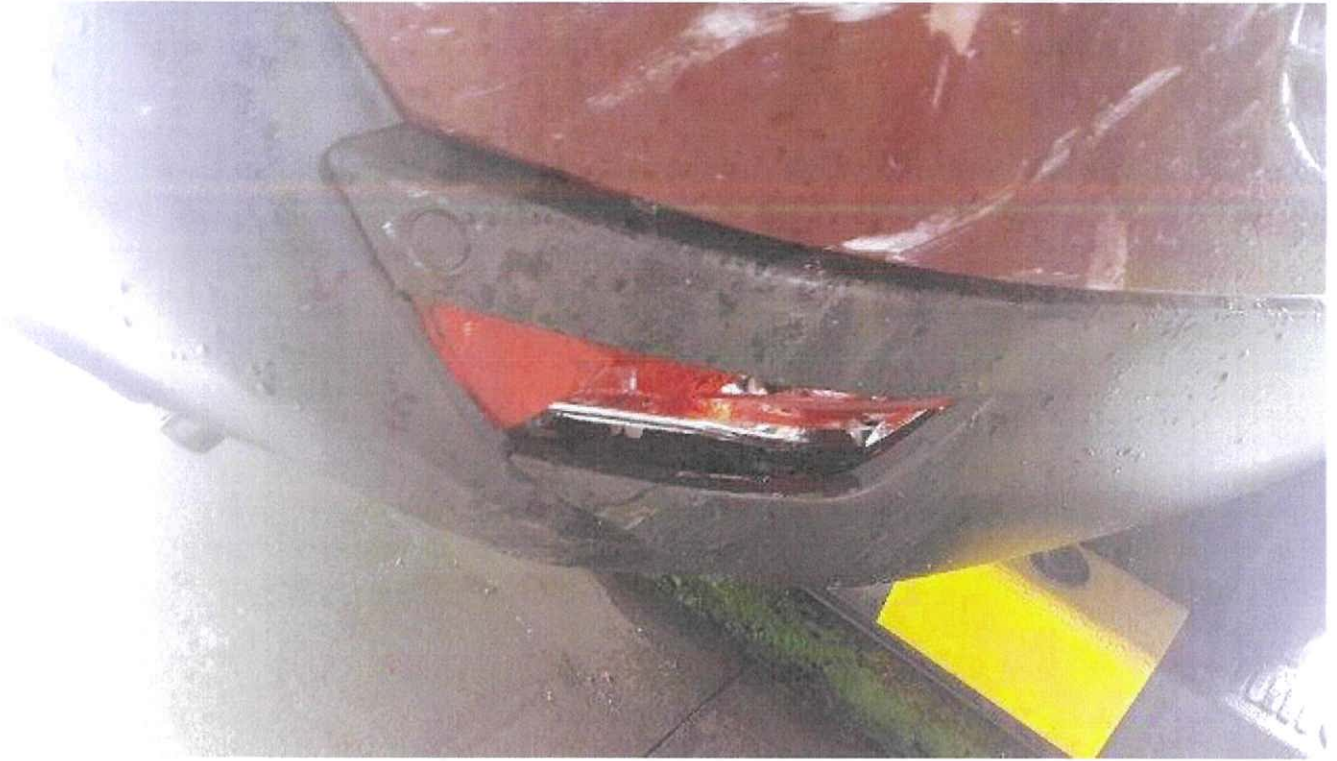
SCENE PHOTO



DAMAGED PHOTO



DAMAGED PHOTO



DAMAGED PHOTO

