

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	13/04/2018 15:02
Date Of Accident	13/04/2018 06:50
Exact Location Of Accident	PIE TOWARDS ECP (CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCR8100L
Insured/Policyholder	
Name Of Registered Owner	KUM WAI HAN
NRIC No	S1688092B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98288100
Alternative Phone No	Others-98288100

Vehicle Particulars

Manufacturer	VOLVO
Model	S60-1.6 D2 (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?	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	2100337074-04000
Cover Note Number	

Driver

Name of Driver	KUM WAI HAN
NRIC No	S1688092B
Date Of Birth	01/11/1965
Occupation	INDOOR
Date Of Driving Pass	01/11/1984
Driving Experience	33 YEARS AND 5 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-98288100
Fax Number	
Contact Number	OTHERS-98288100
EMail Address	NOEMAIL
Address	40 LOYANG VIEW
Postcode	507230
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?	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)	3
Passenger 1	Name: : LIM JIA YI Gender: : Female
Passenger 2	Name: : JASMINE LIM Gender: : Female

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

REFER TO ATTACHMENT.

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	SKK2010U
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	LANCE BERNARD GOH SAY HIAN
NRIC/Passport Number	S1827686J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2	
Vehicle Registration Number	SLV602E
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO YONG SIANG, JEFFERY
NRIC/Passport Number	S7930727J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Wearnes Automotive Pte. Ltd.
SATISFACTION CERTIFICATE

I/We Kum Wai Han hereby state that the
repairs to my/our Volvo Vehicle No. SR8100L have
been carried out to my/our entire satisfaction and I/We agree that the discharge
to the account of Messrs. Wearnes Automotive Pte. Ltd. for S\$ _____ by
the ALG Asia Pacific Insurance P/L shall be in full discharge of all
claims under Policy No. 8100337074-01050 in respect of damage
to my/our vehicle, as the result of an accident which occurred on or about the
13th day of April at 2018.



Customer's Signature / Date
(PLEASE SIGN AND RETURN)



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, 1969 (MALAYSIA)

M.X.1

WEARNES AUTO PROTECTOR		OWN DAMAGE EXCESS	SS\$0.00 (1)
CERTIFICATE NO. 2100337074-04000		WINDSCREEN EXCESS	SS\$100.00
		(for policies with effect from 1st November 2002)	
		SUM INSURED	Market Value
		INSURING WITH COE/PARF	Yes
1) VEHICLE REGISTRATION NO.		SCR8100L	
2) NAME OF INSURED		KUM WAI HAN	
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		18 Apr 2017	
4) DATE OF EXPIRY OF INSURANCE		17 Apr 2018	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE * SUBJECT TO AGE CONDITION :All Age Condition			
a) The Insured.			
b) Any other person who is driving on the Insured's order or with his permission.			
This policy will indemnify the insured or any authorised driver only if he/she meets the age conditions.			
A Young and/or Inexperienced Driver Excess ("YIDR") of S\$3,000.00, in addition to the			
Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the said			
Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.			
<p>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.</p>			
6) LIMITATION AS TO USE *			
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.			
APPROVED REPORTING CENTRE / WEARNES AUTHORISED WORKSHOP			
1. Wearn's Automotive Pte Ltd - 249 Alexandra Road (Tel: 64731488)			
APPROVED REPORTING CENTRE / AIG AUTHORISED REPAIRERS (FOR CLAIMS-RELATED REPAIRS)			
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)			
LOSS OF USE		15 Days Replacement Car only for repairs at Wearn's Automotive-Refer to policy wordings for details	
NAMED DRIVER		NA	
HIRE PURCHASE COMPANY / EMPLOYER'S LOAN		OCBC Bank Ltd	
* 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 22 Mar 2017

