

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	17/04/2018 13:49
Date Of Accident	17/04/2018 08:30
Exact Location Of Accident	PIE TWD CHANGI AT 6.5KM MARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD7681A
Insured/Policyholder	
Name Of Registered Owner	WAN CHEE KONG
NRIC No	S7521606H
Email Address	WANCK@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97692527
Alternative Phone No	OFFICE-97692527

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)

Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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Are you claiming under your own insurance policy for repair to your vehicle?	YES
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If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100472753
Cover Note Number	

Driver

Name of Driver	WAN CHEE KONG
NRIC No	S7521606H
Date Of Birth	15/07/1975
Occupation	INDOOR
Date Of Driving Pass	15/02/2005
Driving Experience	13 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97692527
Fax Number	
Contact Number	OFFICE-97692527
EMail Address	WANCK@SINGNET.COM.SG

Address	BLK 50 STRATHMORE AVE #20-207
Postcode	140050
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 AS ATTACHED

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	SLU6941S
Vehicle Make/Model/Colour	VOLVO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ELAINE TRUONG LI-LYNN
NRIC/Passport Number	S7623765D
Contact Number	82338536
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

TYPE OF CLAIM: ☐ OD ☒ OD/UL ☐ DSMCA: *Ream*

MOTOR ACCIDENT REPORT

Date Of Report: *17/4/18* Time: *12:04* Date Of Accident: *17/4/18* Time: *8:30am*
Exact Location Of Accident: *PIE towards Chang, at 6.5km mark*
Country/State of Loss: Singapore ☒ / Wilayah Persekutuan ☐ / Selangor Darul Ehsan ☐ / Negeri Sembilan ☐ / Melaka ☐ / Pahang ☐ / Johor ☐ / Perak ☐ / Kedah ☐ / Kelantan ☐ / Terengganu ☐ / Pulau Pinang ☐ / Perlis ☐ / Thailand ☐

OWN VEHICLE DETAILS (INSURED/POLICY HOLDER)

Vehicle Registration Number: *SLD 7681A* Co. Reg. No(for Co. Vehicle)/NRIC/PP/FIN No: *S7521606H*
Name Of Registered Owner: *Wan Chie Kong*
Mobile Number: *97692527* Alternative No: Email Address: *wan ck@singnet.com.sg*

Vehicle Particulars

Manufacturer: Toyota ☒ Lexus ☐ Suzuki ☐ Hino ☐ Model: *ALTD*
Exact Purpose for which vehicle was being used at time of accident: Normal Usage ☒ Other ☐ (please specify):
Are you claiming under your own insurance policy for repair to your vehicle? Yes ☒ Reporting Only ☐ Third Party ☐
Vehicle Category: Private Car ☒ Commercial Vehicle ☐ Others ☐ *to recover from TP later.*

Insurance Company

Name of Insurance Company: *AIG*
Type Of Coverage: Comprehensive ☒ Third Party ☐ Third Party Fire and/or Theft ☐
Fleet Policy: Yes ☐ No ☒ Policy / Cover Note No: *2100472753*

DRIVER DETAILS AT POINT OF ACCIDENT

Name of Driver: *Wan Chie Kong* NRIC/ Passport / FIN No: *S7521606H*
Date Of Birth: *15/7/1975* Occupation: Indoor ☒ Outdoor ☐
Date Of Driving Pass: *15 Feb 2005* Gender: Male ☒ Female ☐
Mobile Number: *97692527* Fax No: Alternative No:
Address: *B1C 50 Stratmore Ave #20-207* Postal Code: *140050*
Email Address: *wan ck@singnet.com.sg*
Was driver an employee of the Insured's Company? Yes ☐ No ☒ State relationship of the driver with the insured: *SELF*
Vehicle Registration Number of Driver's Own Vehicle (if applicable): *SLD 7681A*
Insurance Company of Driver's Own Vehicle (if applicable): *AIG*

GENERAL INFORMATION OF THE ACCIDENT

Type Of Accident: *chain collision*
Number of Passengers in the above vehicle (Including Driver): *1* / If more than 2 Pax Please fill ANNEX B
PASSENGER 1
Name: *Wan Chie Kong* Gender: Male ☒ Female ☐
Weather Conditions: Clear ☒ Raining ☐ Others ☐ (If others, please state condition):
Road Surface: Wet ☐ Dry ☒ Others ☐ (If others, please state condition):
Was any body injured in the Accident? No ☒ Yes ☐
Was any injured conveyed to hospital by ambulance? No ☒ Yes ☐
Was any foreign vehicle involved in this accident? No ☒ Yes ☐ Vehicle No: Vehicle type:
Number of vehicles involved in the accident: *4*
Was there any witness? No ☒ Yes ☐
Was there any other vehicle or property damaged? No ☒ Yes ☐
Was there any video captured by Car Camera? No ☐ Yes ☒ Are accident scene photos available for attachment? No ☐ Yes ☒
Was the accident reported to the police? No ☐ Yes ☐ (If yes, please state which Police Station):
Was notice of intended Prosecution given? No ☒ Yes ☐ (If yes, please state against whom):
I have been approached by unknown person(s) soliciting/offering accident claims assistance. No ☐ Yes ☒

