

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	21/03/2018 15:50
Date Of Accident	21/03/2018 11:05
Exact Location Of Accident	OFFICE SHELTERED CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG5177Z
Insured/Policyholder	
Name Of Registered Owner	CHOW SWEE KIAN
NRIC No	S7029601B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98561556
Alternative Phone No	Others-98561556

Vehicle Particulars

Manufacturer	VOLVO
Model	XC60-2.0 T5 (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	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	1700043808
Cover Note Number	

Driver

Name of Driver	CHNG TUAN GIM LIONEL
NRIC No	S7009393F
Date Of Birth	29/03/1970
Occupation	OUTDOOR
Date Of Driving Pass	10/07/2001
Driving Experience	16 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98561556
Fax Number	
Contact Number	OTHERS-98561556
EMail Address	NOEMAIL

Address	APT BLK 86 LORONG 2 TOA PAYOH #02-341
Postcode	310086
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

KINDLY REFER THE 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	SLW9160Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SINGAPORE ACCIDENT STATEMENT	
IMPORTANT NOTICE	
1. Complete and submit this Form to Allied World's Authorized Reporting Centre (ARC) for filing. 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 <u>truthful and accurate as possible</u> . Any willful 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.	
ACCIDENT STATEMENT	
Date and Time of Accident	Date: 21/3/2018 Time: 1105 HRS
Exact Location of Accident	office Sheltered Carpark
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SK65177Z
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Card)	Chow Swee Kian
Personal Identification - NRIC (Singaporean/PR)	S7029601B
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer <u>Vaux</u> Model <u>XC90</u>
Type of Vehicle*	<input checked="" type="checkbox"/> Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> M/cycle <input type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, Pls select: <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting)
Vehicle Category*	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	AIG
Type of Policy	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> TP Only
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number	1700043808
Motor CI	
DRIVER	
	<input type="checkbox"/> Same as Insured above
Name of Driver	Chng Tuen Gim Lionel
Personal Identification - NRIC (Singaporean/PR)	S7009393F
- FIN/Passport Number	
Date of Birth	29 Oct 03 mmv 1970/yy
Driving Date Pass	10 Oct 07 mmv 2001/yy
Year of Driving Experience	Year(s) Month(s)
Occupation	<input type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Contact Number / Mobile Phone / Fax No.	9856 1556

Address of Driver	APT 111K 86 Lorry 2 Toa Payoh # 01-341		Postcode (310586)
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)			
GENERAL INFORMATION OF THE ACCIDENT			
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 _____		
OTHER INFORMATION			
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 type="radio"/> Yes <input checked="" type="radio"/> No		
Was there any video captured by Car Camers?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Number of Passengers (including Driver)	1		
DETAILS OF POLICE ACTION			
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?)		
DETAILS OF OTHER VEHICLE / PROPERTY 1			
Vehicle Registration Number	SLW91602		
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)			
(Note - Please use page 6 if you need to add more vehicles.)			

Describe Circumstance of the Accident

I was driving out from office sheltered carpark:
My colleague car was parked at the left side of
my car. I was turning out from car park but
I turned left a bit early, as such ~~the~~ the
left side of my car ~~scraped~~ scratched the front
right corner bumper of my colleague's car.

My car reg number is SKG 5177 Z.

My colleague's car reg. number is SLW 9160 Z

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.

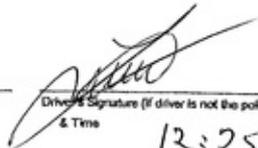
Declaration

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



12:25 pm
21 March 2018

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Individual Statement

SKETCH PLAN

IMPORTANT NOTICE

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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 yers/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. or (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

[Signature]
 Driver's Signature (if driver is not the policyholder) / Date & Time
 12.25 PM
 21 Mar 2018

Witnessed by Reporting Centre Personnel

Sketch Plan



REPUBLIC OF SINGAPORE DRIVING LICENCE

7009393F

TUAN GIM LIONEL

Date of Birth: 29 Mar 1979

Issue Date: 05 Jun 2001

7009393F




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7009393F

Name: CHNG TUAN GIM LIONEL

莊端錦

Race: CHINESE

Date of Birth: 29-03-1979

Sex: M

Country of Birth: SINGAPORE





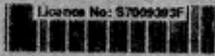
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

