

## 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 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	30/01/2018 09:21
Date Of Accident	26/01/2018 19:30
Exact Location Of Accident	SUPREME COURT LANE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	S6105CD
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#### Insured/Policyholder

Name Of Registered Owner	EMBASSY OF THE STATE OF QATAR
Co Reg No	0
Email Address	JOHNNYCHEEKEONG325@YAHOO.COM
Mobile Phone No	
Alternative Phone No	Office-82126840

#### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	S400L-3.0 (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	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	1700003793
Cover Note Number	

#### Driver

Name of Driver	CHIN CHEE KEONG
NRIC No	S1740325G
Date Of Birth	01/11/1966
Occupation	OUTDOOR
Date Of Driving Pass	17/12/1986
Driving Experience	31 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82126840
Fax Number	
Contact Number	
EMail Address	JOHNNYCHEEKEONG325@YAHOO.COM

Address	BLK182 ANG MO KIO AVE 5 #03-2896
Postcode	560182
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

#### 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?	
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUONA VISTA NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 13 HOLLAND DRIVE , <b>POSTCODE:</b> 271013 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7779999 - <b>FAX NO:</b> 67765857
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO 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	SHD9881Z
Vehicle Make/Model/Colour	RENAULT
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM HAN TONG
NRIC/Passport Number	S2119938I
Contact Number	98296636
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

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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.

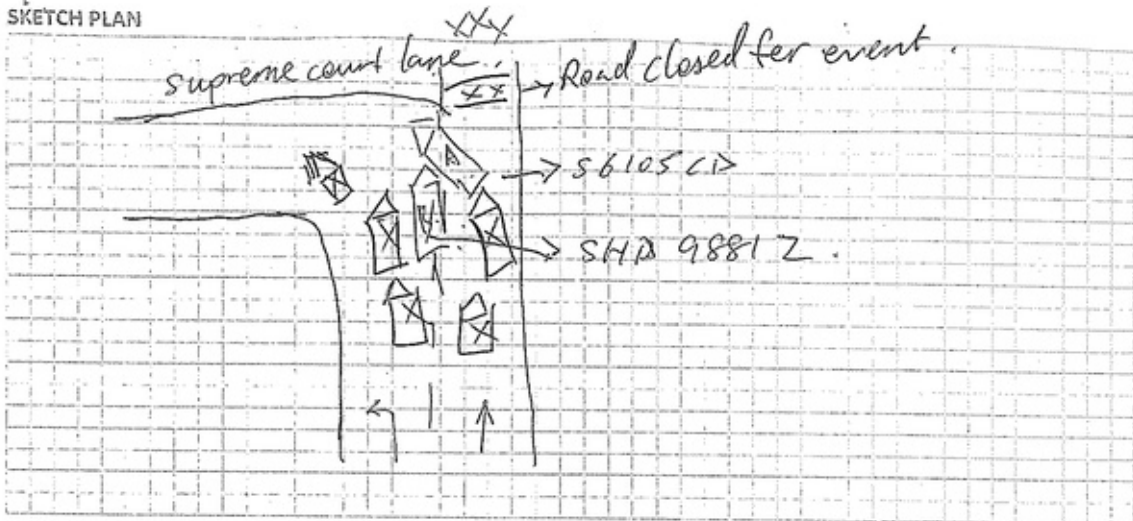
Policyholder's Signature  
Date & Time:



Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was driving along Supreme court lane.. And during that time it was heavy jam and the road was wet. It was bumper to bumper ~~stagnation~~ condition of road traffic. I was driving on my lane. Suddenly I noticed a taxi red in colour licenc no. SHD 9881 Z moved toward on my left and scrotch my left side of my vehical S6105 CD. Causing my left side of the ~~back~~ body a big scrotch.

## 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:

27/1/08  
12:25 p.m

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



# SINGAPORE POLICE FORCE



T/20180127/2093

Police Station Of Origin:  
Buna Vista NPP  
13 Holland Drive #01-38/40 SINGAPORE  
271013  
Tel No: 1800-7779999

1 of 3

Report No. T/20180127/2093

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/01/2018 14:41		Vide Report No.:		Station Diary No.: 13	
<b>Informant's Particulars</b>					
Name of Informant: CHIN CHEE KEONG		Address: APT BLK 182 ANG MO KIO AVENUE 5 #03-2896 SINGAPORE 560182			
ID Type / ID No.: NRIC NO / S1740325G		Contact No.: Home/Office: Mobile: 82126840			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 51	Date of Birth: 01/11/1966	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: Other car and light goods vehicle drivers nec		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:			

