

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	12/03/2018 18:27
Date Of Accident	11/03/2018 00:00
Exact Location Of Accident	ALONG BENCOOLEN ST TOWARDS BRAS BASAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ5837L
Insured/Policyholder	
Name Of Registered Owner	YEO WHYE CHAN
NRIC No	S1463063E
Email Address	VICONGWEIDE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97991324
Alternative Phone No	Office-97991324

Vehicle Particulars

Manufacturer	MINI
Model	COOPER-1.6 (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	2100346745-04
Cover Note Number	

Driver

Name of Driver	VICTOR ONG WEI DE
NRIC No	S9216008D
Date Of Birth	04/05/1992
Occupation	INDOOR
Date Of Driving Pass	23/09/2010
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97658501
Fax Number	
Contact Number	
E Mail Address	VICONGWEIDE@GMAIL.COM

Address Postcode	BLK 606 CLEMENTI WEST STREET 1 #15-55 SINGAPORE 0512
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	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?	YES
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: : MARILYN CHER Gender: : Female

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - 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 Witness 1

Name	LIM JIANXIONG
Phone Number	84981151
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU7663L
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC8475A
Vehicle Make/Model/Colour TAXI
Details Of Properties
Vehicle Category TAXI
Name of Driver LIM JIANXIONG
NRIC/Passport Number S8606502I
Contact Number 84981151
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name VICTOR ONG WEI DR
Approximate Age
Injuries Sustain
Injured person in which vehicle? SJQ5837L
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MARILYN CHER
Approximate Age
Injuries Sustain
Injured person in which vehicle? SJQ5837L
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Sketch Plan

SKETCH PLAN

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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/mailed 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:

12/3/18 1903

Driver's Signature

(if driver is not the policyholder)

Date & Time: 12/03/2018 1903

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Toh Khar Kian

SKETCH PLAN

ATTACHED IN POLICE REPORT.
(ACKNOWLEDGED COPY)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Traffic hold up, vehicles SJQ 5837 L and SHF 8475A waiting stationary.
 SJU 7663 L collided from rear, SJQ 5837 L was spun to the left.

Refer to report no: T/2018 0311 /2017.

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

 12/03/2018
 1834
 Policyholder's signature
 Date & Time

 12/03/2018
 1834
 Driver's Signature
 (if driver not the policyholder)
 Date & Time


 Reporting Centre Personnel's Signature
 Name: Toh Khar Kian
 Nric/Fin No.



**SINGAPORE
POLICE FORCE**



T/20180311/2017

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 3

Report No. T/20180311/2017

CONTINUATION OF REPORT

Brief Details.

On 11/03/2018 at about 0001hrs, I was driving my vehicle bearing plate number SJQ5837L along Bencoolen Street headed towards the direction of Bras Basah Road.

I stopped my vehicle after the traffic light along Bencoolen Street near to Hotel Bencoolen as the road was jammed.

All of a sudden, a vehicle (SJU7663L) (V1) collided into me on the left from the rear and as a result of the impact, my vehicle was swung to the left and collided onto the vehicle (SHC8475A) (V2) in front of me. The front left part of my vehicle collided into the left rear part of V2.

I alighted from my vehicle and spoke to the driver of V1, where he asked for my number. I provided him with my number and he walked off to call someone. I wish to add that when I spoke to the driver, he smelt of alcohol and had slurred speech.

Subsequently the Police, Traffic Police and paramedics arrived at scene. However, no one was conveyed.

I exchanged particulars with the driver of the V2 in front of me and he informed that his back was aching.

As a result of the collision, I suffered from neck and back aches and my girlfriend had a headache. We went to NUH for checkups and were given 2 days Medical Leave each. My vehicle also suffered damage to both the left front and left rear. I do not know the estimated cost of damage.

I wish to add that I do not have any in-car camera installed.



**SINGAPORE
POLICE FORCE**



T/20180311/2017

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3

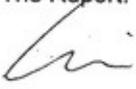
Report No. T/20180311/2017

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 / Sgt 2 TING WEI YUAN 	Signature Of Informant: 									
Signature Of Interpreter: Not applicable	Date/Time: 11/03/2018 04:11									
Officer In Charge Of Case: TP / GIT / Insp NORHIDAWATI BINTE AHMAD Contact No.: 65476310	Classification Of Case:									
Authentication Stamp NP168	<table border="1"> <tr> <td data-bbox="813 1736 885 1803"></td> <td data-bbox="885 1747 997 1792">SINGAPORE POLICE FORCE</td> <td data-bbox="1204 1747 1284 1792">SN 37</td> </tr> <tr> <td colspan="3" data-bbox="813 1803 1361 1881"></td> </tr> <tr> <td colspan="3" data-bbox="813 1881 1361 1915">SIGNATURE</td> </tr> </table>		SINGAPORE POLICE FORCE	SN 37				SIGNATURE		
	SINGAPORE POLICE FORCE	SN 37								
										
