

## 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	15/11/2018 16:41
Date Of Accident	14/11/2018 18:30
Exact Location Of Accident	UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU1088M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HEAH KWAN SEEK
NRIC No	S9008496H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96238490
Alternative Phone No	OTHERS-96238490

### Vehicle Particulars

Manufacturer	LAND ROVER
Model	EVOQUE-2.0 (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	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	1700079958
Cover Note Number	

### Driver

Name of Driver	HEAH KWAN SEEK
NRIC No	S9008496H
Date Of Birth	08/03/1990
Occupation	INDOOR
Date Of Driving Pass	01/04/2010
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96238490
Fax Number	
Contact Number	OTHERS-96238490
Email Address	NOEMAIL

Address	88 SURIN AVENUE
Postcode	535656
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	CHAIN 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	3
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?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

#### Circumstances of Accident

Please refer attachments.

#### 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	SFX9317E
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIONG WEI ZHONG ALVIN
NRIC/Passport Number	S9423614B
Contact Number	84184994
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLN1625A
Vehicle Make/Model/Colour	KIA

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	SACHITHANAND MISIR S/O RAMPHER MISIR
NRIC/Passport Number	S7231786F
Contact Number	
Address	
Postcode	
Insurance Company Name	LIBERTY INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

<b>SINGAPORE ACCIDENT STATEMENT</b>	
<b>IMPORTANT NOTICE</b>	
1. <b>Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for e-filing.</b> 2. Please report <b>correctly</b> the details of the accident to speed up the claims process. 3. This Form must be <b>completed by the Policyholder and/or the Authorised Driver.</b> 4. Information provided must be as <b>truthful and accurate as possible.</b> 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. <b>Any false reporting may be referred to the Traffic Police Department for investigation.</b>	
<b>ACCIDENT STATEMENT</b>	
Date and Time of Accident	Date: 14/11/2018 Time: 1830
Exact Location of Accident	Upper Serangoon Road
<b>DETAILS OF OWN VEHICLE</b>	
Vehicle Registration Number	SLU 1088M
<b>INSURED / POLICYHOLDER (OWN VEHICLE)</b>	
Name of Registered Owner (See Insurance Cert.)	Heah Kwan Seek
Personal Identification - NRIC (Singaporean/PR)	S9008496H
- FIN/Passport Number	
- Not Applicable	
<b>VEHICLE PARTICULARS (OWN VEHICLE)</b>	
Vehicle Make / Model	Manufacturer <u>Land Rover</u> Model <u>Evoque</u>
Type of Vehicle*	<input type="radio"/> Saloon <input 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 checked="" type="radio"/> Others, <u>SUV</u>
Exact Purpose for which vehicle was being used at time of accident	<u>Social</u>
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If No, Pls select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
<b>INSURANCE COMPANY (OWN VEHICLE )</b>	
Name of Insurance Company *	<u>AIG Asia Pacific Insurance</u>
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	<u>1700079958</u>
Motor CI	
<b>DRIVER</b>	<input checked="" type="radio"/> <b>Same as Insured above</b>
Name of Driver	<u>Heah Kwan Seek</u>
Personal Identification - NRIC (Singaporean/PR)	<u>S9008496H</u>
- FIN/Passport Number	
Date of Birth	<u>08 dd/ 03 mm/1990/yy</u>
Driving Date Pass	<u>01 dd/04 mm/2010/yy</u>
Year of Driving Experience	<u>8</u> Year(s) <u>7</u> Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	<u>96238490</u>

Sketch Plan #2 Pg. 1

Address of Driver	88 Surin Avenue
	Postcode (535656)
Email Address	-
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	Owner
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)	
<b>GENERAL INFORMATION OF THE ACCIDENT</b>	
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Chain collision
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____
<b>OTHER INFORMATION</b>	
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)	1
<b>DETAILS OF POLICE ACTION</b>	
Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name	
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?)
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>	
Vehicle Registration Number	SFX 9317E
Vehicle Make/ Model/ Colour	Toyota
Details of Properties	
Name of Driver	Chiong Wei Zhong Alvin
Personal Identification - NRIC (Singaporean/PR)	S9423614B
- FIN/Passport Number	
Contact Number	84184994
Address	
Name of Insurance Company	AXA Insurance
Nature of Damage	
No. of Passenger (Including Driver)	
(Note - Please use page 6 if you need to add more vehicles )	