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/01/2018 19:30	Type of Location: T-Junction
Location: Along Road 1 SUPREME COURT LANE				
Junction of Supreme Court Lane/Road				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Controlled by Others e.g. Workmen		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
S6105CD	Car	MERCEDES BENZ	S400	Black	Slightly Damaged	0
SHD9881Z	Taxi	RENAULT		Red	Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180127/2093

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13 Holland Drive #01-38/40 SINGAPORE  
271013  
Tel No: 1800-7779999

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Report No. T/20180127/2093

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	CHIN CHEE KEONG	ID No.	S1740325G
Related Vehicle	S6105CD (Car)	Contact No.	82126840
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	LIM HAN TONG	ID No.	S2119938I
Related Vehicle	SHD9881Z (Taxi)	Contact No.	98296636
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the above mentioned date and time, I was driving S6105CD along Supreme Court Rd on the first lane of a two way road. As there was a road closure, I had to change to the second lane and turn left into Supreme Court Lane. As I was already halfway into the second lane, I felt a bump coming from the left side of my vehicle. I then realized that a Transcab SHD9881Z had hit onto the left side of my vehicle. The left side of my vehicle was damaged as a result of the accident. We subsequently exchanged particulars.



**SINGAPORE  
POLICE FORCE**



T/20180127/2093

Police Station Of Origin:  
Bona Vista NPP  
13 Holland Drive #01-38/40 SINGAPORE  
271013  
Tel No: 1800-7779999

3 of 3

Report No. T/20180127/2093

**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:

D /

Staff Sgt MOHAMAD AFIQ BIN MOHAMAD ALI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

27/01/2018 14:41

Classification Of Case:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1740325G



Name

CHIN CHEE KEONG

陈志强

Race

CHINESE

Date of birth

01-11-1966

Country/Place of birth

SINGAPORE

Sex

M

REPUBLIC OF SINGAPORE DRIVING LICENCE

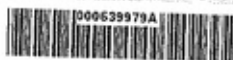
Licence Number S1740325G

Name

CHIN CHEE KEONG

Birth Date: 01 Nov 1966

Issue Date: 08 Jul 2003



5592155



NRIC No. S1740325G



Date of issue

26-04-2016

Address

APT BLK 182 ANG MO KIO AVENUE 5  
#03-2896  
SINGAPORE 660182

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

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	23 May 1989
Class 2A	Motorcycles between 201 cc and 400 cc	23 May 1989
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	17 Dec 1986

NP 428A



Licence No: S1740325G





# CERTIFICATE OF INSURANCE

## AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Embassy Of The State Of Qatar  
 Period of Insurance : 19 May 2017 To 18 May 2018  
 Engine No. : 27696030747252  
 Chassis No. : WDD2221572A125149

Vehicle No. : S6105CD  
 Policy No. : 1700003793  
 Endorsement No. :  
 Issued Date : 19 May 2017

### VEHICLE COVERAGE

Sum Insured : Market Value

Driver Restriction : NA

Off Peak Car : No

Insuring with COE/PAF : Yes

Person or Classes of Persons Entitled to Drive\*

\*Any person who is driving on the Policyholder's order or with their permission.

This Policy will indemnify the Policyholder or any authorized driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young Driver Incremental Driver Excess" (YDIE) if you are the Young Assured Driver (unmarried or unmarried and under the age of 24 and/or has less than 3 years driving experience).

Age Condition : All Age Condition

Limitation as to use\*

\*Use only for social, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability test or speed-testing, the carriage of goods, heavy machinery or construction materials, or for any purpose in connection with Motor Tolls.

Loss of Use (10 days) : \$5000 - \$6000 Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Rules and Compensation) Act (Cap. 180) and Section 24 of the Road Transport Act, 1997 (Malaysia) and not to be included under these headings.

### EXPENSES

#### Section 1

Fire - \$0 Own Damage - \$2000 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS FILED THROUGH)

Approved Reporting Centres/AIG Authorized Repairers (for claims filed through)

Any accident involving the Vehicle must be reported out by one of our Approved Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, you must file a claim with the approved repairer named out on the Sole Agent's certificate.