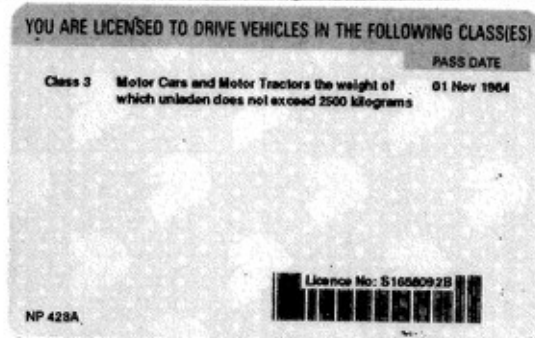
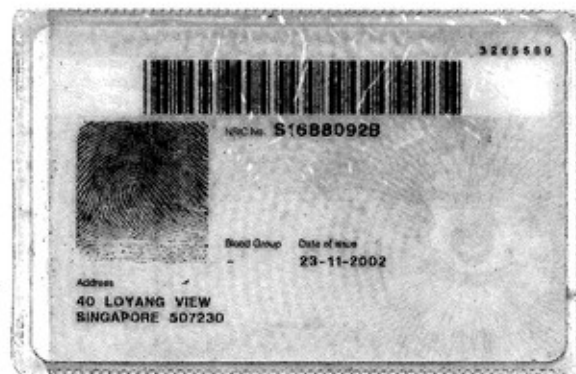
AIG Asia Pacific Insurance Pte. Ltd.

503485-714
WEARNES AUTOMOTIVE - RC (V)
45 LENG KEE ROAD
SINGAPORE 159103

AUTHORISED REPRESENTATIVE

ORIGINAL

SSCNFY.



Accident Sketch Plan

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised 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 Authorised 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.

ACCIDENT STATEMENT

Date and Time of Accident Date: 13/04/2018 Time: 06:50 hrs
 Exact Location of Accident PTE towards ECP (CHANGI)

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCR 8100L

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.) Kum Wai Tan
 Personal Identification - NRIC (Singaporean/PR) S1688092B
 - FIN/Passport Number
 - Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model Manufacturer Volvo Model S60
 Type of Vehicle* ☒ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry
☐ Bus ☐ M/cycle ☐ Others, _____
 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? ☒ Yes ☐ No (If No, Pls select: ☐ Third Party ☐ Reporting)
 Vehicle Category* ☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company * ALG
 Type of Policy ☒ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only
 Fleet Policy ☐ Yes ☒ No
 Policy Number 2100337074 - 04000
 Motor CI

DRIVER

☒ Same as Insured above
 Name of Driver Kum Wai Tan
 Personal Identification - NRIC (Singaporean/PR) S1688092B
 - FIN/Passport Number
 Date of Birth 01 dd/ 11 mm/ 1965 yy
 Driving Date Pass 01 dd/ 11 mm/ 1984 yy
 Year of Driving Experience Year(s) Month(s)
 Occupation ☒ Indoor ☐ Outdoor
 Gender ☐ Male ☒ Female
 Contact Number / Mobile Phone / Fax No. 9828 8100

whkum@ntu.edu.sg

Address of Driver	40 Loyang View	
Email Address	Postcode (507.230)	
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	Owner	
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)	Chain collision.	
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 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)	2 Jasmine Lim	
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	SKR 2010U	
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.)		

SLV 600E

Page 2

Accident Sketch Plan

SKETCH PLAN

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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' 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.

