

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 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. 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	16/02/2019 09:18
Date Of Accident	10/11/2017 13:45
Exact Location Of Accident	HOLLAND ROAD TO FARRER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE9048Y
Insured/Policyholder	
Name Of Registered Owner	CROW STUART DOUGLAS
Passport No/FIN	E3069545
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90107603
Alternative Phone No	Others-90107603

Vehicle Particulars

Manufacturer	VOLVO
Model	XC90-2.0 T5 (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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	2100297230-05000
Cover Note Number	

Driver

Name of Driver	YEOH GEORGINA ELIZABETH
NRIC No	S6864815G
Date Of Birth	16/11/1968
Occupation	INDOOR
Date Of Driving Pass	08/10/2007
Driving Experience	10 YEARS AND 1 MONTH

Gender	FEMALE
Mobile Number	(LOCAL) +65-90107603
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	27 NASSIM ROAD
Postcode	258402
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 (including own vehicle) involved in the accident	2
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
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	SHC5843R
Vehicle Make/Model/Colour	TRANSCAB
Details Of Properties	

Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident 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, 1959 (MALAYSIA)

M.X.1

WEARNES AUTO PROTECTOR
CERTIFICATE NO. 2100297230-05000

OWN DAMAGE EXCESS \$S1600.00 (1)
WINDSCREEN EXCESS \$S100.00
(for policies with effect from 1st November 2002)

SUM INSURED
INSURING WITH COE/PARF SKE9048Y Market Value Yes

1) VEHICLE REGISTRATION NO.
2) NAME OF INSURED CROW STUART DOUGLAS
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 13 Apr 2017
4) DATE OF EXPIRY OF INSURANCE 12 Apr 2018
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *
SUBJECT TO AGE CONDITION :40 years old and above
a) The Insured.
b) Any other person who is driving on the Insured's order or with his permission.
A Young and/or Inexperienced Driver Excess ("YIDR") of \$S3,000.00, 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. Ethos - 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. Meva 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 OCBC Bank 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 20 Mar 2017

AIG Asia Pacific Insurance Pte. Ltd.

501485-736
WEARNES AUTOMOTIVE - FMS (V)
45 LENG KEE ROAD
SINGAPORE 159103

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPSHA.

AIG Building, 78 Shenton Way #07 16 Singapore 079120

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AIG Asia Pacific Insurance Pte. Ltd.

REPUBLIC OF SINGAPORE

FIN G5678841M





Name
YEOH GEORGINA ELIZABETH

Date of Birth
16-11-1968

Sex
F

Nationality
AUSTRALIAN

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S6864815G

Name
GEORGINA ELIZABETH YEOH

Birth Date: 16 Nov 1968

Issue Date: 08 Oct 2007

0015349858

GA0031758

29-06-2018

DEPENDANT'S PASS
Immigration Regulations

Download SGWorkPass App to check status

FIN G5678841M

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 08 Oct 2007

Licence No: S6864815G

NP 428A

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: 10/11/2017 Time: 1345 hrs.
Exact Location of Accident	Holland Road to Farrer Road.

DETAILS OF OWN VEHICLE

Vehicle Registration Number	8KE 90487
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INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)	Crow Stuart Douglas
Personal Identification - NRIC (Singaporean/PR)	E3069595
- FIN/Passport Number	
- Not Applicable	

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model	Manufacturer Volvo Model XC90. T5
Type of Vehicle*	<input type="radio"/> Saloon <input checked="" type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> 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?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If No, P/s select: <input type="radio"/> Third Party <input checked="" type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *	Alfa
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	200297230-05000
Motor CI	

DRIVER

	<input type="radio"/> Same as Insured above	
Name of Driver	Yeoh Georgina Elizabeth	
Personal Identification - NRIC (Singaporean/PR)	S68648156	
- FIN/Passport Number		
Date of Birth	16 dd / 11 mm / 1968 yy	
Driving Date Pass	08 dd / 10 mm / 2007 yy	
Year of Driving Experience	Year(s)	Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor	
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female	
Contact Number / Mobile Phone / Fax No.	90107603	

Address of Driver	27 Nassim Road	
Email Address	Postcode (258402)	
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	Spouse	
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)	Head to Rear	
Weather Conditions	<input type="radio"/> Clear <input checked="" type="radio"/> Raining <input type="radio"/> Others, _____	
Road Surface	<input type="radio"/> Dry <input checked="" 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)	01	
DETAILS OF POLICE ACTION		
Was the Accident reported to the Police?	<input checked="" type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name	Tanglin Police Division HQ.	
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	SHL 5843R	
Vehicle Make/ Model/ Colour	Trans. cab	
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)		

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 :

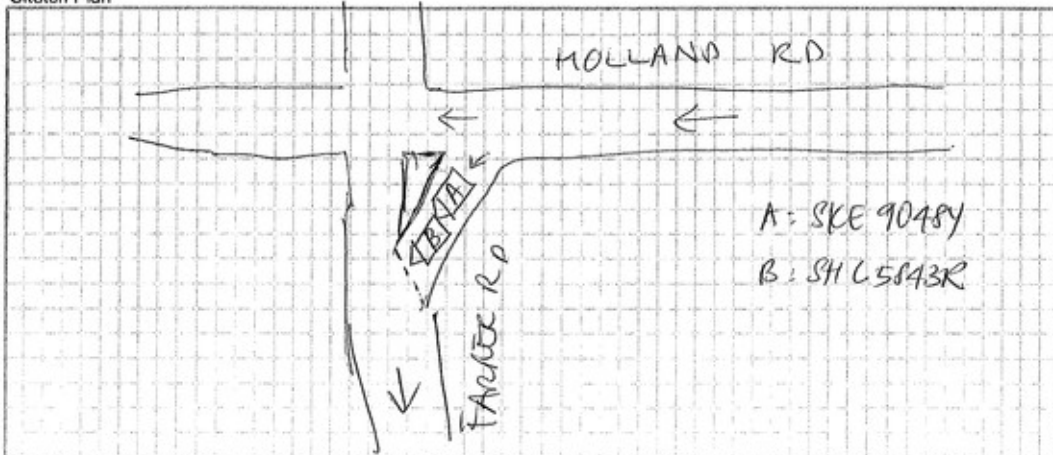
- (a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Page 4