DETAILS OF OTHER VEHICLE PROPERTY 1 (Please fill Annex A if more vehicles involved)

Vehicle Registration Number: *SLU 69415* Vehicle Make/Model/Colour: *Volvo V40 / white*
Details Of Properties Damage in Accident:
Vehicle Category: *Saloon*
Name of Driver: *Elaine Truong Li-Lynn*
NRIC/Passport/FIN Number: *S7623765D* Contact Number: *82338536*
Address: Postal Code:
Insurance Company Name:
Nature Of Damage: No. Of Passenger (Including Driver):

DETAILS OF OTHER VEHICLE PROPERTY 2	
Vehicle Registration Number: SGS 949E	Vehicle Make/Model/Colour: Nissan / red
Details Of Properties Damage in Accident:	
Name of Driver: Kamilg Binte Othman.	
NRIC/Passport/FIN Number: S1340879C	Contact Number: 9144 44 66
Address:	Postal Code:
Insurance Company Name:	
Nature Of Damage:	No. Of Passenger (Including Driver):
DETAILS OF OTHER VEHICLE PROPERTY 3	
Vehicle Registration Number: SKD 8340P	Vehicle Make/Model/Colour: SKD 8340P
Details Of Properties Damage in Accident:	
Name of Driver: Cristobal Ailene Samante	
NRIC/Passport/FIN Number: G01778104	Contact Number: 9188 6061
Address:	Postal Code:
Insurance Company Name:	
Nature Of Damage:	No. Of Passenger (Including Driver):
DETAILS OF OTHER VEHICLE PROPERTY 4	
Vehicle Registration Number:	Vehicle Make/Model/Colour:
Details Of Properties Damage in Accident:	
Name of Driver:	
NRIC/Passport/FIN Number:	Contact Number:
Address:	Postal Code:
Insurance Company Name:	
Nature Of Damage:	No. Of Passenger (Including Driver):
DETAILS OF OTHER VEHICLE PROPERTY 5	
Vehicle Registration Number:	Vehicle Make/Model/Colour:
Details Of Properties Damage in Accident:	
Name of Driver:	
NRIC/Passport/FIN Number:	Contact Number:
Address:	Postal Code:
Insurance Company Name:	
Nature Of Damage:	No. Of Passenger (Including Driver):
DETAILS OF INJURED PERSON 1	
Name:	Approximate Age:
Address:	Postal Code:
Injuries Sustained:	Injured person in which vehicle:
Were seat belt worn? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>
DETAILS OF INJURED PERSON 2	
Name:	Approximate Age:
Address:	Postal Code:
Injuries Sustained:	Injured person in which vehicle:
Were seat belt worn? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>
DETAILS OF INJURED PERSON 3	
Name:	Approximate Age:
Address:	Postal Code:
Injuries Sustained:	Injured person in which vehicle:
Were seat belt worn? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>
DETAILS OF INJURED PERSON 4	
Name:	Approximate Age:
Address:	Postal Code:
Injuries Sustained:	Injured person in which vehicle:
Were seat belt worn? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>

Describe Circumstances of the Accident

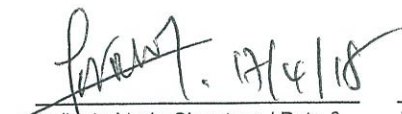
I was driving along PIE towards Changi. At 6.5km mark car No. SKD 8340P (Car No. 2) suddenly emergency brake, so I also immediately e-brake. However the car behind me car No. SLU 6941S hit my car from behind, and my car surge forward and hit the car in front, ~~car~~ SKD 8340P, then SKD 8340P move forward and hit the front car SG5 949E (first car).

So in total there are 4 cars involved in the ~~so~~ chain accident. The front most car, car 1 is SG5 949E.


Second car, car 2 is SKD 8340P, mine is third car, car 3 SLD 7681A, the last car hit my car from behind is car 4 SLU 6941S, which causes me to hit the car SKD 8340P in front of me.

