

## 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	12/04/2018 19:34
Date Of Accident	12/04/2018 10:55
Exact Location Of Accident	TANJONG PAGAR DISTRI CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT7665A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	QUEK LILY
NRIC No	S0153836E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96667871
Alternative Phone No	OTHERS-96667871

### Vehicle Particulars

Manufacturer	VOLVO
Model	S60-1.5 T2 (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	2100418839-02000
Cover Note Number	

### Driver

Name of Driver	QUEK LILY
NRIC No	S0153836E
Date Of Birth	15/04/1948
Occupation	INDOOR
Date Of Driving Pass	19/11/1968
Driving Experience	49 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96667871
Fax Number	
Contact Number	OTHERS-96667871
Email Address	NOEMAIL

Address	3 MEYER PLACE #05-04
Postcode	437991
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	5
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	YL1675L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	UTHAKUMAR S/O PURZICHAREERAN
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	SKJ4197G
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)

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SCL1570R

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)

**DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number SJM1748H

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)

SINGAPORE ACCIDENT STATEMENT	
<b>IMPORTANT NOTICE</b>	
1. Complete and submit this Form to Allied World's Authorized Reporting Centre (ARC) for filing. 2. Please report promptly 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 factual and accurate as possible. 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 statement may be referred to the Traffic Police Department for investigation.	
<b>ACCIDENT STATEMENT</b>	
Date and Time of Accident	Date: 12/4/2018 Time: 1057 HRS
Exact Location of Accident	Tanjong Pagar Distri Carpark
<b>DETAILS OF OWN VEHICLE</b>	
Vehicle Registration Number	SKT 7665A
<b>INSURED / POLICYHOLDER (OWN VEHICLE)</b>	
Name of Registered Owner (See Insurance Cert.)	Quek Lily
Personal Identification - NRIC (Singaporean/PR)	S0153836E
- FIN/Passport Number	
- Not Applicable	
<b>VEHICLE PARTICULARS (OWN VEHICLE)</b>	
Vehicle Make / Model	Manufacturer: Volvo Model: S60
Type of Vehicle*	<input checked="" type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> Motorcycle <input type="radio"/> 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="radio"/> Yes <input checked="" type="radio"/> No (If No, Please select)
Vehicle Category*	<input checked="" type="radio"/> Third Party <input type="radio"/> Reporting
<b>INSURANCE COMPANY (OWN VEHICLE)</b>	
Name of Insurance Company *	AIG
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	2100418839-02000
Motor CI	
<b>DRIVER</b>	<input checked="" type="radio"/> Same as insured above
Name of Driver	Quek Lily
Personal Identification - NRIC (Singaporean/PR)	S0153836E
- FIN/Passport Number	
Date of Birth	15 dec 04 mmv 1948 hy
Driving Date Pass	19 dec 11 mmv 1968 hy
Year of Driving Experience	Year(s) Month(s)
Occupation	
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female <input type="radio"/> Indoor <input type="radio"/> Outdoor
Contact Number / Mobile Phone / Fax No.	96461237 / 96667871 Eleanor

# Individual Statement Pg. 1

Address of Driver	3 Meyer Place # 05-04	
Email Address	Postcode (437991)	
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)		
<b>GENERAL INFORMATION OF THE ACCIDENT</b>		
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,	
<b>OTHER INFORMATION</b>		
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)		
<b>DETAILS OF POLICE ACTION</b>		
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?)	
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>		
Vehicle Registration Number	YL 1675L	
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 )		

Page 2

# Individual Statement Pg. 1

DETAILS OF OTHER VEHICLE / PROPERTY 2	
Vehicle Registration Number	SKJ 4197 G
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)	

DETAILS OF OTHER VEHICLE / PROPERTY 3	
Vehicle Registration Number	SCL 1570R
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)	

DETAILS OF OTHER VEHICLE / PROPERTY 4	
Vehicle Registration Number	STM 1748 H
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)	

Describe Circumstance of the Accident

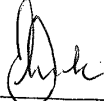
My Volvo S60 SKT7665A was parked in Tanjung Pagar Distri Car Park. A Lorry 4L16752 collided into my car at 10:57am. Besides my car are also 3 stationary vehicles. The car next to my is SKJ 4197E.  
Happened on 12.4.18.

**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**

We declare the foregoing particulars are true in every respect.

 12/4/18  
Policyholder's Signature / Date & Time      Driver's Signature (if driver is not the policyholder) / Date & Time      Witnessed by Reporting Centre Personnel  
2:50pm

# Individual Statement Pg. 1

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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6. This report will be forwarded by the Insurers to 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.

### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

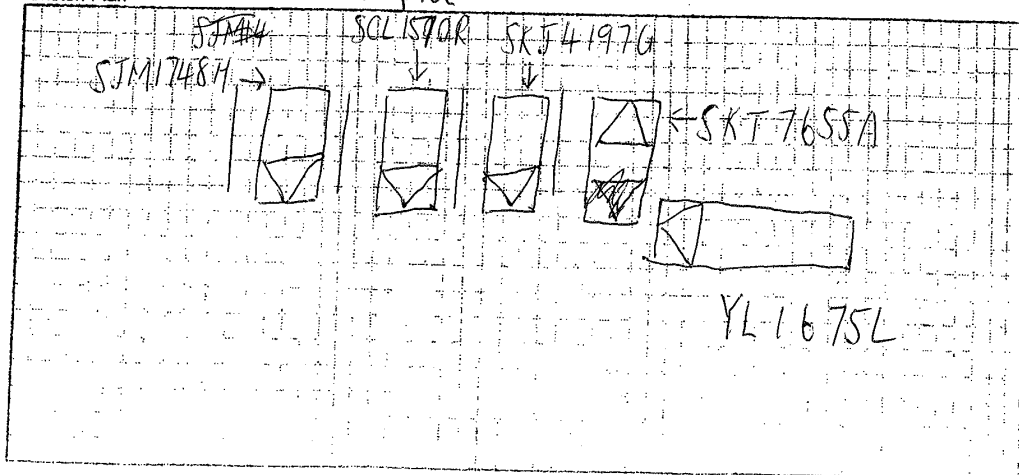
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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, 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

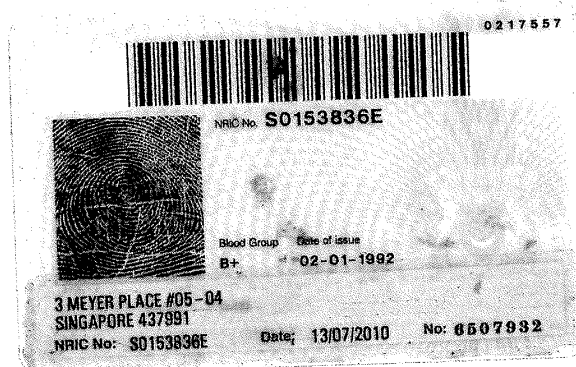
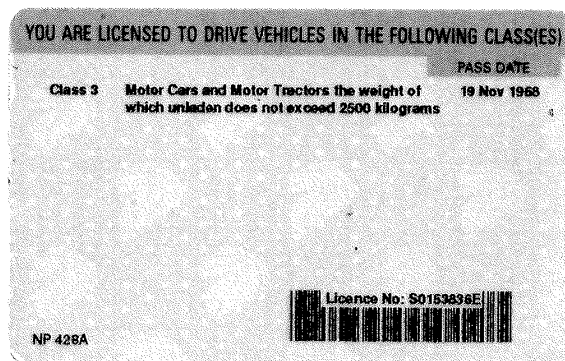
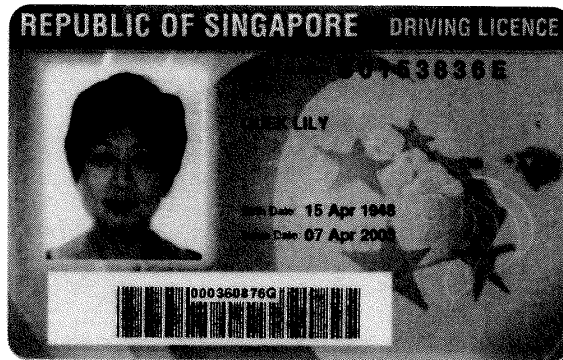
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan









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  
CERTIFICATE NO. 2100418839-02000

**OWN DAMAGE EXCESS** S\$800.00 (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. SKT7665A
- 2) NAME OF INSURED QUEK LILY
- 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 23 Jun 2017
- 4) DATE OF EXPIRY OF INSURANCE 22 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.

