

## 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	28/02/2018 15:04
Date Of Accident	27/02/2018 10:20
Exact Location Of Accident	NICOLL HIGHWAY TURNING RIGHT INTO STAMFORD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW4895G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN THIAM CHYE
NRIC No	S7009348J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91177911
Alternative Phone No	Home-91177911

### Vehicle Particulars

Manufacturer	INFINITI
Model	Q50-2.0 T BASE EU6 (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	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	2100436279-02
Cover Note Number	

### Driver

Name of Driver	LIN GAJUN SHEILA
NRIC No	S8126386H
Date Of Birth	31/08/1981
Occupation	INDOOR
Date Of Driving Pass	06/11/2001
Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91177911
Fax Number	
Contact Number	OTHERS-91177911
EMail Address	NOEMAIL

Address	2 BUTTER WORTH LANE
Postcode	#01-04 439445
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	COLLISION - HEAD TO REAR
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE N.P.C
Police Station Address	<b>ROAD:</b> 300 MARINE PARADE ROAD , <b>POSTCODE:</b> 449296 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

POLICE REPORT T/201802274/2218

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ7714X
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE CHOO CHIOT
NRIC/Passport Number	S0192289J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

<b>SINGAPORE ACCIDENT STATEMENT</b>	
<b>IMPORTANT NOTICE</b>	
1. Complete and submit this Form to Allied World's Authorized Reporting Centre (ARC) for claims. 2. Please report correctly the details of the accident to speed up the claims process. 3. This Form must be completed by the Policyholder and/or the Authorized Driver. 4. 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 liability. 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. 6. Any false reporting may be referred to the Traffic Police Department for investigation.	
<b>ACCIDENT STATEMENT</b>	
Date and Time of Accident	Date: 27-02-19 Time: 10:10 AM.
Exact Location of Accident	N11011 Highway turning right into Stamford
<b>DETAILS OF OWN VEHICLE</b>	
Vehicle Registration Number	SKW 48956
<b>INSURED / POLICYHOLDER (OWN VEHICLE)</b>	
Name of Registered Owner (See Insurance Cert.)	TAN THIAM CHYE
Personal Identification - NRIC (Singaporean/PR)	S7009348 J
- FIN/Passport Number	
- Not Applicable	
<b>VEHICLE PARTICULARS (OWN VEHICLE)</b>	
Vehicle Make / Model	Manufacturer: INFINITI Model: Q50
Type of Vehicle*	<input checked="" type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <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 type="radio"/> Third Party <input checked="" 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 type="radio"/> No
Policy Number	
Motor CI	
<b>DRIVER</b>	
<input type="radio"/> Same as Insured above	
Name of Driver	Lim Guojun Sheila
Personal Identification - NRIC (Singaporean/PR)	S8126386H
- FIN/Passport Number	
Date of Birth	31 dd/ 08 mm/ 81 yy
Driving Date Pass	06 dd/ 11 mm/ 2001 yy
Year of Driving Experience	Year(s)                      Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female
Contact Number / Mobile Phone / Fax No	91177911

Address of Driver	2 Butterworth Lane # 01-04	Postcode (439445)
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)	Rear prim	
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)	01	
<b>DETAILS OF POLICE ACTION</b>		
Was the Accident reported to the Police?	<input checked="" type="radio"/> Yes <input 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 type="radio"/> No (If Yes, against whom?)	
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>		
Vehicle Registration Number	SLG 7714 X	
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver	LEE CHOO CHIOH	
Personal Identification - NRIC (Singaporean/PR)	S0197789J	
- FIN/Passport Number		
Contact Number		
Address		
Name of Insurance Company		
Nature of Damage		
No. of Passenger (Including Driver)		

(Note - Please use page 6 if you need to add more vehicles.)

DETAILS OF OTHER VEHICLE / PROPERTY 2	
Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE / PROPERTY 3	
Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE / PROPERTY 4	
Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	



## SKETCH PLAN

### **IMPORTANT NOTICE**

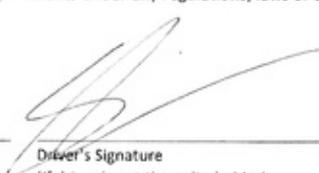
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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. 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.:

**Accident Sketch Plan**





Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

2 of 4  
Report No. T/20180227/2218

**CONTINUATION OF REPORT**

Driver			
Name	LIN GAIJUN, SHEILA	ID No.	S8126386H
Related Vehicle	SKW4895G (Car)	Contact No.	91177911
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
Driver			
Name	LEE CHOO CHIOT	ID No.	S0192289J
Related Vehicle	SLQ7714X (Car)	Contact No.	91270463
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.**

I am the driver of a blue in colour Infiniti Q50 bearing vehicle plate number SKW4895G.

