

## 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             | 26/12/2017 17:11           |
| Date Of Accident           | 25/12/2017 14:30           |
| Exact Location Of Accident | ORCHARD TOWARDS BRAS BASAH |
| Country/State of Loss      | SINGAPORE                  |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SDE8397D             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | LOK HORNG GEE        |
| NRIC No                     | S1491266E            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-97555869 |
| Alternative Phone No        | Others-97555869      |

### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | VOLVO          |
| Model  | S60-1.5 T2 (A) |
| Exact Purpose for which vehicle was being used at time of accident           | SOCIAL         |
| 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             |                                      |
| Cover Note Number         |                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | LOK HORNG GEE         |
| NRIC No              | S1491266E             |
| Date Of Birth        | 02/04/1961            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 31/07/1986            |
| Driving Experience   | 31 YEARS AND 4 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-97555869  |
| Fax Number           | (LOCAL) +65-97555869  |
| Contact Number       | OTHERS-97555869       |
| EMail Address        | NOEMAIL               |

|   |                     |
|---|---------------------|
| Address   | 1 ST MICHAEL'S ROAD |
| Postcode  | #23-01<br>328006    |
| 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 | -<br>-<br>-         |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-         |

#### General Information of the Accident

|                    |            |
|--------------------|------------|
| Type Of Accident   | SIDE SWIPE |
| Weather Conditions | CLEAR      |
| Road Surface       | DRY        |

#### Other Information

|   |                                     |
|---|-------------------------------------|
| Was any foreign vehicle involved in this accident?  | NO                                  |
| Number of vehicles involved in the accident   |                                     |
| Was any body injured in the Accident?   | NO                                  |
| Was any injured conveyed to hospital by ambulance?  | 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                                   |
| Passenger 1   | Name: : Mrs Lok<br>Gender: : Female |

#### 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

refer accident statement

#### 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         | SKK4468U     |
| Vehicle Make/Model/Colour           |              |
| Details Of Properties               |              |
| Vehicle Category                    | PRIVATE CAR  |
| Name of Driver                      | LAM KAM HONG |
| NRIC/Passport Number                | S0269445Z    |
| Contact Number                      |              |
| Address                             |              |
| Postcode                            |              |
| Insurance Company Name              |              |
| Nature Of Damage                    |              |
| No. Of Passenger (Including Driver) |              |

# Accident Sketch Plan

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| SINGAPORE ACCIDENT STATEMENT   |  |
|--|--|
| <b>IMPORTANT NOTICE</b>  |  |
| 1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for e-filing.<br>2. Please report <u>correctly</u> the details of the accident to speed up the claims process.<br>3. This Form must be completed by the Policyholder and/or the Authorised Driver.<br>4. 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 repudiate policy liability.<br>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.<br>6. Any false reporting may be referred to the Traffic Police Department for investigation. |  |
| <b>ACCIDENT STATEMENT</b>  |  |
| Date and Time of Accident  | Date: 25.12.17 Time: 14.30 pm  |
| Exact Location of Accident   |  |
| <b>DETAILS OF OWN VEHICLE</b>  |  |
| Vehicle Registration Number  | Orchard towards - Bras Basah<br>SDE 8397D  |
| <b>INSURED / POLICYHOLDER (OWN VEHICLE)</b>  |  |
| Name of Registered Owner (See Insurance Cert.)   | LOK HONG GEE   |
| Personal Identification - NRIC (Singaporean/PR)  | S1491266E  |
| - FIN/Passport Number  |  |
| - Not Applicable   |  |
| <b>VEHICLE PARTICULARS (OWN VEHICLE)</b>   |  |
| Vehicle Make / Model   | Manufacturer <u>VW</u> Model <u>Vento</u>  |
| Type of Vehicle*   | <input checked="" type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry<br><input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others, _____ |
| 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?   | <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   |
| <b>INSURANCE COMPANY (OWN VEHICLE)</b>   |  |
| Name of Insurance Company *  | AIG  |
| 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 checked="" type="radio"/> No  |
| Policy Number  |  |
| Motor CI   |  |
| <b>DRIVER</b>  | <input type="radio"/> Same as Insured above  |
| Name of Driver   | LOK HONG GEE   |
| Personal Identification - NRIC (Singaporean/PR)  | S1491266E  |
| - FIN/Passport Number  |  |
| Date of Birth  | 02 dd/ 04 mm/ 1961 yy  |
| Driving Date Pass  | 31 dd/ 07 mm/ 1986 yy  |
| Year of Driving Experience   | Year(s) _____ Month(s) _____   |
| Occupation   | <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.  | 97555-869  |

