

MLHM18039430-01 / Lai Huat (Meng Kee) Motor Pte Ltd - Sin Ming  
 ENTRY DATE & TIME: 23/03/2018 12:03  
 SUBMITTED BY: Deborah Lai Mei Ling

## 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	23/03/2018 12:03
Date Of Accident	23/03/2018 10:20
Exact Location Of Accident	TRAFFIC JUNCTION AT PAYA LEBAR ROAD AND UBI AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU3899K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LING YONG WAH
NRIC No	S2672348E
Email Address	LINGYONGWAH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97321397
Alternative Phone No	Others-97321397

### Vehicle Particulars

Manufacturer	AUDI
Model	S5
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	2100306561-05000
Cover Note Number	

### Driver

Name of Driver	LING YONG WAH
NRIC No	S2672348E
Date Of Birth	14/01/1966
Occupation	INDOOR
Date Of Driving Pass	06/08/1997
Driving Experience	20 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97321397

Fax Number	
Contact Number	OTHERS-97321397
E-Mail Address	LINGYONGWAH@GMAIL.COM
Address	1F SHELFORD ROAD #04-43
Postcode	286891
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	CHAIN 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	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

**Circumstances of Accident**

PLEASE REFER TO SKETCH PLAN.

**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	SGG9946S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

3/29/2018

E-FILE

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SDG9S

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**

**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:

23/3/2018 12pm.

SHARON METROPOLITAN 23

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

Reporting Centre Personnel's Signature  
Name: Poh Kwee Choo  
NRIC/FIN No.: S6840583A

**SKETCH PLAN**

PAYALAR ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the traffic junction of Payalar Road + Ubi Ave 3, as the car ahead of me, started to move forward, I also started to move forward.

The car ahead of me (SGG 99465) stopped suddenly + I immediately braked but hit the car.

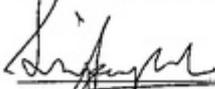
The time was about 10.30 am, Friday 23 March 2018

There were no injuries - this was confirmed by all parties.

SGG 99465 also hit the car immediately in front (SDG 95).

DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
 Policyholder's signature  
 Date & Time:  
 23/3/2018 12pm.

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

  
 Reporting Centre Personnel's Signature  
 Name: Poh Kwee Choo  
 S6840583A  
 NRIC/FIN No.:

CERTIFICATE OF INSURANCE



HOTLINE TEL: (65) 6419 3000  
FAX: (65) 6415-3723

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT(CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.X.1

AUDI AUTO PROTECTOR	<b>OWN DAMAGE EXCESS</b> S\$2000.00 (1)
<b>CERTIFICATE NO.</b> 2100306561-05000	<b>WINDSCREEN EXCESS</b> S\$100.00 (for policies with effect from 1st November 2002)
<b>1) VEHICLE REGISTRATION NO.</b>	<b>SUM INSURED</b> Market Value
<b>2) NAME OF INSURED</b>	<b>INSURING WITH COE/PARF</b> No
<b>3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT</b>	SGU3899K
<b>4) DATE OF EXPIRY OF INSURANCE</b>	LING YONG WAH
<b>5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE * SUBJECT TO AGE CONDITION :N.A</b>	10 Jul 2017
a) The Insured.	9 Jul 2018
The Insured may also drive a motor car not belonging to him or hired (under a hire purchase agreement or otherwise) by him or his employer or business partner.	
All drivers who are below the age of 23 are excluded in this Policy.	
All drivers who are below the age of 28, above the age of 65 or with less than 2 years' driving experience are subject to an Excess of S\$5,000.00.	
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
<b>6) LIMITATION AS TO USE *</b>	
Use only for social, domestic and pleasure purposes and for the Insured's business.	
The Policy does not cover use for hire or rewards, tuition, driving test, racing, pace-making, reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.	
<b>APPROVED REPORTING CENTRES / AUDI AUTHORISED REPAIRERS</b>	
1. Audi Customer Service Center - 55 Ubi Road 1 (Tel: 63662323)	
<b>APPROVED REPORTING CENTRES / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)</b>	
2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65684501)	
4. Ethoz - 30 Bukit Batok Cres(Tel:66547777) 5. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only	
6. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560) 7. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)	
8. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892) 9. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)	
10. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)	
<b>LOSS OF USE</b> Loss Of Use 15 days Replacement Car only for repairs at Audi Customer Service Centre	
<b>NAMED DRIVER</b> NA	
<b>HIRE PURCHASE COMPANY / EMPLOYER'S LOAN</b> NA	
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.	

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued At Singapore 12 Jun 2017

AIG Asia Pacific Insurance Pte. Ltd.

S04125-200  
PREMIUM LEASING - AP  
281 ALEXANDRA ROAD  
AUDI CUSTOMER SERVICE CENTRE  
SINGAPORE 159938

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPQCC.

