

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	15/12/2017 18:20
Date Of Accident	30/11/2017 21:40
Exact Location Of Accident	COMMONWEALTH AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC6223A
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Insured/Policyholder

Name Of Registered Owner	CHAT PUAY SAN
NRIC No	S7613211I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98891878
Alternative Phone No	Office-98891878

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.6A
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	2100494978
Cover Note Number	

Driver

Name of Driver	CHRISTOPHER LIM JUN WEI
NRIC No	S9636165C
Date Of Birth	07/10/1996
Occupation	INDOOR
Date Of Driving Pass	08/12/2015
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97179037
Fax Number	
Contact Number	
EMail Address	BLIND_STARS01@HOTMAIL.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 COLLIDED INTO MOTORCYCLIST
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? YES
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) 3

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name TRAFFIC POLICE DIVISION HQ
Police Station Address **ROAD:** 10 UBI AVENUE 3 , **POSTCODE:** 408865 , **COUNTRY:** SINGAPORE
Police Station Contact **TEL NO:** 65470000 - **FAX NO:**
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

refer to sketch plan and police report.

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 FBF9902H
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF INJURED PERSON 1

Name
Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBF9902H

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

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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:

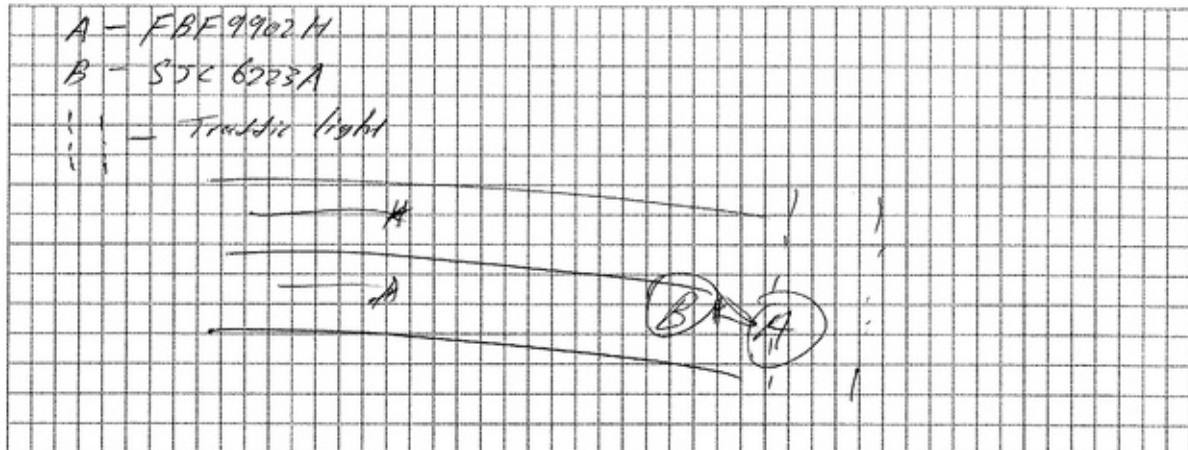
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: HASBULLAH
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 30 November 2017 at the time at 9.30pm, I was travelling along Commonwealth Ave at the next light house. My intention is to turn right & 1 traffic away. As I was travelling, there is ~~the~~ one p plate rider FBF9902H & she seen at traffic light change to Amber. My vehicle couldn't brake in time and it hit onto the rear of the rider bike causing the rider to lose balance. I get out of my vehicle to check onto the rider condition and it describe a pain at its right knee cap. Immediately I contact the Ambulance and police about the incident. Approximately 5 mins later, the ambulance and police have arrived and I have report the incident to the police. I was told to make a police report by 11pm at Traffic Police HQ. Investigation officer is NG CHWEI THENG JANIE.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.



- Reporting Only
- Claim OD
- Claim TP
- Claim OD/ TP at other workshop

DECLARATION

I/WE declare the foregoing particulars are true in every respect.

Policyholder's signature
Date & Time

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

Reporting Centre Personnel's Signature
Name: HASBULLAH
Nric/Fin No.



**SINGAPORE
POLICE FORCE**



T/20171130/2184

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

1 of 3

Report No. T/20171130/2184

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/11/2017 23:38		Vide Report No.: D/20171130/0109		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHRISTOPHER LIM JUN WEI			Address: APT BLK 472 SEGAR RD #09-260 HDB-BT PANJANG SINGAPORE 670472		
ID Type / ID No.: NRIC NO / S9636165C			Contact No.: Home/Office: Mobile: 87179037		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 21	Date of Birth: 07/10/1996	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/11/2017 21:30	Type of Location: Straight Road
Location: Along Road 1 COMMONWEALTH AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJC6223A	Car				Slightly Damaged	2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20171130/2184

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

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Report No. T/20171130/2184

CONTINUATION OF REPORT

Driver				
Name	CHRISTOPHER LIM JUN WEI		ID No.	S9636165C
Related Vehicle	NIL		Contact No.	87179037
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