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|   |  |         |
|---|--|---------|
| Address of Driver   | 1 st. michael's Road<br>#23-01 Postcode (328006)   |         |
| Email Address   |  |         |
| Was driver an employee of the Insured's Company?                                      | <input type="radio"/> Yes <input checked="" type="radio"/> No  |         |
| If No, Relationship of the Driver with the Insured                                    |  |         |
| Vehicle Registration Number of Driver's Own   | <input type="radio"/> Yes <input checked="" type="radio"/> No  |         |
| Vehicle Registration Number of Driver's Own Vehicle (if applicable)                   |  |         |
| Insurance Company of Driver's Own Vehicle (if applicable)                             |  |         |
| <b>GENERAL INFORMATION OF THE ACCIDENT</b>  |  |         |
| Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear) | side swipe   |         |
| 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, _____         |         |
| <b>OTHER INFORMATION</b>  |  |         |
| 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 checked="" type="radio"/> Yes <input 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)   | 02   |         |
| <b>DETAILS OF POLICE ACTION</b>   |  |         |
| 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?)                      |         |
| <b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>  |  |         |
| Vehicle Registration Number   | SKK 4468U  |         |
| Vehicle Make/ Model/ Colour   |  |         |
| Details of Properties   |  |         |
| Name of Driver  | Lam Kam Hong   |         |
| Personal Identification - NRIC (Singaporean/PR)                                       | S02694452  |         |
| - FIN/Passport Number   |  |         |
| Contact Number  |  |         |
| Address   | Blk 166 Pasirham St 13<br>#06-276 (S)  |         |
| Name of Insurance Company   |  |         |
| Nature of Damage  |  |         |
| No. of Passenger (Including Driver)   |  |         |
| (Note - Please use page 6 if you need to add more vehicles)                           |  |         |

### 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

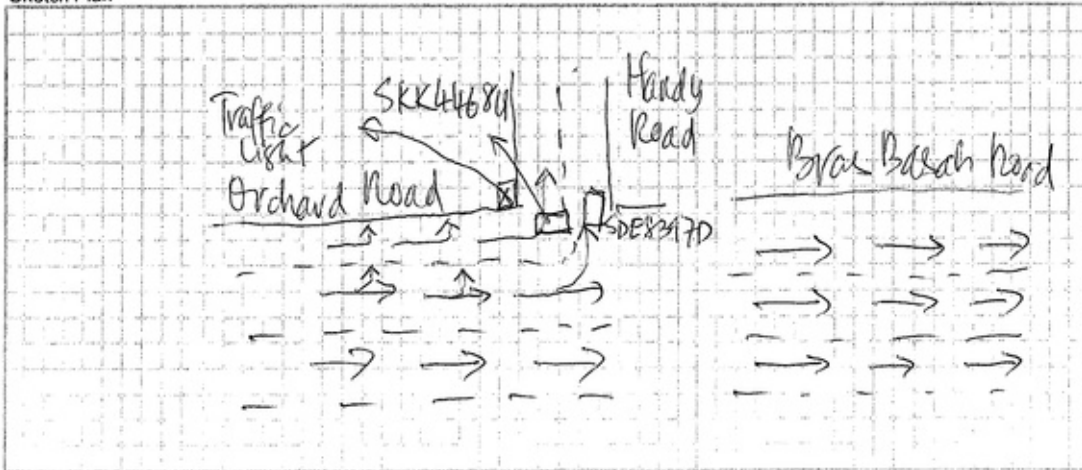
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