**Sketch Plan #3 Pg. 1**

<b>DETAILS OF OTHER VEHICLE / PROPERTY 2</b>	
Vehicle Registration Number	SLN1625A
Vehicle Make/ Model/ Colour	KIA
Details of Properties	
Name of Driver	Sachithanand Misir S/O Rampher Misir
Personal Identification - NRIC (Singaporean/PR)	S7231786F
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	Liberty Insurance
Nature of Damage	
No. of Passenger (Including Driver)	

<b>DETAILS OF OTHER VEHICLE / PROPERTY 3</b>	
Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
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)	

<b>DETAILS OF OTHER VEHICLE / PROPERTY 4</b>	
Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
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)	

# Sketch Plan #4 Pg. 1

## SKETCH PLAN

### IMPORTANT NOTICE

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Mangement 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.

### **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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

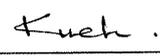
(collectively the "**Purposes**")

(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

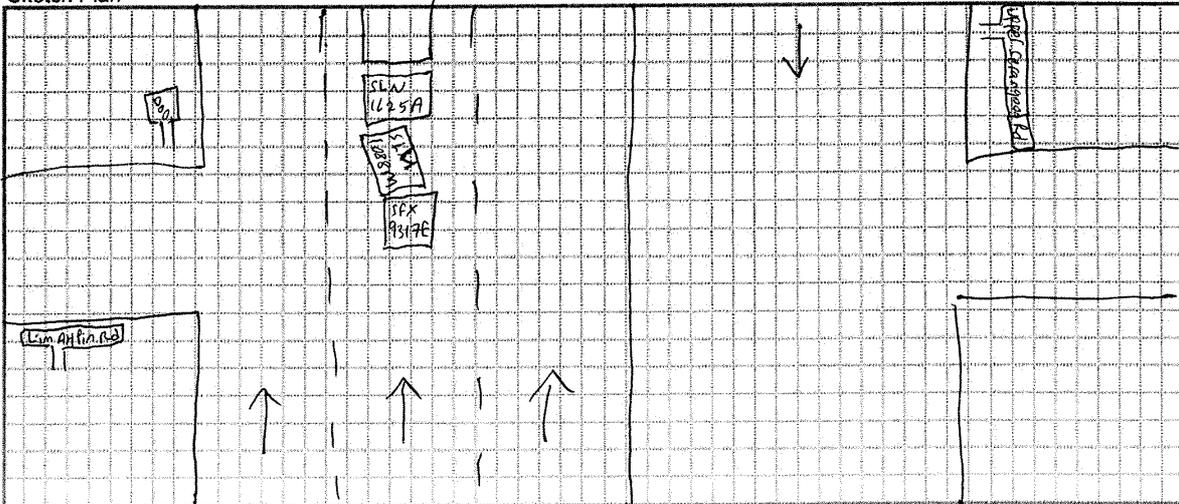
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
 Policyholder's Signature / Date & Time

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

  
 Witnessed by Reporting Centre Personnel

### Sketch Plan



Sketch Plan #5 Pg. 1

**Describe Circumstance of the Accident**

Date of Accident: 14<sup>th</sup> november 2018

Time : 6.30pm - 6.40pm

Driving route : From 88 Surin Avenue to Djitsun mall

Exact location of accident: Along Upper Serangoon road, at the cross junction with Lim ah pin Road.

Description of event: When approaching the traffic junction, I notice that the car in front jam brake ~~just~~ <sup>shortly</sup> after the traffic light. The light was still green when I pass the ~~stop~~ <sup>stop</sup> line. I ~~did~~ did emergency brake and was about to swerve to the left lane when the car behind, SFX 9317E, hit my car bumper very hard and caused my car to jerk forward and hit the car in front, SLW 1625A.