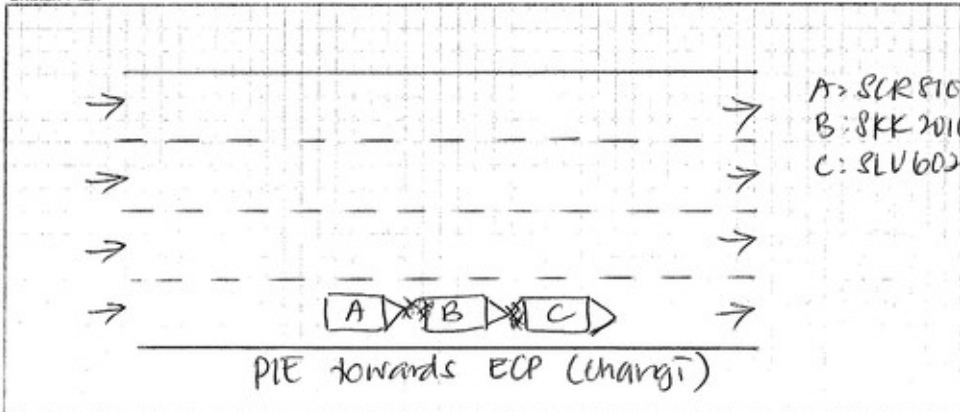
Muralakrishnan

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

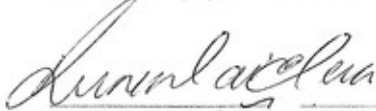
I was travelling on PIE towards KEP,
the car in front jammed brake on
the 1st lane, and resulting
my car to collide into his car.

