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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	22/01/2018 15:05
Date Of Accident	20/01/2018 13:15
Exact Location Of Accident	BENDEEMEER ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKA1268C
Insured/Policyholder	
Name Of Registered Owner	CHEW WAI MING
NRIC No	S1778266E
Email Address	PETERCHEW66@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-86662223
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER-2.0 X (A)
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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	2100242780-07
Cover Note Number	

Driver

Name of Driver

CHEW WAI MING

NRIC No

S1778266E

Date Of Birth

28/04/1966

Occupation

INDOOR

Date Of Driving Pass

27/12/1984

Driving Experience 33 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86662223

Fax Number

Contact Number OFFICE-NOPHONE

EMail Address PETERCHEW66@YAHOO.COM.SG

Address 1

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 ON COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

NO

YES

Was any other material or property damaged?

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? YES

If Yes, Please state which Police Station

Police Station Name KIM KEAT NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 231 LORONG 8 TOA PAYOH, POSTCODE: 310231,

S COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-2529999 - **FAX NO**: 63554311

NO

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER ATTACHED SKETCHED PLAN & POLICE REPORT NO.T/20180122/2065

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 SJG5811M

Vehicle Make/Model/Colour HONDA/ACCORD

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver TAN WEI RU CALVIN

NRIC/Passport Number S8715483A Contact Number 97283960

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER	BOTICE	REPG 2.	
-			

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: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SIARMC SiletchPlanForm_V3

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
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- 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)

Lunderstand, 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

22 JAN

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

22 JAN 18

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

POLICE REPORT 1





1 of 3

Report No. T/20180122/2065

Police Station Of Origin: Kim Keat NPP

231 Lorong 8 Toa Payoh #01-186 SINGAPORE 310231 Tel No: 1800-2529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/01/2018 12:49		Made:	Vide Report No.:	Station Diary No.: 18	
Informa	nt's Partice	ulars			
Name of Informant: CHEW WAI MING			Address: 214 DEPOT ROAD #12-68 SINGAPORE 109701		
ID Type / ID No.: NRIC NO / S1778266E			Contact No.: Home/Office;	Mobile: 86662223	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 28/04/1966	Type of Informant: Driver	14 x 4	
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Sales Manager			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/01/2018 13:15	Type of Location
Location: Along Road 1 BENDEMEER Bendemeer R		er Street		
		Road Surface:	117 00	Road Speed Limit:
		A SATISFACE CONTRACTOR OF THE		
Traffic Flow:		Traffic Control:		Fraffic Volume:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SJG5811M	Car				Slightly Damaged	0
SKA1268C	Car	SUBARU	FORESTER 2.0X AWD 4AT D/AIRBAGS	LISTIC MEN	Slightly Damaged	0

Details of V	ehicle Insurance		10000	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

POLICE REPORT 2





1/20100122/2000

2 of 3 Report No. T/20180122/2065

Police Station Of Origin: Kim Keat NPP 231 Lorong 8 Toa Payoh #01-186 SINGAPORE 310231 Tel No: 1800-2529999

CONTINUATION OF REPORT

Details of Ve	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKA1268C	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100242780-07	28/12/2017	27/12/2018

Details of Perso	n Involved				
Any Pedestrian Ir	rvolved: No				
No. of Pedestrian	ns Injured: NIL	Use of Ped	lestrian	Cross	ing: NA
Driver	经现在分类的 1000000000000000000000000000000000000			N. P. III	
Name	Tan Wei Ru Calvin		ID No.		S8715483A
Related Vehicle	SJG5811M (Car)		Contact No.		97282960
Hospital/Clinic	NIL			of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc			NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	Injury	NIL	
Driver					
Name	CHEW WAI MING		ID No		S1778266E
Related Vehicle	SKA1268C (Car)		Contact No.		86662223
Hospital/Clinic	NIL			of g ce & / Date	Class: 3 Date of Expiry; NIL
Date Treatment	NIL.	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	Injury	NIL	

Brief Details.