**IMPORTANT NOTE**

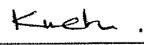
Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

**Declaration**

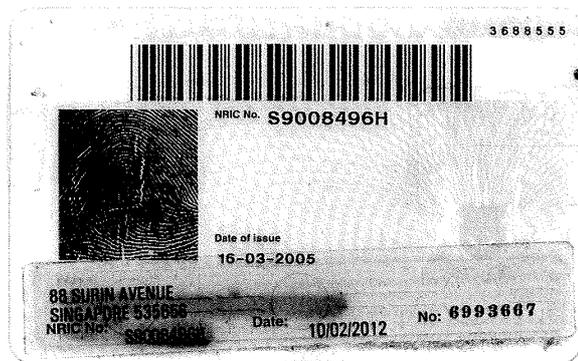
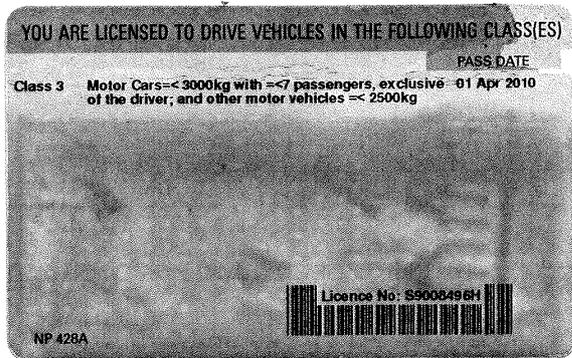
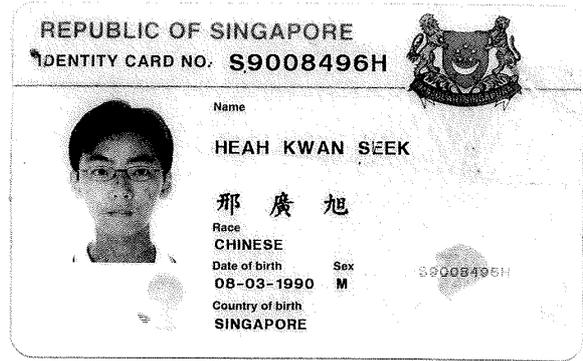
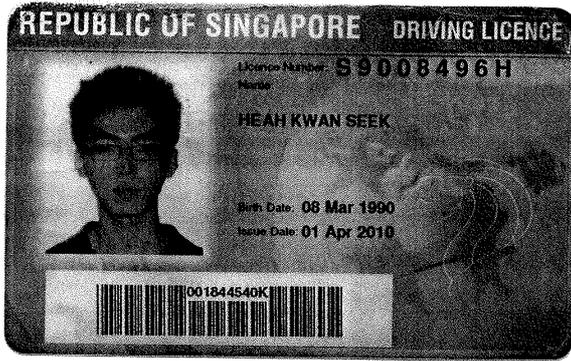
I/We declare the foregoing particulars are true in every respect.

  
\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

Sketch Plan #6 Pg. 1





# CERTIFICATE OF INSURANCE

## WEARNES AUTO PROTECTOR (LAND ROVER) PRIVATE VEHICLE

<b>Name of Policyholder</b>	: HEAH KWAN SEEK	<b>Vehicle No.</b>	: SLU1088M
<b>Period of Insurance</b>	: 17 Nov 2017 To 16 Nov 2018	<b>Policy No.</b>	: 1700079958
<b>Engine No.</b>	: 015193145228204PT	<b>Endorsement No.</b>	:
<b>Chassis No.</b>	: SALVA2AGXHH245629	<b>Issued Date</b>	: 05 Dec 2017

### ABOUT THE COVER

Make/Model	: LANDROVER Range Rover Evoque SE	Sum Insured	: Market Value	First Year of Registration	: 2017
Engine Capacity/Tonnage	: 1,999.00 CC	Off Peak Car	: No	Insuring with COE/PARF	: Yes
Driver Restriction	: NA				

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

- a) 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 "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 tuition, 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 2000cc

\* 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 - \$900 Theft - \$0 Flood Cover - \$0

**Section 2**  
Property Damage - \$0

**Windscreen** : \$100

**Named Driver and Excess** (where applicable)

HEAH KWAN SEEK

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

1.Wearnese Automotive Pte Ltd Add: 45 Leng Kee Road Singapore 159103 63789333

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://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: OVERSEA-CHINESE BANKING CORPN LTD

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).