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



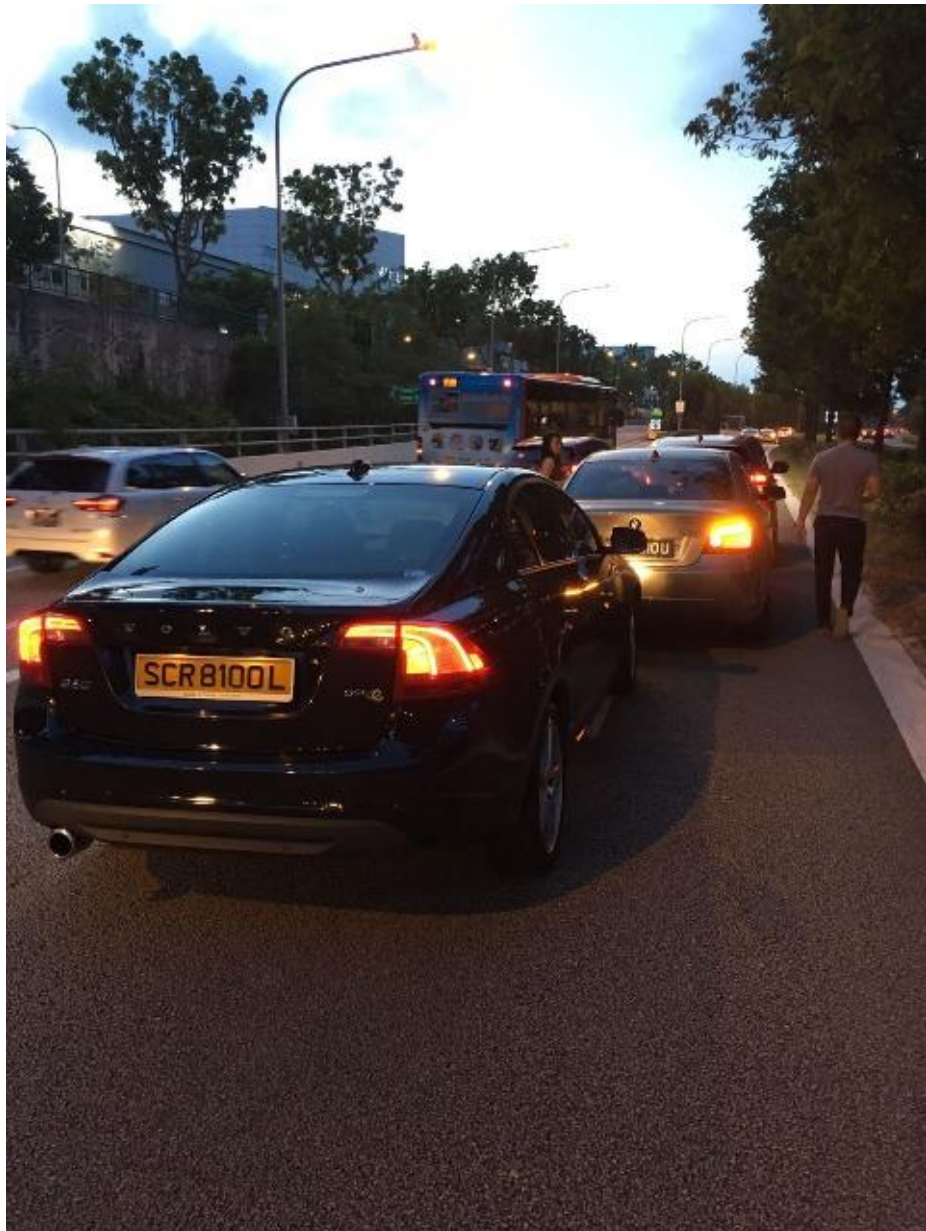
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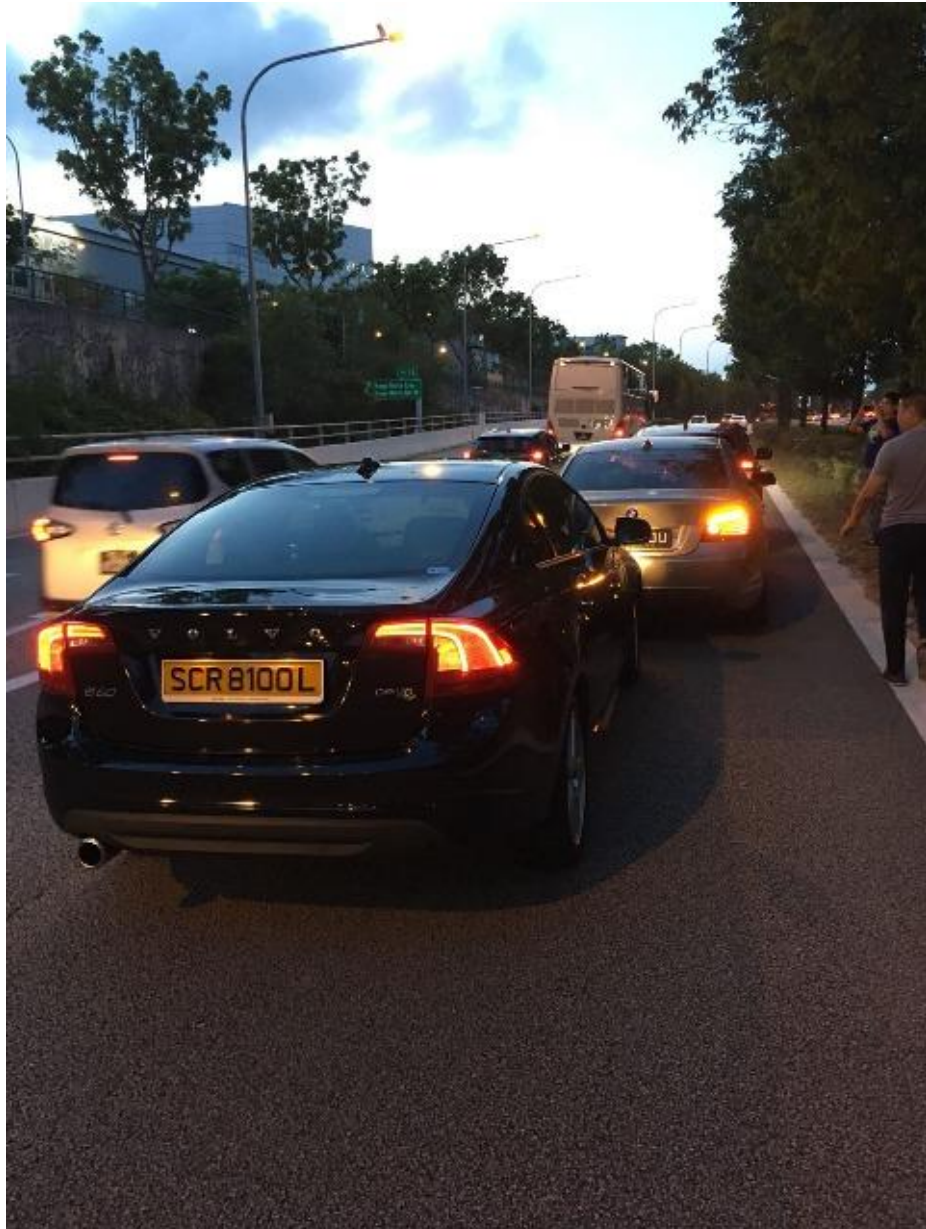