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

PAES DATE: 10 Jul 2001

NP 428A

Licence No: S7009393F



8338472

NRIC No. S7009393F

Nationality: MALAYSIAN

Blood Group: D+

Date of issue: 15-12-1999

APT: BLK 86 LORONG 2 TOA PAYOH #02-341

SINGAPORE 310008

NRIC No: S7009393F Date: 04-03-2001 No: 3849472




Individual Statement



CERTIFICATE OF INSURANCE

WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

Name of Policyholder : CHOW SWEE KIAN
 Period of Insurance : 22 Aug 2017 To 21 Aug 2018
 Engine No. : S4204T112054583
 Chassis No. : YV1DZ40LDH2164810

Vehicle No. : SKG5177Z
 Policy No. : 1700043808
 Endorsement No. :
 Issued Date : 28 Aug 2017

ABOUT THE COVER

Make/Model : VOLVO XC60 T5 DRIVE E
 Engine Capacity/Tonnage : 1 959.00 CC
 Driver Restriction : NA
 Sum Insured :
 Market Value :
 Off Peak Car : No
 First Year of Registration : 2017
 Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*

1. The Policyholder
 2. Any other person who is driving on the Policyholder's order or with his/her 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 \$1,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if the age of your Authorized 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 tests, racing, speedwaying, 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 Tolls.

Loss of Use : 200000

* Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 188) and Section 96 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0 / Own Damage - \$500 / Theft - \$0 / Flood/Over - \$0

Section 2
 Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

CHOW SWEE KIAN - \$500 / Own Damage

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS / 24 HOURS CALL CENTRE

1. Wearnes Automotive Pte Ltd, 400 240 Newlands Road, Singapore, 119055, 64204854, 67792885

For other Approved Reporting Centres/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65-6525 5285. Alternatively, you may refer to AIG website www.aig.com.sg or AIG 50 Mobile App. Simply search and download AIG 50 from Google or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OVERSEA-CHINESE BANKING CORPN LTD

*This hereby certifies that the policy is issued in accordance with the provisions of the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 188), Part IV of the Road Transport Act, 1987 (Malaysia), and Motor Vehicle (Third Party Risks) Rules, 1983 (Malaysia).

20043746

WEARNES AUTOMOTIVE - PRAE CO

15 ZENGLER ROAD



AIG Asia Pacific Insurance Pte. Ltd.
78 Shenton Way
#07-16
AIG Building
Singapore 079120
Co.Reg.No.201009404M

29 Aug 2017

Ms. CHOW SWEE KIAN null
86 LORONG 2 TOA PAYOH
02-341
SINGAPORE 310086

Dear Ms. CHOW SWEE KIAN null

WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE Insurance Policy 1700043808
Period Of Insurance: 22 Aug 2017 - 21 Aug 2019 For Vehicle Registration No. SKG5177Z

Thank you for placing your insurance policy with AIG Asia Pacific Insurance Pte. Ltd.

Your policy documents will be sent to you in a separate mail. A copy of the Proposal Form containing details of Information disclosed and declared to us prior to the inception of your motor insurance cover ("Disclosed Information") is enclosed.

Please take note that this insurance cover is incepted on the basis of the Disclosed Information contained in the Proposal Form. You have an obligation to disclose all facts which you know or ought to know in the Proposal Form fully and faithfully. Any inaccuracy, discrepancy and/or omission may result in the policy being void or affect your rights at the time of claim. Please notify us in writing or call our Customer Care Centre at +65 6419 3000 (9am - 5pm, Mondays to Fridays, excluding public holidays) within 15 days from the date of this letter to advise us of any inaccuracy, discrepancy and/or omission in the Disclosed Information. If we do not hear from you within this period, the Disclosed Information shall be taken to have been verified by you as true and accurate and we shall rely on the Disclosed Information as the basis of this insurance cover.

Please also take note that it is a fundamental and absolute Special Condition of the insurance that the total premium due must be paid to us, or via our agent or broker on or before the inception of your insurance cover. Otherwise, the insurance cover shall not attach and no benefits whatsoever shall be payable by us.

This letter also confirms your undertaking to pay to us the shortfall in premium for your motor insurance within 14 working days from the date of our notification in the event the No Claim Discount disclosed by you in the Proposal Form is incorrect thereby resulting in the shortfall in the premium paid. Your policy will lapse automatically upon the exhaustion of the premium paid term in the event you fail to pay the premium within the above said period.

Once again, thank you for choosing AIG as your preferred insurer.

Yours sincerely

Bucha Manik
Head of Auto

100038362/ACL

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