#### APPROVED REPORTING CENTRE / WEARNES AUTHORISED WORKSHOP

1. Wearn's Automotive Pte Ltd - 249 Alexandra Road (Tel: 64731488)
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 Bld 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 25 Apr 2017

**AIG Asia Pacific Insurance Pte. Ltd.**

503485-744  
WEARNES AUTOMOTIVE - FFL (V)  
45 LENG KEE ROAD  
SINGAPORE 159103

**AUTHORISED REPRESENTATIVE**

ORIGINAL

SSCSAN

Ca Rec No 7010090204M  
CEN041 02/13



12/4/18

I, Uthakumar S/o Puraichaveeran, driver  
of YL1675L Lorry, at 10.57am within the  
carpark of Tanjong Pagar Distripark ~~banged~~  
collided into 4 stationary vehicles between  
blocks 37 & 39 Keppel Road.

Vehicles involved:

- ① SKT 7665 A
- ② SKJ 4197 G - Kwa Lip Oon H/P 91143315
- ③ SCL 1570 R
- ④ SJM 1748 H.

~~12/4/18~~ 12/4/18

Accident Photo





**Accident Photo**



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

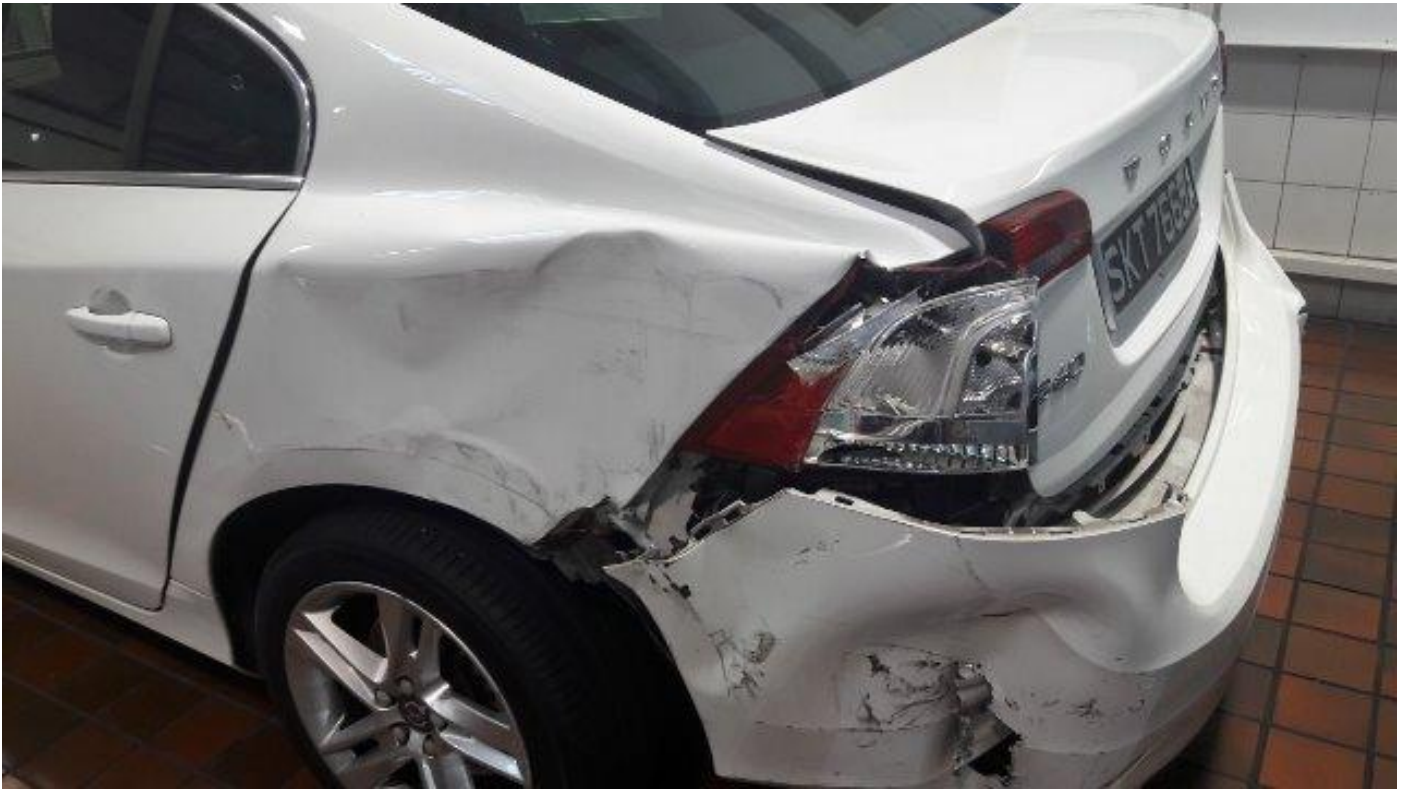


Accident Photo





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**Accident Photo**



Accident Photo