On the 27/02/2018 at about 1020hrs, I was driving my vehicle (SKW4895G) along Nicoll Highway was turning right into Stamford Rd. My vehicle (SKW4895G) was in the second lane from the extreme left (out of four lanes). There was a blue in colour Mazda vehicle, bearing vehicle plate number SLQ7714X, to my front. As the vehicle (SLQ7714X) made its right turn, the vehicle (SLQ7714X) suddenly applied its brakes and became stationary. Its vehicle (SLQ7714X) was also positioned slightly to the right even though the driver did not signal. I tried applying my own emergency brakes but it was futile as such my vehicle's (SKW4895G) front portion collided with the vehicle's (SLQ7714X) rear portion. The vehicle (SLQ7714X) started moving off slowly but became stationary again when I alighted from my vehicle (SKW4895G).

The driver and I exchanged particulars. There were slight damages to both our vehicles. None of our vehicles needed to be towed away. We also took photos of our vehicles damages.

There were no attendance by Traffic Police and Ambulance.

Later on when we contacted one another regarding the settlement, he mentioned that he required SGD\$2000/- from me for his loss of income. I had showed the in car camera footage to my vehicle's workshop staff and they had advised me to lodge a Traffic Police. The driver of SLQ7714X also insisted on using his own workshop when I had suggested mine. I also wish to highlight that the driver of SLQ7714X is Chinese speaking. I also noticed a private hire sticker on vehicle SLQ7714X .

I wish to state that I do have in car camera in my vehicle (SKW4895G). I wish to highlight the matter of

**Accident Sketch Plan**



**SINGAPORE  
POLICE FORCE**



T/20180227/2218

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

3 of 4

Report No. T/20180227/2218

CONTINUATION OF REPORT

reckless driving to Traffic Police and will be pursuing my own insurance claim for the accident itself.

100  
78  
76  
75

100  
78  
76  
75

**Accident Sketch Plan**



**SINGAPORE  
POLICE FORCE**



T/20180227/2218

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

4 of 4

Report No. T/20180227/2218

**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: G / Sgt 2 MOHAMED ZAMIL BIN MOHAMED ANIS	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/02/2018 23:27
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp NP168	<div data-bbox="582 1691 1053 1881" data-label="Image"> </div>

**Accident Sketch Plan**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Number: S8126386H



LIN GAIJUN, SHEILA

Birth Date: 31 Aug 1981  
Issue Date: 20 Oct 2003

000934697J



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8126386H



Name  
LIN GAIJUN, SHEILA  
MRS SHEILA TAN THIAM  
CHYE  
林 盖 君

Race  
CHINESE

Date of birth  
31-08-1981

Country of birth  
SINGAPORE

Sex  
F

S8126386H

Accident Sketch Plan

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

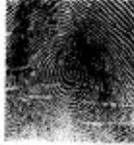
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE  
06 Nov 2001

NP 428A



4785140



NRIC No: S8126386H

Date of Issue  
25-10-2011

2 BUTTERWORTH LANE #01-04  
SINGAPORE 439445

NRIC No: S8126386H

Date: 11/03/2013

No: 7324243

Accident Sketch Plan



# CERTIFICATE OF INSURANCE

## WEARNES AUTO PROTECTOR (INFINITI) PRIVATE VEHICLE

<b>Name of Policyholder</b>	: TAN THIAM CHYE	<b>Vehicle No.</b>	: SKW4895G
<b>Period of Insurance</b>	: 30 Oct 2017 To 29 Oct 2018	<b>Policy No.</b>	: 2100436279-02
<b>Engine No.</b>	: 274AE011016A	<b>Endorsement No.</b>	:
<b>Chassis No.</b>	: JN1BCAV37Z0480380	<b>Issued Date</b>	: 13 Oct 2017

### ABOUT THE COVER

<b>Make/Model</b>	: INFINITI Q50 PREMIUM	<b>Sum Insured</b>	: Market Value	<b>First Year of Registration</b>	: 2015
<b>Engine Capacity/Tonnage</b>	: 1,991.00 CC	<b>Off Peak Car</b>	: No	<b>Insuring with COE/PARF</b>	: Yes
<b>Driver Restriction</b>	: NA				

#### 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 authorised driver only if he/she meets the specified age condition.  
 You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

**Age Condition** : 35 years old and above

#### 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 trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

**Loss of Use 2000cc**

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

### EXCESS

**Section 1**  
Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

**Section 2**  
Property Damage - \$0

**Windscreen** : \$100

#### Named Driver and Excess (where applicable)

TAN THIAM CHYE - \$800 (Own Damage)

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

1. Wearnas Automotive Pte Ltd Add: 45 Leng Kee Road Singapore 159103 83789333

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 8335 8200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.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: DBS BANK LTD

I/We 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 Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503831312

WEARNES AUTOMOTIVE - TCS (I)  
45 LENG KEE ROAD  
SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

53PMLU

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