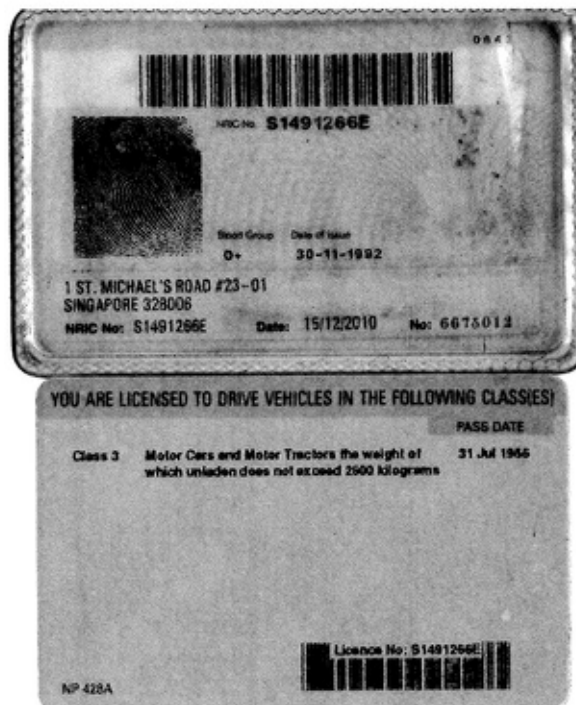
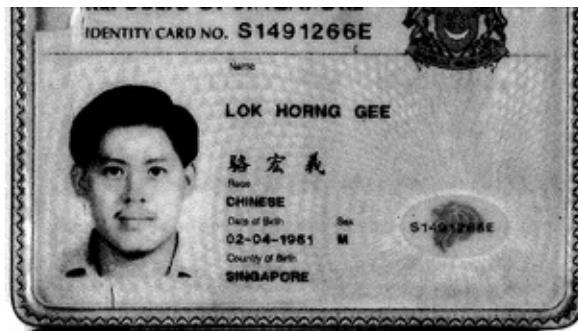
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan





Accident Sketch Plan

**Describe Circumstance of the Accident**

On 25th Dec 2017, at around 2.30pm, I was driving to Plaza Singapura with my wife.  
As we approached Hardy Road, the traffic light was red. When it turned green, ~~as~~ and as I signalled to turn left into Hardy Road, vehicle no. SKK4468U came straight into my path/lane. He was on a "must turn" lane but he drove straight into my car.

**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

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**Accident Sketch Plan**





# CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

MX.1

WEARNES AUTO PROTECTOR

CERTIFICATE NO. 2100369213-03000

OWN DAMAGE EXCESS  
WINDSCREEN EXCESS

SS1400.00 (1)  
SS100.00

(for policies with effect from 1st November 2002)

SUM INSURED  
INSURING WITH COE/PARF

Market Value  
Yes

1) VEHICLE REGISTRATION NO.

SDE8397D

2) NAME OF INSURED

LOK HORNG GEE

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

28 Mar 2017

4) DATE OF EXPIRY OF INSURANCE

27 Mar 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE \*  
SUBJECT TO AGE CONDITION :40 years old and above

a) The Insured.

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

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.

APPROVED REPORTING CENTRE / WEARNES AUTHORISED WORKSHOP

1. Wearnes Automotive Pte Ltd - 249 Alexandra Road (Tel: 64731488)

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

2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65684501)

4. Ethoz - 30 Bukit Batok Cres (Tel: 66547777) 5. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only

6. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 7. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)

8. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)

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

LOSS OF USE 15 Days Replacement Car only for repairs at Wearnes Automotive-Refer to policy wordings for details

NAMED DRIVER NA

HIRE PURCHASE COMPANY OCBC Bank 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 15 Feb 2017

AIG Asia Pacific Insurance Pte. Ltd.

503485-705  
WEARNES AUTOMOTIVE - GC (V)  
45 LENG KEE ROAD  
SINGAPORE 159103

AUTHORISED REPRESENTATIVE



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