0503486644

WEARNES AUTOMOTIVE - JT (JLR)  
45 LENG KEE ROAD  
SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

**AIG Asia Pacific Insurance Pte. Ltd.**  
AUTHORISED REPRESENTATIVE

Jennifer-SY Cheah

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



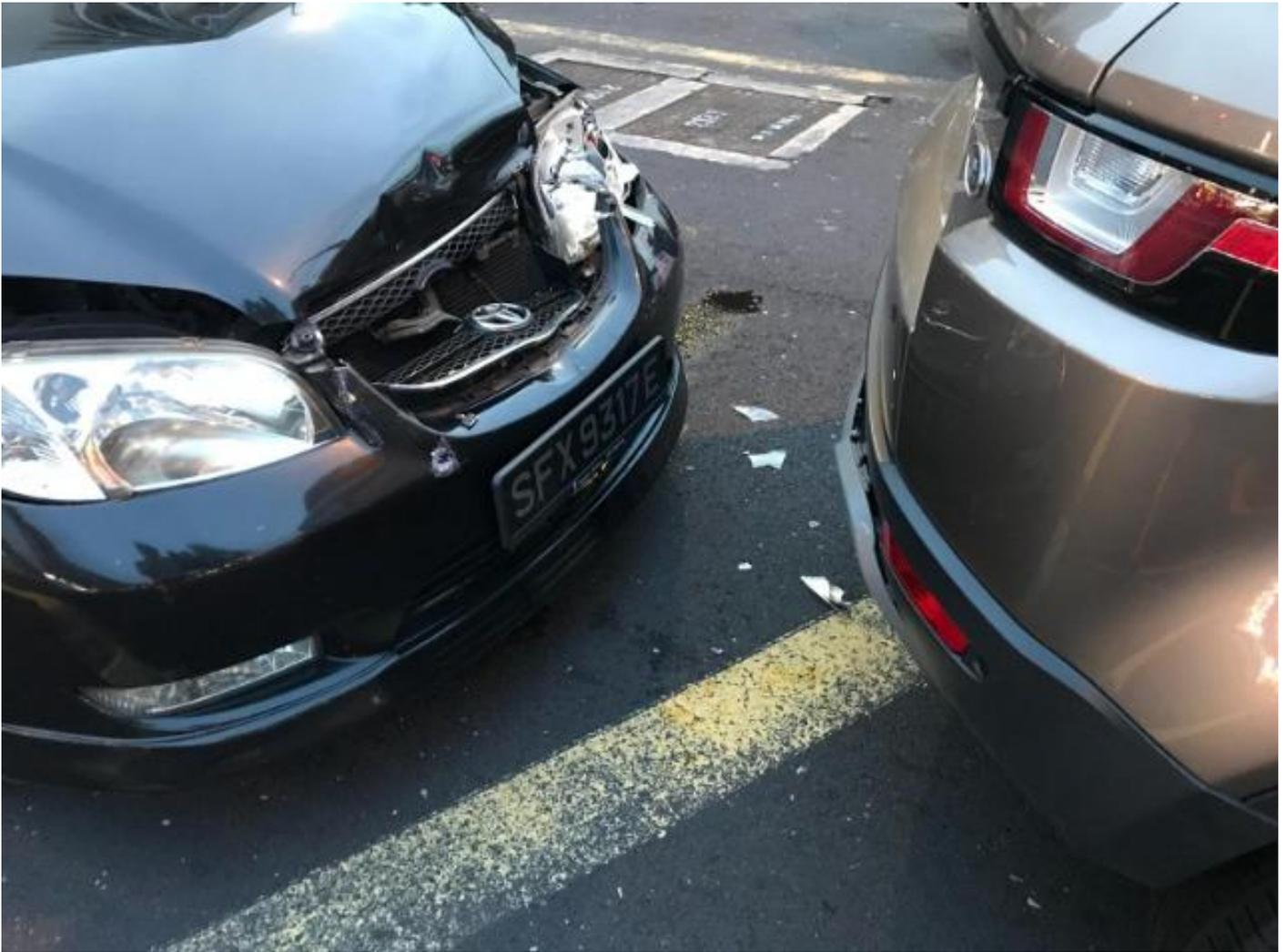
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