ON ABOVE MENTIONED DATE AND TIME

I WAS DRIVING ALONG COMMONWEALTH AVENUE ON THE RIGHT LANE AS I WAS INTENDING TO MAKE A RIGHT TURN. THE P-PLATE RIDER WAS ALSO ON THE RIGHT LANE OF THE ROAD BUT WAS ONE TRAFFIC AWAY. THE TRAFFIC LIGHT WENT SUDDENLY FROM GREEN TO AMBER SO I COULD NOT BRAKE IN TIME. THE FRONT OF MY CAR COLLIDED WITH THE REAR OF THE BIKE AND IT CAUSED HIM TO LOSE BALANCE. I NOTICED HE WAS TRYING TO BALANCE ON HIS BIKE BUT COULD NOT AND DECIDED TO JUMP OFF HIS BIKE. I GOT OUT OF MY VEHICLE TO CHECK ON HIM. AS HE SAID HE SAID HE FELT PAIN ON HIS RIGHT KNEECAP, I CALLED FOR THE AMBULANCE. THE AMBULANCE CAME AND CONVEYED THE RIDER.



**SINGAPORE
POLICE FORCE**



T/20171130/2184

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

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Report No. T/20171130/2184

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/11/2017 23:38

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Authentication Stamp
NP168

Signature:

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Christopher Lim Jia Wei
VEHICLE NUMBER : 55C 6223A
DATE/TIME OF ACCIDENT : 30/11/2017 9.40pm
PLACE OF ACCIDENT : Commonwealth Ave
THIRD PARTY VEHICLE (IF ANY) : FBF 9902H

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

I start my journey at Tropic Barua Plaza and my intended destination is back home at Bukit Panjang.

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?

A small bump onto the rear bike. ~~the~~ A damage at my front car ~~was made on the bumper and damage license plate~~

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No one is injured.


Name: Christopher Lim

I Affirmed The Above Information Is Given To My Best Knowledge.



HOLLIS 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, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

MX1

AUTOPLUS

CERTIFICATE NO. 2100494978-00002

OWN DAMAGE EXCESS S\$600.00 (1)

WINDSCREEN EXCESS S\$100.00

(for policies with effect from 1st November 2007)

SUM INSURED Market Value
INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

SJC6223A

2) NAME OF INSURED

Chat Puay San (Qi Pei Shan)

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

21 Dec 2016

4) DATE OF EXPIRY OF INSURANCE

25 Feb 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *

SUBJECT TO AGE CONDITION : All Age Condition

Any person other than the Insured 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.

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.

6) LIMITATION AS TO USE *

Use only 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, 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.

SOLE AGENT'S WORKSHOP : For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop.

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

1. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 2. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only

3. Eihoz - 30 Bukit Batok Cres (Tel: 66547777) 4. DPS Body & Paint (Subsidiary of C & C) - 209 Pandan Gardens (Tel: 65684501)

5. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 6. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)

7. Nova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)

9. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)

LOSS OF USE Loss of Use 10 Days (1500 - 1600cc) - Refer to policy wordings for details

NAMED DRIVER Christopher Lim Jun Wei

HIRE PURCHASE COMPANY PACE MOTORS PTE. LTD
/ EMPLOYER'S LOAN

* 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.

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 10 Feb 2017

AIG Asia Pacific Insurance Pte. Ltd.

503356-000
SPEEDO MOTORING MANAGEMENT
33 UBI AVENUE 3 #01-76/77 VERTEX SINGAPORE 408868

AUTHORISED REPRESENTATIVE

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver, and other motor vehicles with unladen weight \leq 2500kg

NP 428A

Licence No: S9636165C



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9636165C

CHRISTOPHER LIM JUN WEI

Birth Date: 07 Oct 1996

Issue Date: 08 Dec 2015

002500841C

SG 50

4745927



NRIC No: S9636165C



Date of issue

07-07-2011

APT BLK 472 SEGAR ROAD #09-260
SINGAPORE 670472

S9636165C

30/05/2013



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9636165C

Name

CHRISTOPHER LIM JUN WEI



林俊偉

Race

CHINESE

Date of birth

07-10-1996

Country of birth

SINGAPORE

Sex

M



OWNER LETTER OF CONSENT

I (Owner Name) Chat Puay San i/c ST613211 I owner of this
car no. SJG 6723 A authorize the driver (Name) Christopher Lim Junwei i/c no.
S9636165C to file accident report which happened on (Accident Date)
30/11/2017 at (Location) Commonwealth Avenue.

Owner's Name : Chat Puay San

Signature : 



AIG Asia Pacific Insurance
Pte. Ltd. (201009404M)
AIG Building
78 Shenton Way #07-16
Singapore 079120

www.aig.com.sg

T: (65) 6419 3000
F: (65) 6835 7416

Your Ref : SJC6223A
Our Ref : 4655744495SG-001

Date : 12 December 2017

Chat Puay San (Qi PeiShan)
472 Segar Road
#09-260
SINGAPORE 670472

WITHOUT PREJUDICE

Dear Sir/Madam,

**ACCIDENT INVOLVING SJC6223A AND FBF9902H ON 30 November 2017 AT
COMMONWEALTH AVE SINGAPORE.**

We refer to the above matter.

