

## 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             | 04/12/2017 14:53                                  |
| Date Of Accident           | 02/12/2017 17:10                                  |
| Exact Location Of Accident | UBI AVE 1(INFRT OF STARHUB BUILDING ON EXPRESSWAY |
| Country/State of Loss      | SINGAPORE   |

### DETAILS OF OWN VEHICLE

|                             |                       |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SCM6E                 |
| <b>Insured/Policyholder</b> |                       |
| Name Of Registered Owner    | GEORGE QUEK MENG TONG |
| NRIC No                     | S2187100A             |
| Email Address               | NOEMAIL               |
| Mobile Phone No             | (LOCAL) +65-97676667  |
| Alternative Phone No        | Office-97676667       |

### Vehicle Particulars

|  |                 |
|--|-----------------|
| Manufacturer   | PORSCHE         |
| Model  | CAYENNE-3.6 (A) |
| 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? | NO              |
| If No, Please state action to be taken                                       | REPORTING ONLY  |
| 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             | 2100338237-04000                     |
| Cover Note Number         |                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | MATHEW QUEK XUAN TING |
| NRIC No              | S9646241G             |
| Date Of Birth        | 08/12/1996            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 08/04/2016            |
| Driving Experience   | 1 YEAR AND 7 MONTHS   |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-97676667  |
| Fax Number           |                       |
| Contact Number       |                       |
| E-Mail Address       | MATTQUEK96@GMAIL.COM  |
| Address              |                       |

|   |          |
|---|----------|
| Postcode  |          |
| Was driver an employee of the Insured's Company     | NO       |
| If No, Relationship of the Driver with the Insured  | CHILDREN |
| 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?   | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO  |
| Number of Passengers (Including Driver)   | 2   |

#### 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

#### 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

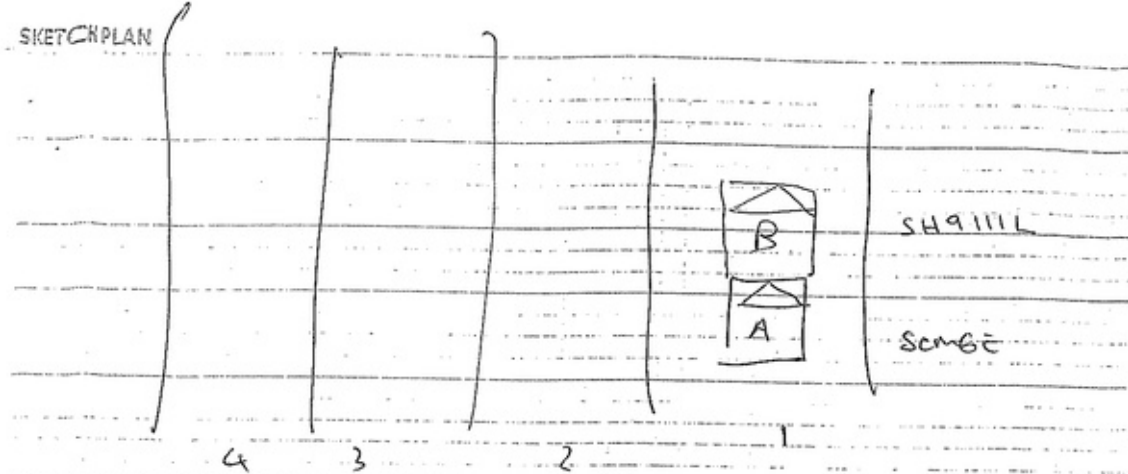
|                                     |                 |
|-------------------------------------|-----------------|
| Vehicle Registration Number         | SH9111L         |
| Vehicle Make/Model/Colour           | COMFORT TAXI    |
| Details Of Properties               |                 |
| Name of Driver                      | CHIANG MEOW TEE |
| NRIC/Passport Number                | S1281380E       |
| Contact Number                      |                 |
| Address                             |                 |
| Postcode                            |                 |
| Insurance Company Name              |                 |
| Nature Of Damage                    |                 |
| No. Of Passenger (Including Driver) |                 |

#### Details of Witness

|               |  |
|---------------|--|
| Name          |  |
| Phone Number  |  |
| Email Address |  |

# Sketch Plan

SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on the first lane on the expressway, keeping within the speed limit. Suddenly, the taxi that was in front of me (~~then~~ ~~was~~ I was not tailgating) ~~it jammed an emergency~~ break. I tried my best to break in time too. However, I failed to do so. It turned out that there was another accident about two cars in front of the taxi, that was why the taxi ~~did an emergency~~ break.

## DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:

*Li* 4/14/17

## SKETCH PLAN


### IMPORTANT NOTICE

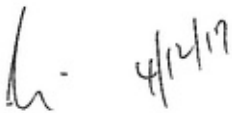
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the 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:
  - (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.
- (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:
  - (i) 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)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SINGAPORE ARMED FORCES IDENTITY CARD

Name  
**MATTHEW QUEK XUAN  
TING**

NRIC No  
**S9646241G**



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

## REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number  
**S9646241G**

Name  
**MATTHEW QUEK XUAN TING**

Birth Date: 08 Dec 1996

Issue Date: 08 Apr 2016



1002555621C

GEMLT000PUN0545190014

00000050232701

NRIC No./Colour  
**S9646241G/ PINK**

Race  
**CHINESE**

Date Of Birth  
**08/12/1996**

Service Status  
**NSF**

Address

**5 RIDOUT ROAD  
SINGAPORE 248411**

Blood Group  
**B (+)**

Country Of Birth  
**SINGAPORE**

Military Rank Status  
**ENLISTEE**

Sex  
**M**



### YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight  $\leq$  2500kg 08 Apr 2016



NP 428A

AIG

## CERTIFICATE OF INSURANCE

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

CERTIFICATE NO. 3100338237-04000

OWN DAMAGE EXCESS S\$3000.00 (1)  
WINDSCREEN EXCESS S\$100.00  
(For policies with effect from 1st November 2002) S\$500.00

SUM INSURED Market Value  
INSURING WITH COE/PAF Yes

SCMSE

George Quek Meng Tong

1. VEHICLE REGISTRATION NO.

2. NAME OF INSURED

3. EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

4 May 2017

4. DATE OF EXPIRY OF INSURANCE

3 May 2018

5. PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

SUBJECT TO AGE CONDITION: As Age Condition

a. The insured

b. Any other person who is driving on the insured's order or with his permission

The 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 him and any Authorised Driver (named or unnamed) if You are or the said

Authorised Driver is below the age of 22 and/or has less than 2 years' driving experience.

6. I hereby certify 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

## 6. LIMITATION AS TO USE\*

Use for social, domestic and pleasure purposes and for the insured's business

The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing,

maintenance of goods other than samples in connection with any trade or business or use for any purpose in

connection with the Motor Trade

Approved Reporting Centres: AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)

1. Carroz Design Seng 7, 105 Brassey Rd (Tel: 63871118) 2. Glass-Fix - 52 Ubi Ave 3 (Tel: 62730887) - For windscreen only

3. Pong - 30 Bukit Satok Cres (Tel: 65477777) 4. DPS Body &amp; Paint (Subsidiary of C&amp;C) - 208 Pandan Gardens (Tel: 65884501)

5. Tan Tock Sing Motor - 41 Dela Lane 12 (Tel: 67479580) 6. Lai Hui (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)

7. Ming Automotive - 1108 Bukit Meranti Lane 3 (Tel: 62723692) 8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415338)

9. DVF Motor - 1108 Bukit Meranti Lane 3 (Tel: 67476106)

LOSS OF USE Not Included

\* NAMED DRIVER Lee Lih Leng Katherine

HIRE PURCHASE COMPANY NA

EMPLOYER'S LOAN

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 56 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

I 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 in Singapore 25 Apr 2017

AIG Asia Pacific Insurance Pte. Ltd.

032013-000  
GREAT EASTERN FINANCIAL  
1 PICKERING STREET #13-01  
GREAT EASTERN CENTRE  
SINGAPORE 046659

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPBAK

I, George Quek Meng Tong of NRIC S2187100A,  
authorize my son, Matthew Quek Xuan Ting of  
NRIC S96462416, to report the accident  
that happened on 2 December 2017.



George Quek Meng Tong  
S2187100A

4/12/2017



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