On the 20/01/2018 at around 1315hrs while I was driving my vehicle bearing plate number SKA1268C along the Bendemeer Road on the extreme right lane heading toward Lavender Street direction and had stopped behind a vehicle (unknown plate number). After around 5 second when my vehicle had stopped, a vehicle bearing plate SJG5811M had hit onto my vehicle rear bumper area. I had alighted and exchanged particulars with the driver. No police or paramedic was required, no government property was damaged and no one was injured due to the accident. There is no in-built CCTV installed in my vehicle. My vehicle had sustained damages of dented-in and cracks at the rear bumper area. I had felt pain on my neck area and went to seek medical attention on my own accord. I was then given a total of 3 day of outpatient leave. I am lodging this report for record purpose

POLICE REPORT 3





Police Station Of Origin: Kim Keat NPP 231 Lorong 8 Toa Payoh #01-186 SINGAPORE 310231 Tel No: 1800-2529999 3 of 3 Report No. T/20180122/2065

CONTINUATION OF REPORT

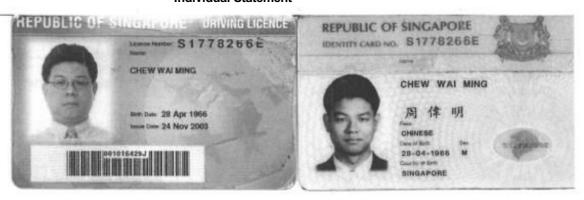
Sketch Plan

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: E / Sgt 2 TAN HAN RONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/01/2018 12:49
Officer In Charge Of Case: THE BASINGAPORE SN 064 STREET SQLICE FORCE Contact No.: 65476430	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	

Individual Statement







CERTIFICATE OF INSURANCE

Endorsement No.

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : Chew Wai Ming

Vehicle No. : SKA1268C Period of Insurance : 28 Dec 2017 To 27 Dec 2018 Policy No. : 2100242780-07

Engine No. : EJ20E071739

Chassis No. : JF1SH5KS5AG043832 Issued Date : 20 Dec 2017

ABOUT THE COVER

: SUBARU NEW FORESTER 2.0X

Engine Capacity/Tonnage: 1,994.00 CC Sum Insured : Market Value First Year of Registration : 2010 Driver Restriction : NA Off Peak Car : No Insuring with COE/PARF ; Yes

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 authorison driver only if his/she meets the specified age condition.

You have be pay an additional nam of \$3,000 as "inexpetenced Driver Excess" (*IDR*) !" You are or Your Authorised Driver (names or unnamed) has less than 2 years' serving experience.

Age Condition : 40 years old and above

Limitation as to use* :

Use only for social, demands and placeure purposes and for the Policyholder's business. This Policy over not corer use for five or severed, differs, skillon, driving less, secong, pace making, reliability test or speed-testing, the carriage of goods other titue standing in connection with most or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc

* Distillations rendered inoperative by Section 8 of the Motor Vehicles (Thris-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act. 1967 (Malaysia), are not to be included under these headings.

EXCESS

Section 1 Fire - 50 Dwn Damage - \$400 Theft - \$6 Flood Cover - \$8

Section 2 Property Damage - 50

Windscreen: \$100

Named Driver and Excess (where applicable)

Chew Wai Ming - \$400 (Dwn Diminge)

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

1 Motor Image Enterprises Pto Ltd. Add; 19 Larving 8 Toa Payoli Singapore 319255 64170100

For other Approved Recording Centras/AIS Authorised Macatiers, please contact our 21-hour accident exergency holline at +65 5338 5200. Attended by you may refer to AIG website were alguments or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: POST OFFICE SAVINGS BANK

Wile 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 Companisation) Act (Cap. 189). Part IV of 3 189 (Matayata) and Motor Vehicles (Third Party Risks) Rules. 1959 (Matayata).

0500619010

TAN CHONG CREDIT - SUBARU PA 911 BUKIT TIMAH ROAD

SINGAPORE 589622 ANSP-MOTOR

Underwritten by AIG Asia Pacific insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE



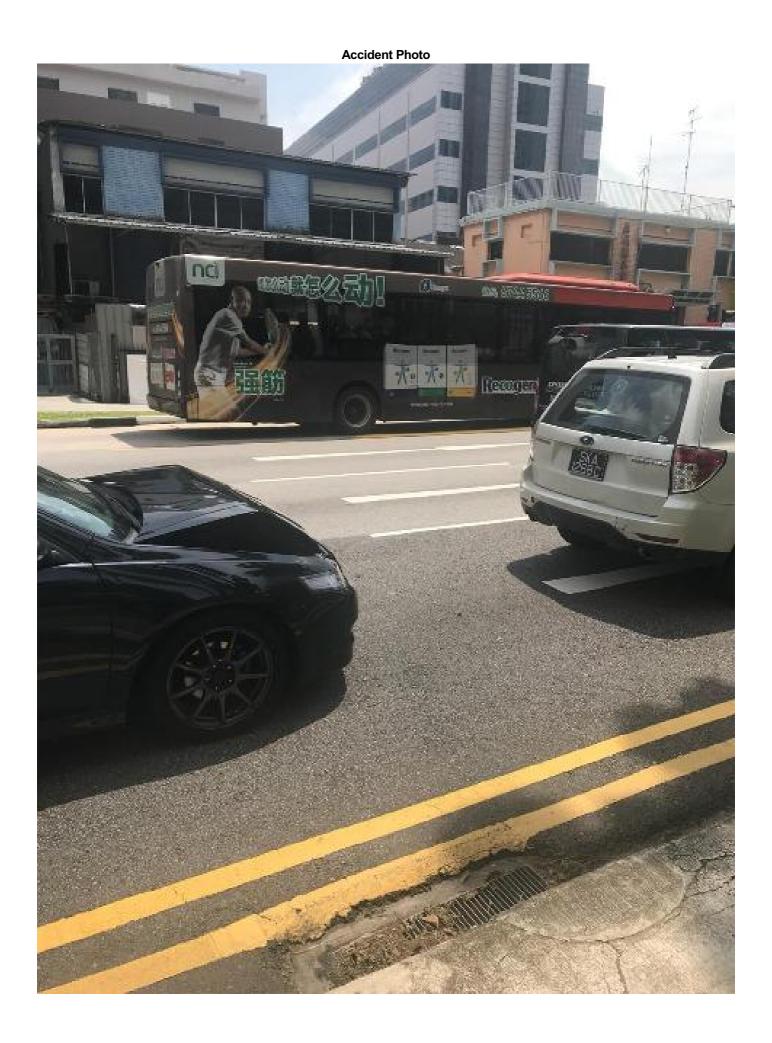


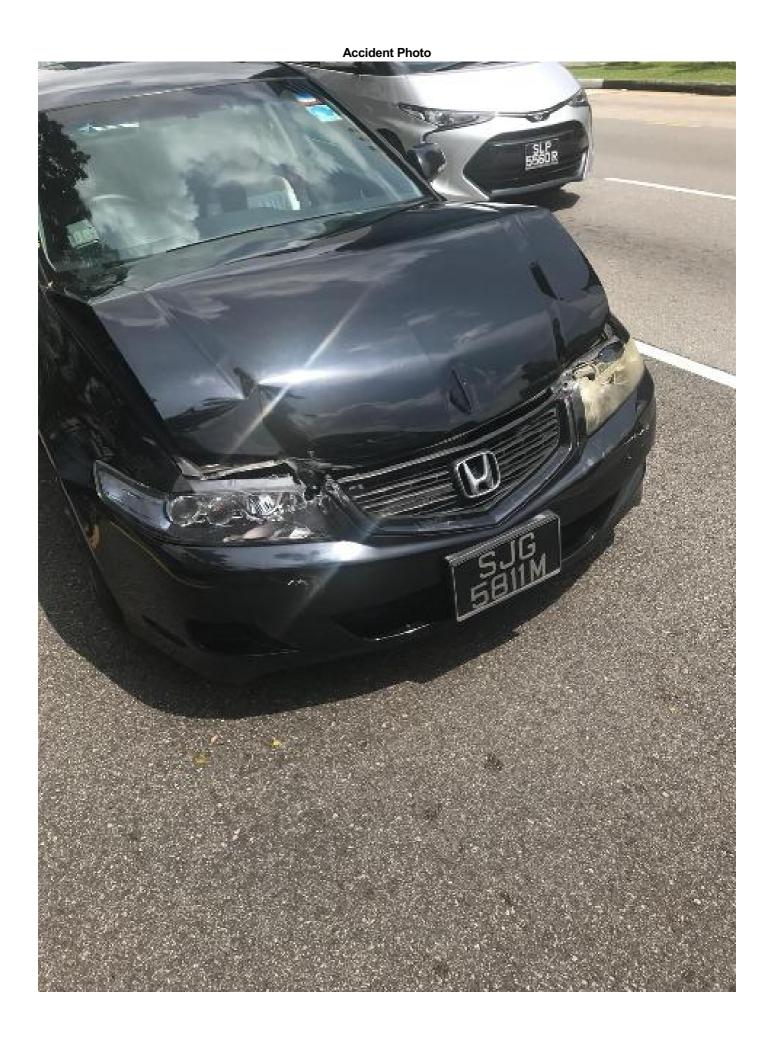






