## 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 <u>truthful and accurate</u> 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

<ol><li>By the lodgement of this report to the insurers, you hereby conse aforesaid.</li></ol>	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	25/06/2018 12:34
Date Of Accident	24/06/2018 13:10
Exact Location Of Accident	ALONG CTE TOWARDS SLE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKB6741P
Insured/Policyholder	
Name Of Registered Owner	CHEW KHEAN CHENG EIRENE
NRIC No	S1375826C
Email Address	EDWARD@VINEGROUP.COM.SG
Mobile Phone No	(LOCAL) +65-96769932
Alternative Phone No	Home-62352300
Vehicle Particulars	
Manufacturer	MAZDA
Model	6 2.0
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
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	2100339914-05
Cover Note Number	
Driver	
Name of Driver	CHEW KHEAN JIN EDWARD
NRIC No	S1650285E
Date Of Birth	13/10/1964

**INDOOR** 

14/02/2005

13 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97679932

Fax Number

**Contact Number** 

EMail Address EDWARD@VINEGROUP.COM.SG

Address 23 BALMORAL ROAD

#19-25

Postcode 259806

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

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 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?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

# **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name CAIRNHILL NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 9 GLOUCESTER ROAD, POSTCODE: 210009, COUNTRY:

SINGAPORE

YES

NO

YES

Police Station Contact **TEL NO**: 1800-2968999 - **FAX NO**: 63912398

Was notice of intended Prosecution given?

If Yes, against whom?

NO

# **Circumstances of Accident**

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT: T/20180624/2047.

# 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

SJR6577A

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

#### Sketch Plan

## SKETCH PLAN

## 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 interested parties.
- 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:

- (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.
- (d) 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:

Driver's Signature (If driver is not the policyholder)

Date & Time:

25 JUN 2018

Reporting Centre Personnel's Signature

Name: NRIC/FIN NO.h Kwee Choo S6840583A

SKETCH PLAN		2 SKB 6741P
	CTE	
74		
$+$ $\frac{\epsilon}{\epsilon}$	The state of the s	
	SJR 65771	
DESCRIBE CIRCUMSTANCES	S OF THE ACCIDENT	
Diece roles	to Police report: T	30180626/20167
Please reger	40 1000	72047
		****
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2000		
		10. 000 10.00
		<u> </u>
		100 m
DECLARATION		
	iculars are true in every respect.	
	( CS/	1/
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	Driver's Signature (If driver is not the policyholder)	Name: Sah Kwee Choo
GRARIAC SketchPlant gene 175	Date & Time: 2 5 JUN 2018	MRIC/FIN NO.: CRANERSA
	(x=34	• •





T/20180624/2047

Report No. T/20180624/2047

Police Station Of Origin:

Cairnhill NPP

9 Gloucester Road #01-03 SINGAPORE

210009

Tel No: 1800-2968999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/06/2018 14:53		ade:	Vide Report No.:	Station Diary No.:	
Informar	nt's Particu	lars			
Name of Informant: CHEW KHEAN JIN EDWARD		EDWARD	Address: 23 BALMORAL ROAD #19-25 SINGAPORE 259806		
ID Type / ID No.: NRIC NO / S1650285E		5E	Contact No.: Home/Office:	Mobile: 97679932	
Nationalit SINGAPO	ty: ORE CITIZE	EN .	Email:		
Sex: Male	Age; 53	Date of Birth: 13/10/1964	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: BUSINESSMAN			Driving Licence Information: Class: 3	Date of Expiry:	

	Non-Injury	Drink	Date/Time of	Type of Location:
Type of Accident:	Non-injury	Drive:	Accident: 24/06/2018 13:10	Straight Road
Location: CENTRAL EX	PRESSWAY			
Towards SLE	near to exit 12A			Action 1
Weather:		Road Surface: Dry	F	Road Speed Limit:
Clear		Traffic Flow: Traffic Control: One Way Not Controlled		CALL TO SELECT ON THE PROPERTY OF THE PARTY
				raffic Volume: Moderate

Details of V	ehicle Involv	ved		THE PARTY		
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SJR6577A	Car	HONDA	CIVIC 1.6L 5AT	Silver	Slightly	1
SKB6741P	Car	MAZDA	MAZDA6 2.0L SDN V GRADE	White	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Cairnhill NPP 9 Gloucester Road #01-03 SINGAPORE 210009 2 of 3 Report No. T/20180624/2047

Tel No: 1800-2968999

# CONTINUATION OF REPORT

Driver				
Name	TEO CHU LAIK		ID No.	S1267608E
Related Vehicle	SJR6577A (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis		harge NIL	
No.: of Days gran	ted Medical Leave NIL		Injury NIL	
Driver	四年 医阴茎神经 中华 雅 一种 中	<b>中国外</b>		
Name	CHEW KHEAN JIN EDWARD	1 -	ID No.	S1650285E
Related Vehicle	SKB6741P (Car)		Contact No.	97679932
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge NIL	
No. of Days granted Medical Leave NIL		Degree of	Injury NIL	

## Brief Details.

On 24/06/2018 at about 1310hrs, I was driving my vehicle (SKB6741P) along CTE towards SLE.

I was travelling along at lane 1 of CTE. Nearing to Exit 12A, I could see road works going on at lane 1 as such I signaled left, checked my left mirror and blind spot and changed lane to lane 2. As traffic was building up, I slowly decrease my speed and kept a safe distance with the vehicle in front of me. However, out of a sudden, the vehicle infront of me (SJR6577A) suddenly jammed brake. I immediately applied emergency brake however could not stop in time, as such a collision occurred.

My vehicle's front collided with his vehicle's rear. As a result, there was a dent on his rear bumper and my vehicle's front bonnet was also damaged. After the collision, we moved to the road shoulder and made a check for injuries. There were no injuries as such no police or ambulance was called: We exchanged particulars and took pictures of the damages and left scene. He also mentioned that he will be claiming for his insurance.

As such, I came to lodge a police report for my own insurance claim.





Police Station Of Origin: Cairnhill NPP 9 Gloucester Road #01-03 SINGAPORE 210009 Tel No: 1800-2968999

3 of 3 Report No. T/20180624/2047

CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: A / Sgt 2 LOW ZI HAO	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/06/2018 14:53
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Centact No.: 65476430	Classification Of Case:
Authentication Stamp	



# CERTIFICATE OF INSURANCE

# **AUTOPLUS PRIVATE VEHICLE**

Name of Policyholder : Chew Khean Cheng Eirene Period of Insurance : 21 Jun 2018 To 20 Jun 2019

: LF10943577 Engine No.

Chassis No. : JM6GH10F2B0200268 Vehicle No. Policy No.

: SKB6741P : 2100339914-05

Endorsement No.

Issued Date

: 18 May 2018

## ABOUT THE COVER

: MAZDA 6 2.0

Engine Capacity/Tonnage: 1,999.00 CC Driver Restriction

Sum Insured : Market Value Off Peak Car : No

First Year of Registration : 2010

Insuring with COE/PARF : Yes

### Person or Classes of Persons Entitled to Drive\*:

 The Policyholder
 b) 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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

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 fultion, 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 Optional

\* 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 - S0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Chew Khean Cheng Eirene - \$600 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

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: NA

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).

0260001000

CHIA HONG NGEE

60 PAYA LEBAR ROAD #04-46/47

SINGAPORE 409051 SP-CHC

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE

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REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1650285E





CHEW KHEAN JIN EDWARD

周度仁

CHINESE 13-10-1964





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



# **Accident Photo**



# **Accident Photo**





# **CHASSIS NUMBER**