AIG Building, 78 Shenton Way #07-16 Singapore 079120

Copyright © 2013 AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

DRIVER'S NRIC & DRIVING LICENCE

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2672348E



Name  
**LING YONG WAH**  
林 榮 華

Race  
**CHINESE**

Date of Birth  
**14-01-1966**

Country of Birth  
**MALAYSIA**

Sex  
**M**



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number **S 2 6 7 2 3 4 8 E**

Name  
**LING YONG WAH**

Birth Date **14 Jan 1966**

Issue Date **24 Dec 2002**

000058622B



8435691



NRIC No. **S2672348E**



Nationality  
**MALAYSIAN**

Blood Group Date of issue  
**O+ 15-01-2002**

1F SHELFORD ROAD #04-43  
SINGAPORE 286891

NRIC No: **S2672348E** Date: **17-12-2006** No: **5661027**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	06 Aug 1997

NP 428A

License No: **S2672348E**



Accident Photo



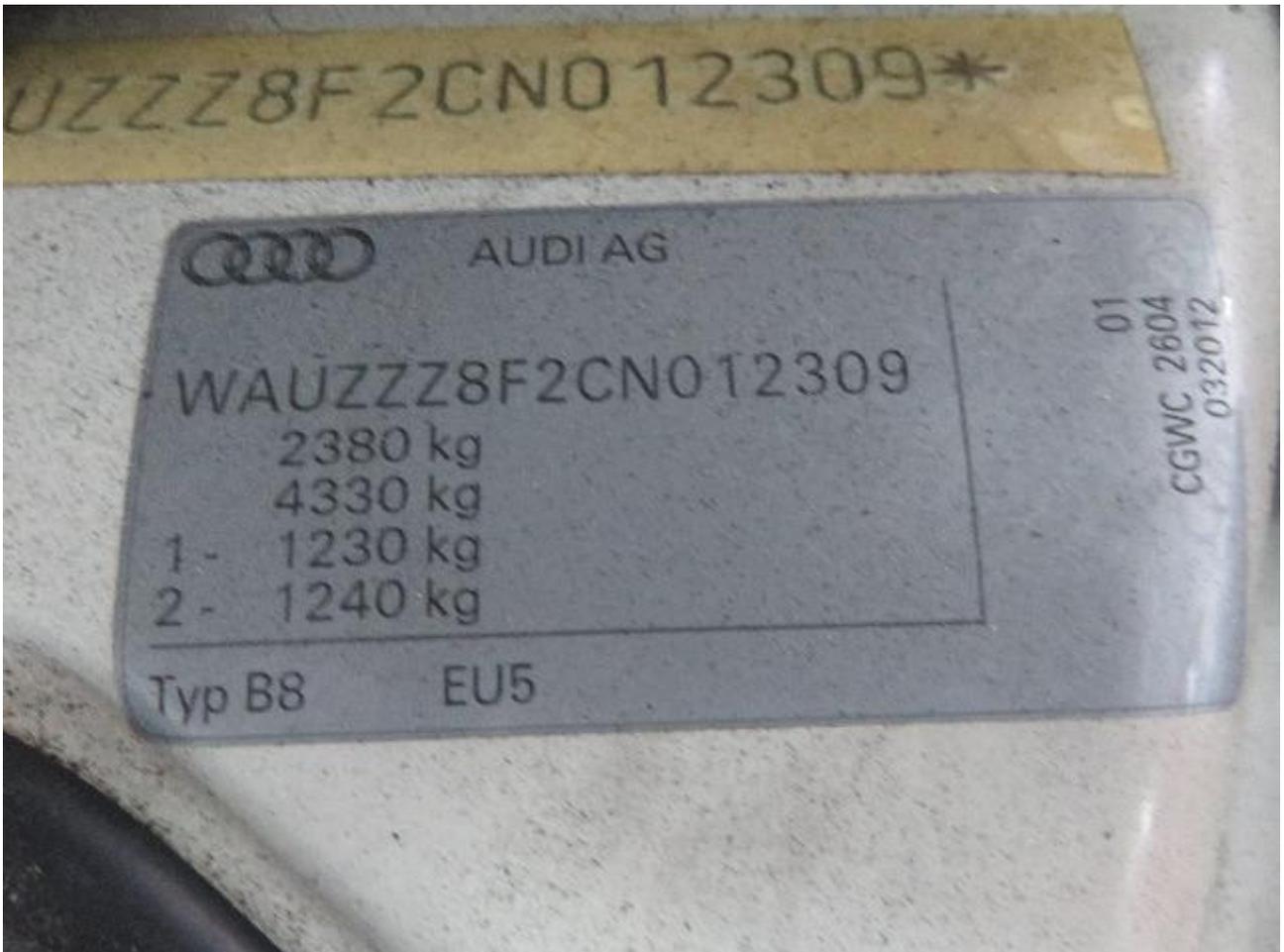
Accident Photo



Accident Photo



CHASSIS NUMBER



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MLHM18039430 Vehicle Registration No: SGU 3899K
Name(as shown in NRIC) : Ling Yong Wah NRIC/FIN/Passport No : S2672348E
(\*Vehicle Driver/ Vehicle Owner) (\*) Please delete as appropriate
Address : 1F Shelford Road #04-43 Singapore( 286891 )
Contact (Tel) : Mobile No. : 97321397
Email Address : lingyongwah@gmail.com
Date of Accident : 23/3/2018 Time of Accident : 1020 Hours
Place of Accident : Traffic Junction at Paya Lebar Road and Ubi Ave 3
Insurance Company: AIG Asia Pacific Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I am submitting an own damages claim for repairs to my vehicle.
[Multiple blank lines for additional text]

[Handwritten Signature]
Policyholder's Signature
Date: 27/3/2018

[Handwritten Signature]
Reporting Centre Personnel's Signature
Name: Deborah Lai
NRIC/FIN No.: S7332811Z
Date: 27/3/2018