SIGNATURE										

38 Bencoolen St

BUS Lane

Bencoolen St

final position

592164880

JTR 5837L
VICTOR ONE
592164880

initial position

JTF 8475A
CIM JALANONG
58686502I

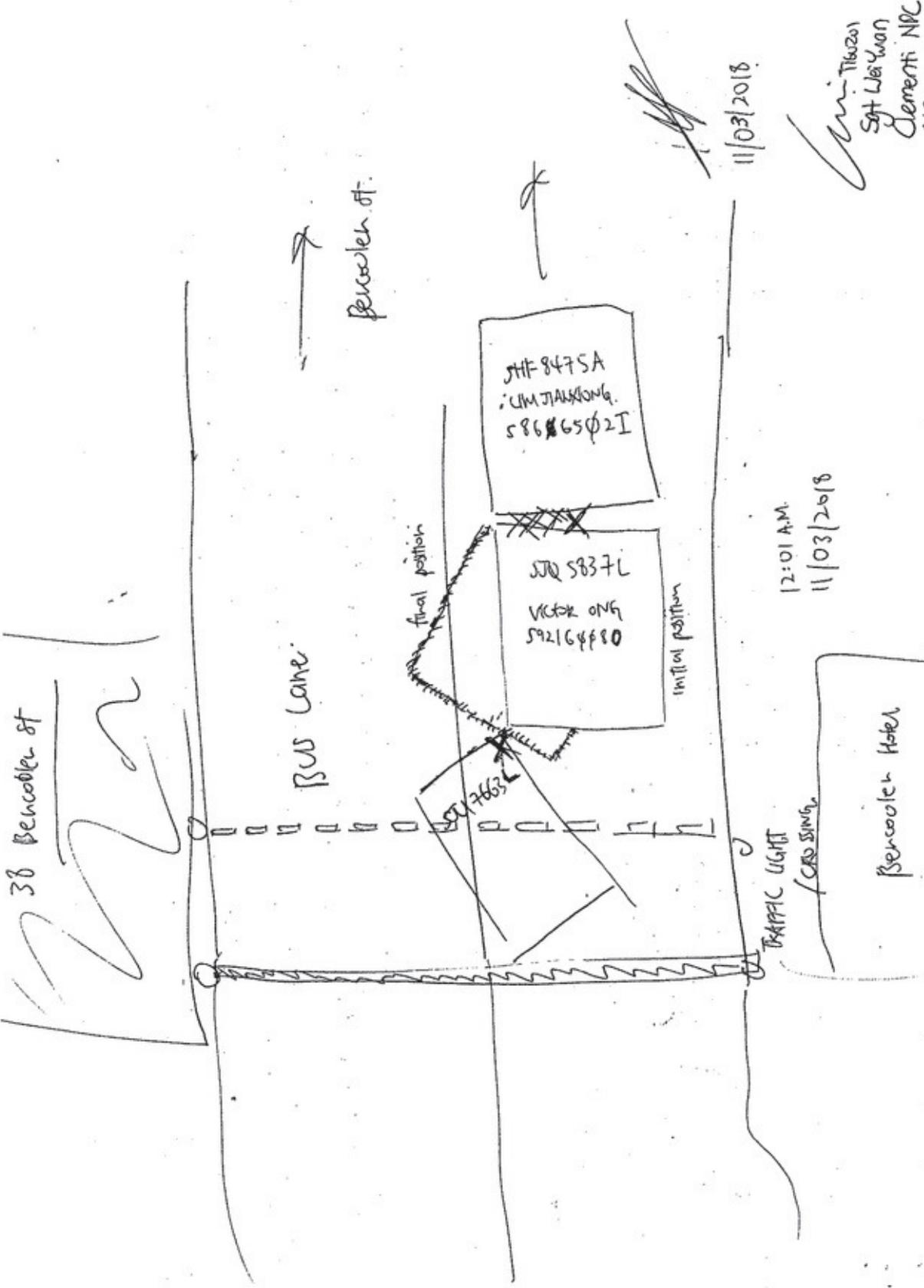
TRAFFIC LIGHT
/ CAR SIGNAL

Bencoolen Hotel

12:01 AM
11/03/2018

11/03/2018

Capt. Thibozzi
Sgt. Wei Wan
Clement NPC
A/20180311/0008
T/2018031/2017



AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : VICTOR ONG WEI PE
VEHICLE NUMBER : SJQ5837L
DATE/TIME OF ACCIDENT : 11/03/2018 1201 (PM)
PLACE OF ACCIDENT : 38 Benwoon Street.
THIRD PARTY VEHICLE (IF ANY) : SJU7663L, SHF8475A

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

SUNTEC CITY to WEST COAST

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?

