MSME18093395 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 19/07/2018 16:36 SUBMITTED BY: Chia Pei Ying

### 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 <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 aforesaid

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	19/07/2018 16:36
Date Of Accident	14/07/2018 18:10
Exact Location Of Accident	JUNCTION RD AND BUANGKOK DRIVE HOUGANG AVE 6
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGG7767E
Insured/Policyholder	
Name Of Registered Owner	GOH WEE LIP
NRIC No	S7828694F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97625055
Alternative Phone No	OFFICE-97625055
Vehicle Particulars	
Manufacturer	NISSAN
Model	TEANA
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	2100405163
Cover Note Number	
Driver	
Name of Driver	GOH WEE LIP
NRIC No	S7828694F

 Name of Driver
 GOH WEE LII

 NRIC No
 \$7828694F

 Date Of Birth
 28/09/1978

 Occupation
 INDOOR

 Date Of Driving Pass
 01/03/2001

Driving Experience 17 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97625055

Fax Number

Contact Number OFFICE-97625055

EMail Address NOEMAIL

Address BLK 122B SENGKANG EAST WAY #15-25

Postcode 542122

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 COLLISION - HEAD ON 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? YES

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 3

Number of Passengers (Including Driver)

Passenger 1

NAME: : SABRINA LUO HUI JIN

GENDER: : FEMALE

Passenger 2 NAME: : RAYREN WU ZHEN KAI

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name SENGKANG NPC

Police Station Address ROAD: 2 SENGKANG SQUARE #01-02, POSTCODE: 545025, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

### **Circumstances of Accident**

REFER TO POLICE REPORT: T/20180717/2095.

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 SJT975R

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B
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 INJURED PERSON 1**

Name GOH WEE LIP

Approximate Age Injuries Sustain

Injured person in which vehicle? SGG7767E

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

# **DETAILS OF INJURED PERSON 2**

Name RAYREN WU ZHEN KAI

Approximate Age Injuries Sustain

Injured person in which vehicle? SGG7767E

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

### Sketch Plan Pg. 1

#### 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.
- 3. Information provided must be as <a href="mailto:truthful">truthful</a> and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <a href="mailto:repudiate policy liability">repudiate policy liability</a>.
- 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 interested parties.
- 7. By the loggment 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)

Lunderstand, 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: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

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# Sketch Plan #2 Pg. 1

SKETCH PLAN	A second	The state of the s
		A SECTIVE
and the second s		A 3457767E
		B 577915R
		<del></del>
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
	OF THE ACCIDENT	
	See Police Report	
	see come	
·		
DECLARATION		
I/We declare the foregoing partic	ulars are true in every respect.	
W.		
p.		
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)  Date & Time:	Name: NRIC/FIN No.:

# Sketch Plan #3 Pg. 1





1 of 3

Police Station Of Origin: Sengkang N.P.C Report No. T/20180717/2095 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/07/2018 14:31			Vide Report No.:	Station Diary No.: 88			
Informant	s Particul	ars					
Name of Ir	formant:		Address:				
GOH WEE LIP			APT BLK 122B SENGKA	APT BLK 122B SENGKANG EAST WAY #15-25 SINGAPORE			
			542122				
ID Type / I	D No.:		Contact No.:				
NRIC NO /	S7828694	4F	Home/Office: Mobile: 97625055				
Nationality			Email:				
SINGAPORE CITIZEN							
Sex:	Age:	Date of Birth:	Type of Informant:				
Male 39 28/09/1978			Driver				
Race:			Language:	Institution / School Name:			
Chinese			English				
Occupation	າ:		Driving Licence Informat	on:			
CORPERA	TE PLAN	NER	Class: 3	Date of Expiry:			

Type of Accident:	Injury Conveyed By Ambular	Drink Drive:	Date/Time of Accident: 14/07/2018 18:1	Type of Location X-Junction	
Location: Junction of Road BUANGKOK DRI HUUGANG AVE	VE				
Weather: R		Road Surface:		Road Speed Limit:	
Clear		Ory			
Traffic Flow:	'	raffic Control: raffic Light - Working		Traffic Volume: Light	
Type of Collision Between Moving	: Vehicles - Head To Side	)		Anyone conveyed by ambulance: Yes	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGG7767E	Car	NISSAN	TEANA 2.0L	Grey	Seriously Damaged	
SJJ975R	Car	SUBARU	FORESTER 2.0X AWD 4AT ABS	White	Damagea	0

Details of Vehicle Insurance	
Vehicle No. Insurance Company Insurance No Effective	Expiry Date





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Report No. T/20180717/2095

Tel No: 1800-343 8999

**CONTINUATION OF REPORT** 

Details of Ve	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGG7767E	AIG ASIA PACIFIC INSURANCE PTE.	2100405163-03	12/03/2018	11/03/2019
	LTD.			

