SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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 witholding 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

	ACCIDENT STATEMENT		
Date Of Report	01/06/2018 15:21		
Date Of Accident	31/05/2018 19:55		
Exact Location Of Accident	ALONG BUKIT BATOK WEST AVE 6		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLL9880L		
Insured/Policyholder			
Name Of Registered Owner	WEE PEI WEN (HUANG PEIWEN)		
NRIC No	S8712289A		
Email Address	SAM.DSYLE@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-92205436		
Alternative Phone No	Others-92205436		
Vehicle Particulars			
Manufacturer	SUBARU		
Model	WRX 2.0 CVT/MT		
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?	NO		
lf 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	2100508625-01		
Cover Note Number			
Driver			
Name of Driver	WEE PEI WEN (HUANG PEIWEN)		
NRIC No	S8712289A		
Date Of Birth	06/05/1987		
	OUTDOOD		

OUTDOOR

20/06/2011

6 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92205436

Fax Number

Contact Number OTHERS-92205436

EMail Address SAM.DSYLE@GMAIL.COM

Address BLK 2986B BUKIT BATOK STREET 22

#12-70

Postcode 652296 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

-

NO

NO

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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.

Number of Passengers (Including Driver) 2

Passenger 1 Name: : TEO SHWU LIN

Gender: : Female

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT: T/20180601/ 2082

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 SGK339H

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

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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
- 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:

- 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)
 - (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
- 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
- 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.
- 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: 0 1 JUN 2018

15:26ms

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre ersonnel's Signature

Name:

NRIC/FIN No .:

Poh Kwee Choo S6840583A

GIARMIC SkietchPlanForm, V.

ETCH PLAN		
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SCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
Refer to	police report no: 7/20180601/2082	
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Acceptance		
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CLARATION		_
e declare the foregoing particular	irs are true in every respect.	
VI.	V.	
- Niw	- Kru	
icyholder's Signature	Driver's Signature Reporting Centre Personnel's Signature	
e & Time: 0 1 JUN 2018	(If driver is not the policyholder) Date & Time: Name: NRIC/FIN No.: Poh Kwee Choo S6840583A	
RMC SKEECHP (SOM) WHO	S6840583A	:





180601/2082

Report No. T/20180601/2082

POLICE REPORT (NP299)

Police Station Of Origin Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Date/Time Report Made	Vide Report No. Station D Address 296B BT BATOK ST 22 #12-70 SINGAPORE 65			Station Diary No.
01/06/2018 13:34				
Name Of Informant				
WEE PEI WEN			APORE 652296	
ID Type / ID No.	Contact	2.515-11		TOTAL COLLOG
NRIC NO / S8712289A	Home/Office		Mobile	
			92205436	
Nationality	Email Address			
SINGAPORE CITIZEN				
Occupation	Sex	Age	Date of Birth	Race
SALES MANAGER	Male	31	06/05/1987	Chinese
Institution/School Name	Language English			
Date/Time Of Incident	Location Of Incident			
31/05/2018 19:55 - 31/05/2018 19:55	BUKIT BATOK WEST AVENUE 6 SINGAPORE			
Brief details.				

ON THE ABOVE MENTIONED DATE TIME AND LOCATION

I WAS TRAVELLING ALONG BUKIT BATOK WEST AVE6 TOWARDS BUKIT TIMAH ROAD, I WAS ON THE RIGHT LANE. WHILE GOING STRAIGHT WHEN COMING NEAR TO BLK 109, INFRONT SUDDENLY E-BRAKE WITH NO VEHICLE INFRONT OF HIM, THOUGH I KEEP A SAFETY DISTANCE FROM THE VEHICLE INFRONT BUT TO NO AVAIL AS IT WAS TOO SUDDEN, AND HE E-BRAKE OF THE VEHICLE WAS TOO SHARP. THAT CAUSE THE COLLISION BETWEEN OUR VEHICLE. I HAVE FOOTAGE OF THE INCIDENT FROM MY IN-CAR CAMERA.

Signature Of Officer Recording The Report:	Signature Of Informant:		
TP / MUHAMMAD SYUKRI BIN ABU BAKAR √	Klin		
Signature Of Interpreter: Not applicable	Date/Time: 01/06/2018 13:34		
Officer In-Charge Of Case: TP / Traffic Police Department Investigation Branch / Staff Sgt MOHAMMAD SUFYAN S/O MOHD SHAFIE Contact No.: 65476428	Classification Of Case:		
Authentication Stamp			
	6		





Report No. T/20180601/2082

POLICE REPORT (NP299)

Authentication Stamp

CONTINUATION OF REPORT

MY CAR PLATE NUMBER: SLL9880L THE OTHER PARTY CAR PLATE NUMBER:SGK339H

Signature Of Informant:		
Date/Time: 01/06/2018 13:34		
Classification Of Case:		



CERTIFICATE OF INSURANCE

SUBARU AUTO PROTECTOR PRIVATE VEHICLE

: SLL9880L Name of Policyholder : Wee Pei Wen (Huang Peiwen) Vehicle No. Period of Insurance : 28 Apr 2018 To 27 Apr 2019 Policy No. : 2100508625-01 Endorsement No.

Engine No. : FA20B989988

Chassis No. : JF1VAGK85HG017803 Issued Date : 04 Apr 2018

ABOUT THE COVER

Make/Model : SUBARU WRX 2.0 CVT/MT

Engine Capacity/Tonnage : 1,998.00 CC Sum Insured : Market Value First Year of Registration : 2017 Driver Restriction Off Peak Car : No Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive*:

The Policyholder
 Any other person who is driving on the Policyholder's order or with his/her permission.
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised 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 fusion, driving test, racing, pace-making, 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 Trade.

Loss of Use 1500cc - 1600cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1 Fire - \$0 Own Damage - \$2600 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Wee Pei Wen (Huang Peiwen) - \$2600 (Own Damage)

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

1.Motor Image Enterprises Pte Ltd. Add: 19 Lorong 8 Toa Payoh Singapore 319255 64170100

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hottine at +65 6338 6200. Alternatively, you may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500619217

TAN CHONG CREDIT SUBARU-TCW 911 BUKIT TIMAH ROAD SINGAPORE 589622

Underwritten by AIG Asia Pacific Insurance Pte, Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8712289A



WEE PEI WEN (HUANG PEIWEN)

黄 沛 文

CHINESE Date of birth Sex 06-05-1987 M

SINGAPORE

88712289A





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES) EFFECTIVE DATE Motor Cars=< 3000kg with =<7 passengers, exclusive 20 Jun 2011 $^{\circ}$, of the driver; and other motor vehicles =< 2500kg



Accident Photo





CHASSIS NUMBER