Moving vehicle to stationary vehicles (SJU7663L to SJQ5837L & SHF8475A)
Moderate damage to 2 vehicles (SJU7663L / SJQ5837L)
Slight damage to 1 vehicle - (SHF8475A)
Drunk driver arrested after hitting 2 stationary vehicles waiting after traffic protest (SJQ5837L / SHF8475A)

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

No. I passenger & myself sent to NHH A&E for medical check-up.
Police / Traffic police and ambulance on scene.

[Signature]
Name:

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



CERTIFICATE OF INSURANCE

AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Yeo Whye Chan
 Period of Insurance : 18 Nov 2017 To 17 Nov 2018
 Engine No. : A824I355
 Chassis No. : WMWMF32080TW24574

Vehicle No. : SJQ5837L
 Policy No. : 2100346745-04
 Endorsement No. :
 Issued Date : 13 Nov 2017

ABOUT THE COVER

Make/Model : MINI COOPER 1.6
 Engine Capacity/Tonnage : 1,598.00 CC
 Driver Restriction : NA
 Sum Insured : Market Value
 Off Peak Car : No
 First Year of Registration : 2009
 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 authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 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 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 1500cc - 1600cc Optional

* 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, 1997 (Malaysia), are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Yeo Whye Chan - \$600 (Own Damage), Victor Ong Wei De - \$600 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website 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: NA

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).

0501295010

INSURE LINK PTE LTD
 2 KALLANG AVE #06-16 CT HUB
 SINGAPORE 339407

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Insure Link Pte Ltd
 2 Kallang Avenue #06-16
 CT Hub S(339407)
 Off : 6444 4848
 Fax: 6444 8040

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

Yin Ying Leh

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9216008D**

Name: **VICTOR ONG WEI DE**

Birth Date: **04 May 1992**
Issue Date: **23 Sep 2010**

001895417G




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9216008D**

Name: **VICTOR ONG WEI DE**

王偉德

Race: **CHINESE**
Date of birth: **04-05-1992** Sex: **M**
Country of birth: **SINGAPORE**




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1463063E**



Name

YEO WHYE CHAN

楊惠珍

Race

CHINESE

Date of Birth: **16-10-1961** Sex: **F**

Country of Birth: **SINGAPORE**



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

CLASS 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg

EFFECTIVE DATE: **23 Sep 2010**

Licence No: **S9216008D**

428A

4044750

S9216008D

S9216008D

Date of issue: **18-05-2007**

Address: **APT BLK 606 CLEMENTI WEST STREET 1 #15-55 SINGAPORE 120606**




1171620

S1463063E

S1463063E

Blood Group: **A+** Date of issue: **06-06-1993**

Address: **APT BLK 606 CLEMENTI WEST STREET 1 #15-55 SINGAPORE 0512**




UNDERTAKING

I, VICTOR ONG WEI PE, (NRIC No. S9216008D), hereby confirm that the Singapore Accident Statement lodged by me on 12/03/2018 at 18:52 hours pertaining to the accident involving motor car Reg. No: SJK5837L, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

Signature : 
Name of Insured / Driver : VICTOR ONG WEI PE
Nric No. : S9216008D
Date : 12/03/2018

Signature : 
Name of Policyholder : YEO WHYE CHAN
Nric No. : S1463063E
Date : 12/03/2018

Date: 12/03/2018

To: Underwriting Department / Claims Department

AIG Asia Pacific Insurance Pte Ltd (SG)

RE: Policy No.: 2100346745-08 Claim No.: _____

Accident Date: 11/03/2018

Vehicle No.: SJQ 5837L

My insurer will authorize the repairs to the said vehicle. In the event that evidence emerges that I was driving under the influence of alcohol or any other intoxicating substance at the time of the accident, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurer pursuant to the contract of insurance upon receipt of written demand by my insurers.

Your faithfully


Insured's Name: VICTOR ANG WEI DE

NRIC No.: 55216008D

Vehicle No.: SJQ 5837L

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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