Accident Sketch Plan

Describe Circumstance of the Accident

Refer to Police Report No: E/2017/202/7005.


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



**SINGAPORE
POLICE FORCE**



E/20171202/7005

1 of 2

POLICE REPORT (NP299)

Report No. E/20171202/7005

Police Station Of Origin
Tanglin Police Divisional HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 02/12/2017 12:45	Vide Report No.	Station Diary No.
Name Of Informant GEORGINA ELIZABETH YEOH	Address 27 NASSIM ROAD SINGAPORE 258402	
ID Type / ID No. NRIC NO / S6864815G	Contact No. Home/Office:	Mobile: 90107603
Nationality AUSTRALIAN	Email Address georginayeoh@hotmail.com	
Occupation Housewife	Sex Female	Age 49
	Date of Birth 16/11/1968	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 10/11/2017 13:45	Location Of Incident 7 HOLLAND PARK SINGAPORE 249498	

Brief details.

I was turning left into Farrer Road from Holland Road. A taxi was in front of me. He stopped to check he was clear to make the left turn. There was no traffic coming so he started to move forward. For some reason he stopped quite abruptly again, even though it was clear to make the turn. We were both going slowly and my car nudged into the back of his.

He got out and was very cross and was saying I should speak to his car company, actually it was difficult to understand him. It started to rain quite heavily and there was traffic coming up behind us, so I said/gestured that we should move out of the way. I could see clearly see there was no damage to his

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/12/2017 12:45
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



E/20171202/7005

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20171202/7005

car. He moved his car around the corner and so did I. Then he did not get out of his car again, so I assumed that he was either happy there was no damage, or he felt he had communicated enough with me that I should speak to his cab company. So I assumed that he had taken my number plate details (as I did his) and he was satisfied everything was okay and so I drove off.

When I got home, I sent an email to his cab company asking for his details just in case he wanted to contact me.

To be honest I am surprised that this is being investigated!!

Many thanks
Georgina Yeoh
driver of SKE 9048Y

Your Ref TP/IP/62771/2017

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/12/2017 12:45
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



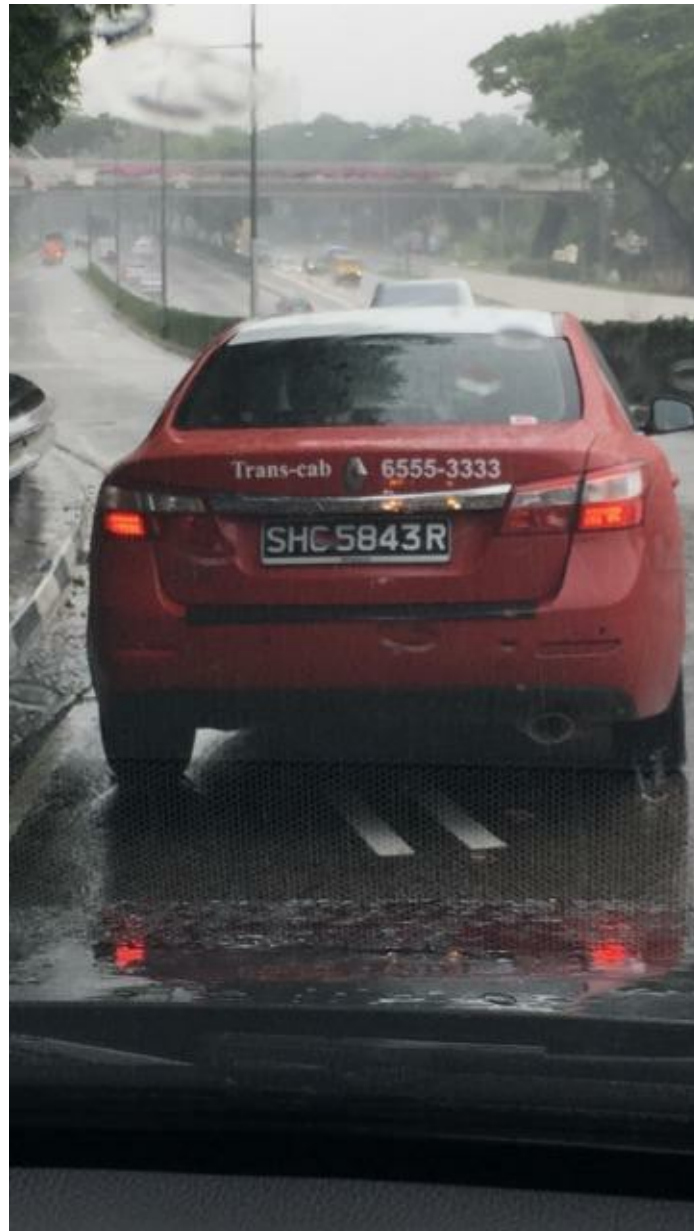
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