We would like to inform you that we have received a claim from a third party involved in the above auto accident.

Our record shows that you have not reported the accident to us. We would appreciate it if you could urgently file a report at our approved reporting centre.

You should also IMMEDIATELY forward us by hand any letters or Courts Summons received from the other party involved in the accident. You should not negotiate, admit liability or offer payment to them.

We would like to bring to your attention that under Policy Condition 5A, we shall have full discretion in the process and settlement of the said third party claim.

Your NCD (No Claim Discount) will be reduced by 30% (20% for motorcycle/commercial vehicles) if a claim is made under your policy.

To enable us to look into the matter immediately, please let us hear from you within seven (7) days from date of this letter. In accordance with the policy conditions, we reserve the right to repudiate the said claim to you should you not give proper notice to us of any occurrence which may give rise to it.

Kindly contact our Call Centre at (65) 6419-3000 if you have any further enquiries.

Yours faithfully,

Claims Department

AIG Asia Pacific Insurance Pte. Ltd.

This is computer generated document, no signature is required.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



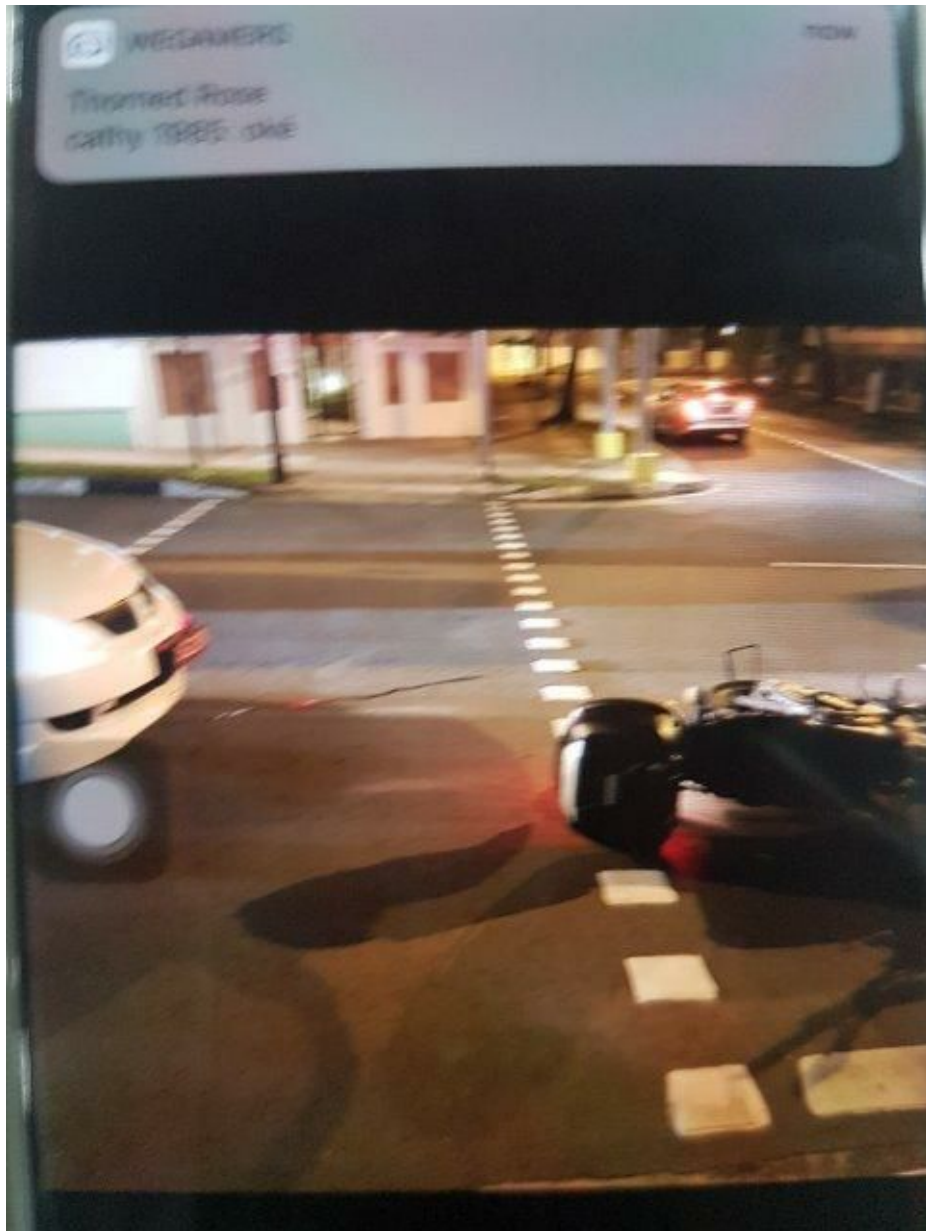
Accident Photo



REPORTING MILEAGE



Accident Photo



Accident Photo