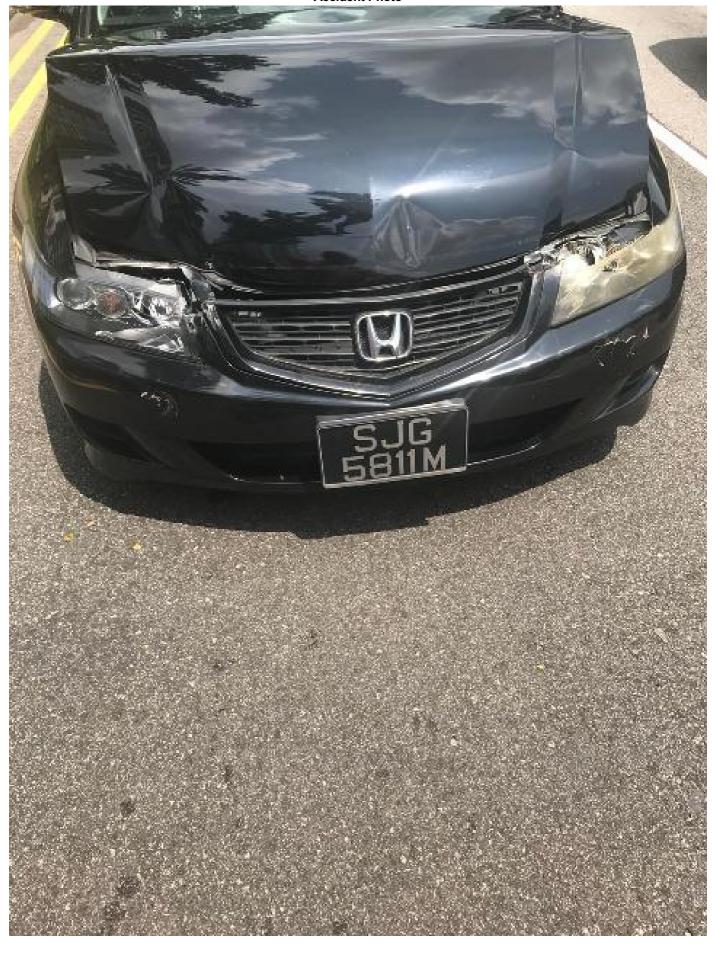




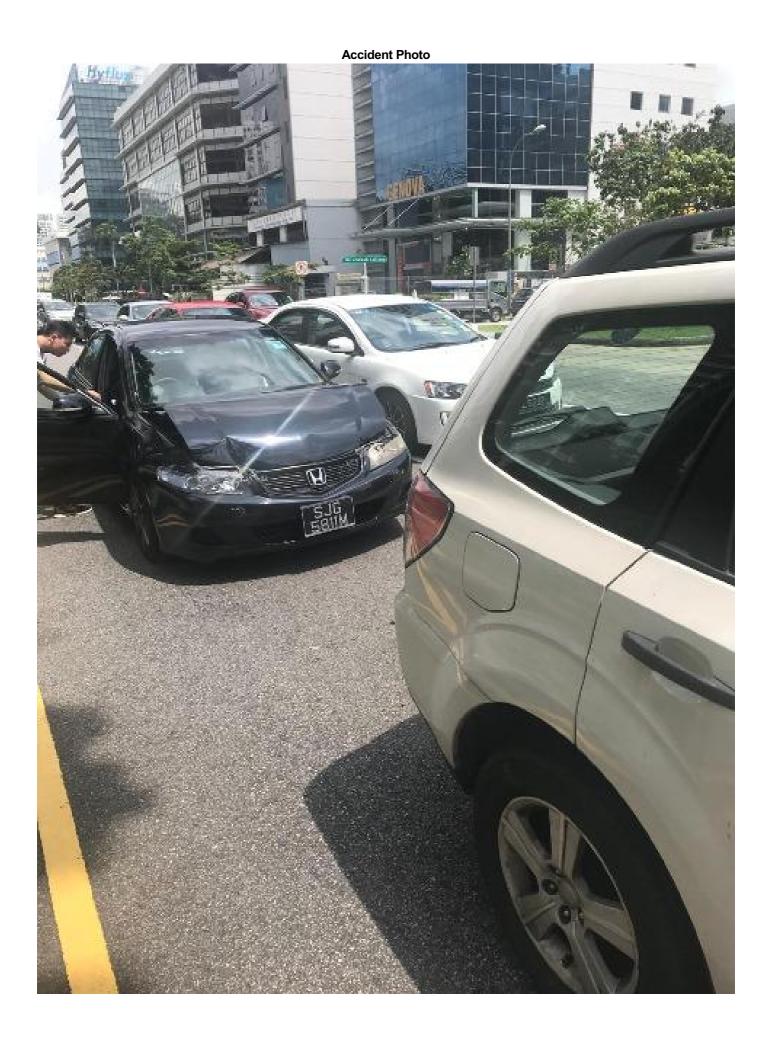












Driving License