Details of Perso	n Involved				
Any Pedestrian I	nvolved: No				
No. of Pedestrian	Use of Pe	Use of Pedestrian Crossing: NA			
Driver					
Name	GOH WEE LIP		ID No	•	S7828694F
Related Vehicle	SGG7767E (Car)		Conta	ict No.	97625055
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class Drivin Licend Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	16/07/2018	Date Disc			7/2018
No. of Days grant	Degree of		Serio	Cities and the contract of the	

## Brief Details.

On the 14/07/2018 at about 1810hrs, I was driving along along buangkok drive my vehicle bearing the registration number SGG7767E, on the far most left lane, I approached the junction of buangkok Drive and Hougang Avenue 6.

While passing at the junction with green light in my favour, suddenly a vehicle bearing the registration number SJJ975R made a turn into Hougang Avenue 9 where both our vehicle crosses path. Thereafter, both our vehicle collided. Which resulted that I had an injury such as fracture and 4cm deep cut on my right thumb. I was later conveyed to Khoo Teck Puat Hospital by ambulance for treatment. I got hospitalization leave for 19 days dated from 16/07/2018 till 03/08/2018. During the accident, I have 2 other passengers with me, who is my wife and my 5-year-old son. My son received 2 days medical leave.

I wish to state that my vehicle was being impound by the Traffic Police. I also wish to state that I do not know the total cost of damage to my vehicle my vehicle and also not the condition of my vehicle.

## Sketch Plan #5 Pg. 1





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 3 of 3 Report No. T/20180717/2095

Tel No: 1800-343 8999

CONTINUATION OF REPORT

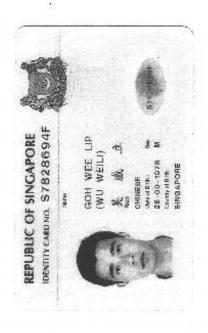
## Sketch Plan

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:  F /  Sgt 2 MOHAMMAD HUSAINI BIN MOHAMMAD YUSOFF	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/07/2018 14:31
Officer In Charge Of Case:  TP / GIT / Staff Sgt MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247	Classification Of Case:
Authentication Stamp NP168	

## **Driving License**









### **INSURANCE**



Aid are Peorid Housence Fin Ltd. 76 Shenton Way ±07-16 AIG Building Singapore 079120 Cd Reg Nn.201008404M

Policy/Reference No. 2100405163-03

24 Jan 2018

Mr. Goh Wee Lip (Wu Weili) 122B Sengkang East Way #15-25 SINGAPORE 542122

Dear Mr. Goh Wee Lip (Wu Weili)

# Your Policy Has Been Renewed

We are pleased to inform you that your NISSAN AUTO PROTECTOR PRIVATE VEHICLE has been renewed and details of your policy are below:

Policy number : 2100405163-03 Effective date : 12 Mar 2018 Expiry date : 11 Mar 2019

It is important that you review the enclosed policy documents to verify that all the information in these documents is accurate. If you wish to update us on any changes, please contact us.

## For More information

if you require more information about your policy, please contact our customer service representatives Monday through Friday between 9am to 5pm at +65 6419 3000. Alternatively, you can send us an email at www.aig.com.sg or a fax at +65 6415 3723.

Thank you for your support. We look forward to serving you in all your general insurance needs.

Yours sincerely

Bucha Manik

Head of Auto

PS: You can now enjoy round-the-clock access to selected AIG products and services with our easy-touse Apple or Android smartphone app. Purchase new policies, renew your policies, access claims support or receive emergency assistance for motor and travel, anytime, 24-hours a day. Your AIG Mobile App can be downloaded for free at iTunes or Google Play.

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