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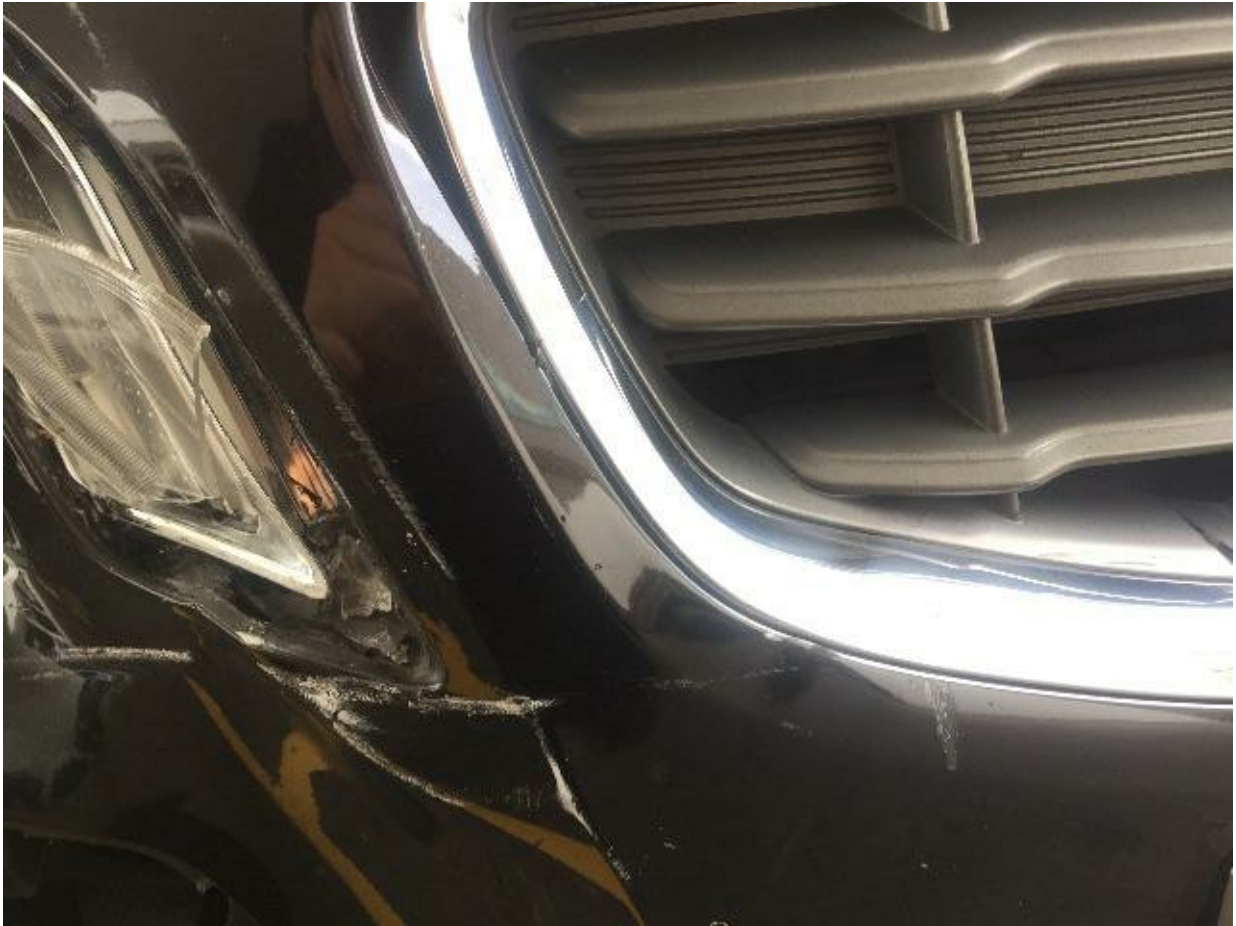
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