For other Approved Reporting Centres/AIG Authorized Repairers, please contact our Customer Assistance Emergency hotline at +65 6728 6200. Alternatively, you may refer to AIG website at [aig.com.sg](http://aig.com.sg) or AIG SG Mobile App. Simply search and download AIG SG from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan

AIG hereby certifies that the policy to which the Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Rules and Compensation) Act (Cap. 180) and the Road Transport Act, 1997 (Malaysia) and Motor Vehicles (Third Party Rules and Compensation) Act (Cap. 180) (Malaysia).

0500100000

DIRECT AGENCY

SINGAPORE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*Amile*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORIZED REPRESENTATIVE

This document may only be used for the purpose of the insurance policy and is not to be used for any other purpose.

Printed on 19 May 2017 at 10:00 AM

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





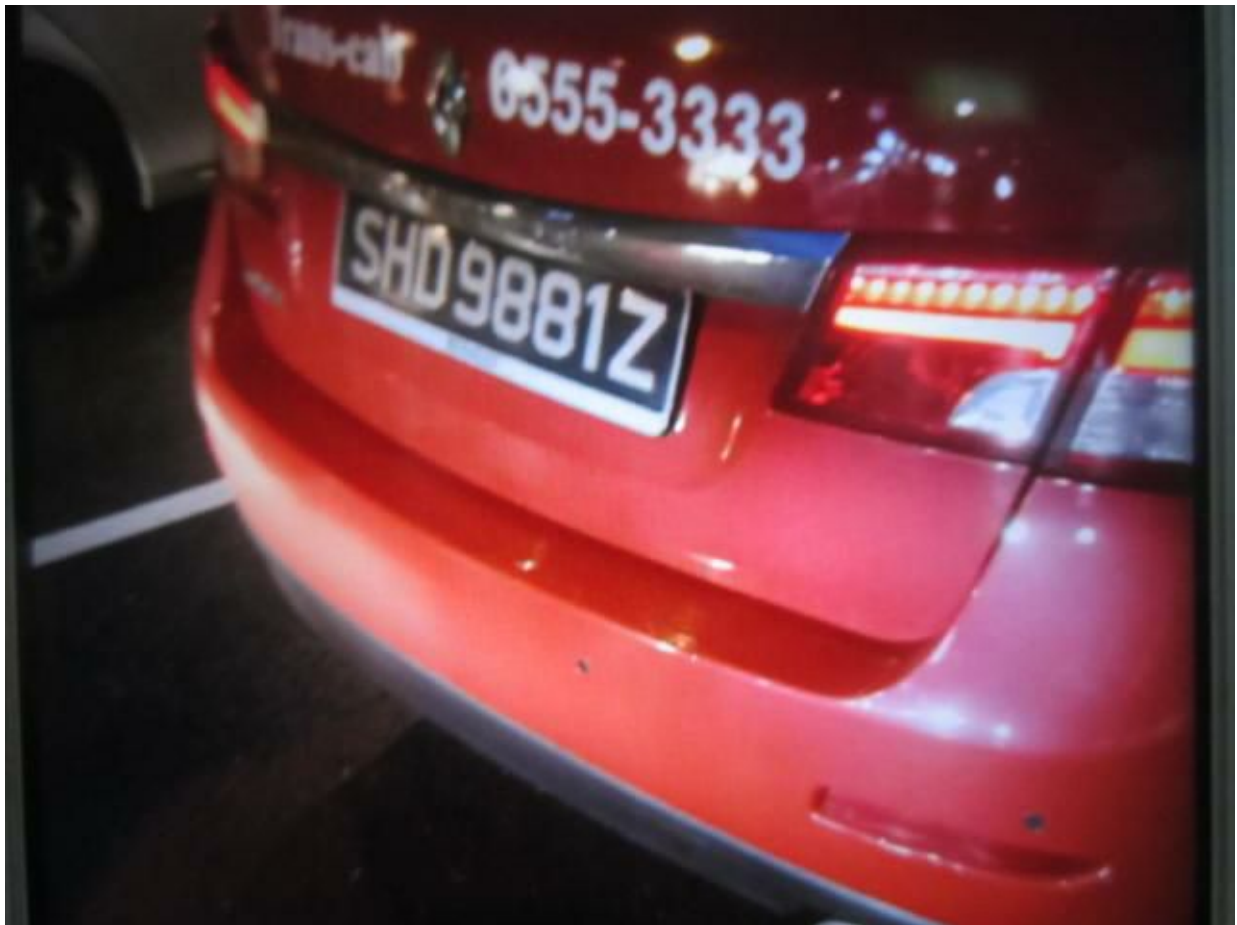
Accident Photo



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Accident Photo



Accident Photo



Accident Photo