Declaration

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

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

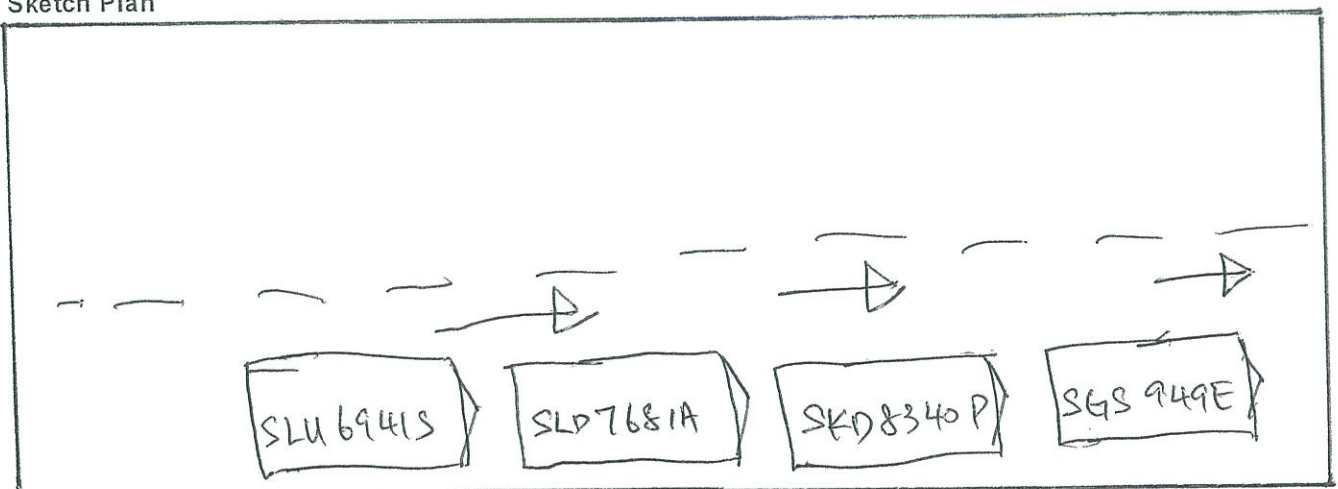
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 17/4/18
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

Sketch Plan





MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Wan Chee Kong
VEHICLE NUMBER : SLD 7681A
DATE/TIME OF ACCIDENT : 17/4/18 8:30am
PLACE OF ACCIDENT : PIE towards Changi at 6.5km mark
THIRD PARTY VEHICLE (IF ANY) : SLU 6941S

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

From Home to Office at Changi

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?

chain collision

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

No

.....
Name: Wan Chee Kong


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

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S7521606H**
 Name: **WAN CHEE KONG**

Birth Date: **15 Jul 1975**
 Issue Date: **15 Feb 2005**

001321159J



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7521606H



Name: **WAN CHEE KONG**

Race: **CHINESE**
 Date of birth: **15-07-1975** Sex: **M**
 Country of birth: **SINGAPORE**

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

Class 3A Motor cars without clutch pedals =<3000kg
 with =< 7 passengers, exclusive of the driver;
 and motor tractors/vehicles without clutch
 pedals =< 2500 kg

PASS DATE
15 Feb 2005

NP 428A



3841862



NRIC No. **S7521606H**



Date of issue
29-03-2006

APT BLK 50 STRATHMORE AVENUE #20-207
 SINGAPORE 140050
 NRIC No: S7521606H Date: 15-07-2006 No: 5360965



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

AUTOPLUS

CERTIFICATE NO. 2100472753-01000

OWN DAMAGE EXCESS S\$1200.00 (1)

WINDSCREEN EXCESS S\$100.00
(for policies with effect from 1st November 2002)

SUM INSURED Market Value
INSURING WITH COE/PARF Yes

1) VEHICLE REGISTRATION NO.

SLD7681A

2) NAME OF INSURED

Wan Chee Kong

3) EFFECTIVE DATE OF THE COMMENCEMENT
OF INSURANCE FOR THE PURPOSES OF THE ACT

28 Jun 2017

4) DATE OF EXPIRY OF INSURANCE

27 Jun 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.

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.

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.

SOLE AGENT'S WORKSHOP : For new vehicles less than 3 years from initial registration, you have the option for claims-related repairs to be done at Sole Agent's workshop.

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

1. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118)
2. Glass-Fix - 52 Ubi Ave 3 (Tel: 62780887) - For windscreen only
3. Ethoz - 30 Bukit Batok Cres(Tel:66547777)
4. DPS Body & Paint (Subsidiary of C &C) - 209 Pandan Gardens (Tel: 65684501)
5. Kan Fook Sing Motor - 61 Defu Lane 12 (Tel: 67479560)
6. Lai Huat (Meng Kee) Motor - 21 Sin Ming Ind (Tel: 64538110)
7. Mova Automotive - 1008 Bukit Merah Lane 3 (Tel: 62723892)
8. Progressive Automotive - 3022A Ubi Rd 1 (Tel: 67415336)
9. SME Motor - 1 Kaki Bukit Ave 6 Blk D (Tel: 67476106)

LOSS OF USE Loss of Use 10 Days (1600cc) - Refer to policy wordings for details

NAMED DRIVER NA

HIRE PURCHASE COMPANY HONG LEONG FINANCE LTD
/ EMPLOYER'S LOAN

* 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 13 Jun 2017

AIG Asia Pacific Insurance Pte. Ltd.

030210-257
AIG - AUTO DIRECT
78 SHENTON WAY
#07-16 AIG BUILDING
SINGAPORE 079120

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPVKM.