

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	01/10/2018 11:30
Date Of Accident	28/09/2018 20:50
Exact Location Of Accident	BALESTIER ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJL3431M
Insured/Policyholder	
Name Of Registered Owner	CHEW AH TEE
NRIC No	S1563820F
Email Address	JOYCEGBG@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-81261343
Alternative Phone No	Others-81261343
Vehicle Particulars	
Manufacturer	TOYOTA
Model	RAV4-2.0 (A)
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?	YES
If No, Please state action to be taken	
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	2100498346-00000
Cover Note Number	
Driver	
Name of Driver	VICTOR CHEW CHENG YI
NRIC No	S9337152F
Date Of Birth	06/10/1993
Occupation	INDOOR
Date Of Driving Pass	16/01/2013
Driving Experience	5 YEARS AND 8 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-81395614
Fax Number	
Contact Number	
E-Mail Address	VICTORCHEWCY@GMAIL.COM
Address	BLK 203 CHOA CHU KANG AVENUE 1 #10-31
Postcode	680203
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	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)	3
Passenger 1	Name: : YAP XUAN RUI JEROME Gender: : Male
Passenger 2	Name: : WILSON TNG Gender: : Male

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CHOA CHU KANG NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN / POLICE REPORT NO: T/20180929/2072

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGR9199Z
Vehicle Make/Model/Colour	TOYOTA AXIO

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

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 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 interested parties.
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:

- (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:

- 1 OCT 2018

QADP 10/2018 (Rev 1.0)

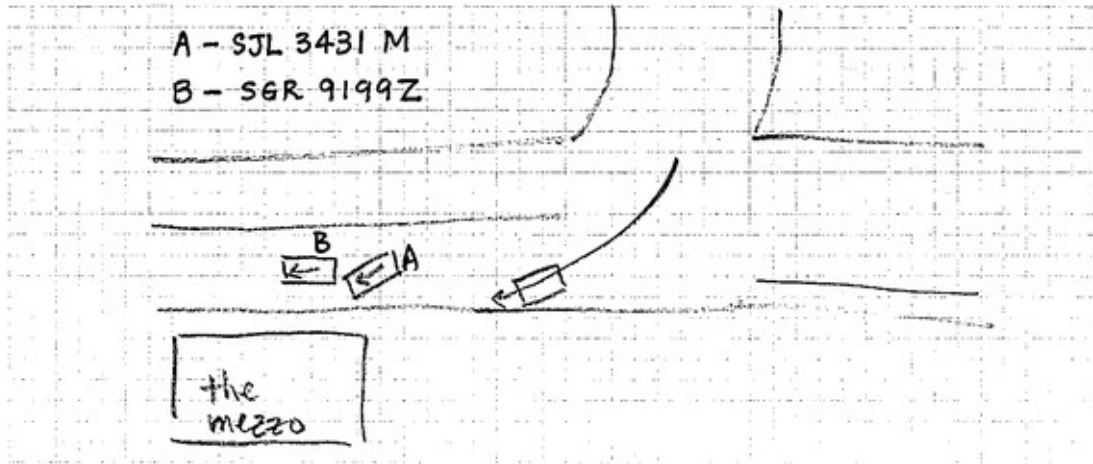
Driver's Signature
(If driver is not the policyholder)
Date & Time:

- 1 OCT 2018

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

Jenny Lim
S6927273H

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~On 28/09~~ Refer to police report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:
- 1 OCT 2018

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

Date & Time:
- 1 OCT 2018

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.: Jenny Lim
S6927273H



**SINGAPORE
POLICE FORCE**



T/20180929/2072

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 4

Report No. T/20180929/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/09/2018 14:15		Vide Report No.: E/20180928/0175		Station Diary No.: 86	
Informant's Particulars					
Name of Informant: VICTOR CHEW CHENG YI			Address: APT BLK 203 CHOA CHU KANG AVENUE 1 #10-31 SINGAPORE 680203		
ID Type / ID No.: NRIC NO / S9337152F			Contact No.: Home/Office: Mobile: 81395614		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 06/10/1993	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/09/2018 20:50	Type of Location: Straight Road
Location: Along Road 1 BALESTIER ROAD outside The Mezzo Condo.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGR9199Z	Car	TOYOTA	COROLLA AXIO 1.5X A	Blue	Slightly Damaged	0
SJL3431M	Car	TOYOTA	RAV4 PREMIUM 2.0 CVT	Red	Seriously Damaged	2

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



**SINGAPORE
POLICE FORCE**



T/20180929/2072

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

2 of 4

Report No. T/20180929/2072

CONTINUATION OF REPORT

Passenger			
Name	YAP XUAN RUI, JEROME		ID No. S9143365F
Related Vehicle	SJL3431M (Car)		Contact No. 97290888
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	VICTOR CHEW CHENG YI		ID No. S9337152F
Related Vehicle	SJL3431M (Car)		Contact No. 81395614
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	WILSON TNG		ID No. S9127658E
Related Vehicle	SJL3431M (Car)		Contact No. 92717813
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 28/9/2018 at about 2050hrs, I was driving, SJL3431M, on Balestier Road where I met an accident with SGR9199Z, just outside of The Mezzo Condo. There was a lot of cars at the point of time. I wanted to switch to the most left lane, but there was a car coming from behind at a fast speed, then I drove back to the center lane in order to avoid that vehicle. In the mist of avoiding another vehicle, both my car and the car in front of me, SGR9199Z, hit onto each other. My car suffered serious damage from the accident, the driver door cannot be opened and I cannot move the steering wheel, there are also dent on the front right bumper and headlight area. After the accident happened, the driver and myself alighted the car. The driver asked to exchange particular and to submit claim to car insurance. Most of the time he was rushing to leave the scene of the accident. When he was talking to me, I realized that he reek of alcohol. I asked if he drank, and he admitted and asked me to call for the police. While calling the police, he went to my passengers, who are my friends, and told them not to call the police and he is willing to pay for both our



**SINGAPORE
POLICE FORCE**



T/20180929/2072

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 4

Report No. T/20180929/2072

CONTINUATION OF REPORT

car's damages. He then back to his vehicle, my friends wanted to stop him from leaving the scene but he still manage to drove off, almost hitting my friends. I did not manage to take down his particulars. My in car camera's SD card was given to the Traffic police that attended to my incident.



**SINGAPORE
POLICE FORCE**



T/20180929/2072

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

4 of 4

Report No. T/20180929/2072

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:

Sgt 2 EDWINA CHEW HUI LING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Signature Of Informant:

Date/Time:

29/09/2018 14:15

Classification Of Case:

Authentication Stamp

NP168

Driver's NRIC + Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9337152F**

Name: **VICTOR CHEW CHENG YI**

Birth Date: **06 Oct 1993**

Issue Date: **16 Jan 2013**

002142656D




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9337152F**

Name: **VICTOR CHEW CHENG YI**

周承毅

Race: **CHINESE**

Date of birth: **06-10-1993**

Sex: **M**

Country of birth: **SINGAPORE**

S9337152F





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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 16 Jan 2013

NP 428A

Licence No: S9337152F



4291816

NRIC No. **S9337152F**

Date of issue: **13-10-2008**

Address: **APT BLK 203 CHOA CHU KANG AVENUE 1 #10-31 SINGAPORE 680203**




Certificate of Insurance



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

TOYOTA AUTO PROTECTOR (2-YEAR)

CERTIFICATE NO. 2100498346-00000

(The below excess is subject to GST)

OWN DAMAGE EXCESS S\$1000.00 (1)

WINDSCREEN EXCESS S\$100.00

(Windscreen excess is waived if the repair is done at Borneo Motor's Workshop.)

SUM INSURED Market Value
INSURING WITH COE/PARF Yes

- 1) VEHICLE REGISTRATION NO. SJL3431M
2) NAME OF INSURED Chew Ah Tee
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 20 Jan 2017
4) DATE OF EXPIRY OF INSURANCE 19 Jan 2019
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, pacemaking, 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 CENTRES / TOYOTA AUTHORISED REPAIRERS

1. Borneo Motors (S) Pte Ltd - 2 Pandan Crescent (Tel: 6631 1188)

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

2. ComfortDelgro Engrg - 205 Braddell Rd (Tel: 63837118) 3. DPS Body & Paint Workshop - 209 Pandan Gardens (Tel: 65684501)

4. Eithoz - 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 Blk D (Tel: 67476106)

LOSS OF USE Loss of Use 15 Days (1500 - 1600cc) - Refer to policy wordings for details

* NAMED DRIVER NA

HIRE PURCHASE COMPANY HONG LEONG FINANCE 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 in Singapore 20 Jan 2017

AIG Asia Pacific Insurance Pte. Ltd.

030210-434
INCHCAPE AUTO TOYOTA-UBINKS
33 LENG KEE ROAD
SINGAPORE 159102

AUTHORISED REPRESENTATIVE

ORIGINAL

IASHEC.

Accident Photo



Accident Photo



Accident Photo



Chassis Number

