

## 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	21/12/2018 13:56
Date Of Accident	14/11/2018 09:15
Exact Location Of Accident	CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP8836K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH WOON PENG (WU WENBIN)
NRIC No	S8601094A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94351363
Alternative Phone No	Office-94351363

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180

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 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	2100450534
Cover Note Number	

### Driver

Name of Driver	GOH WOON PENG (WU WENBIN)
NRIC No	S8601094A
Date Of Birth	22/01/1986
Occupation	INDOOR
Date Of Driving Pass	28/02/2005

Driving Experience	13 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94351363
Fax Number	
Contact Number	OFFICE-94351363
EMail Address	NOEMAIL
Address	38 SARACA RD
Postcode	807384
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	COLLIDED INTO MOTORCYCLIST
Weather Conditions	RAINING
Road Surface	WET

#### 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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 51 ANG MO KIO AVE 9 , <b>POSTCODE:</b> 569784 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4849999 - <b>FAX NO:</b> 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT NO: T/20181114/2151. ANG MO KIO NORTH NPC.

#### 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 Witness 1

Name	CALEB NEE
Phone Number	96612955
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JKK798
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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

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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

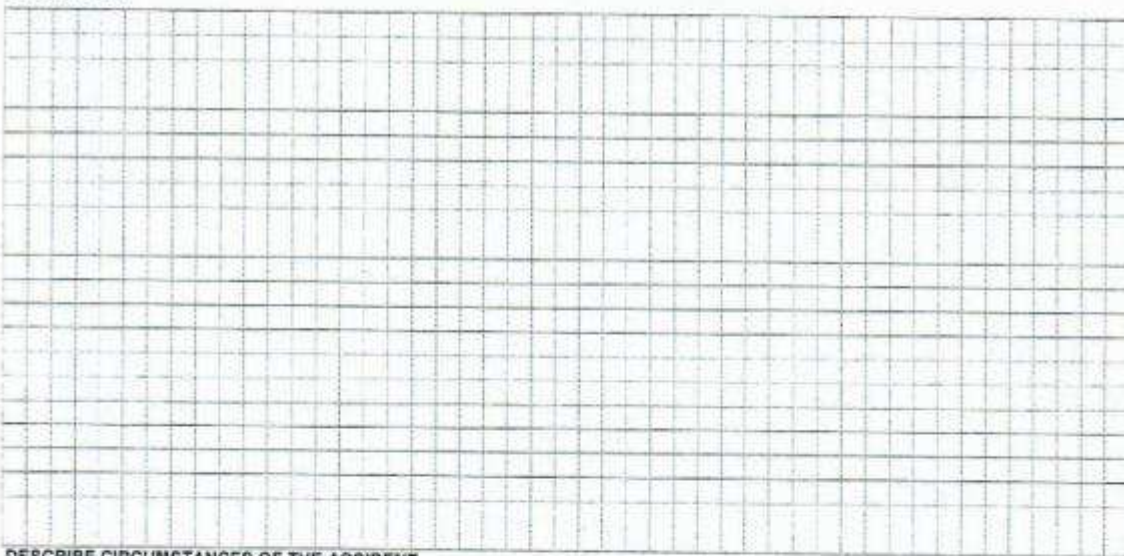
Driver's Signature  
(If driver is not the policyholder)  
Date & Time

**Yik Chan Hoe**  
Cycle & Carriage Industries Pte Ltd  
Body Care & Repair Center  
DID: 6771 4353 HP: 9186 5109 Fax: 6872 1272  
Email: chanhoe.yik@cyclecarriage.com.sg

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

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no.  
T/2018181114/2151

Note: My car was repaired.

### DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)



Policyholder's Signature  
Date & Time

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

**Yik Chan Hoe**  
Cycle & Carriage Industries Pte Ltd  
Body Care & Repair Center  
DID: 6771 4353 HP: 9186 5109 Fax: 6872 1272  
Email: chunhoe.yik@cyclecarrriage.com.sg

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

## Accident Sketch Plan





# SINGAPORE POLICE FORCE



T/20181114/2151

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

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Report No. T/20181114/2151

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/11/2018 19:39		Vide Report No.: F/20181114/0100	Station Diary No.: 105
<b>Informant's Particulars</b>			
Name of Informant: GOH WOON PENG		Address: 38 SARACA ROAD SINGAPORE 807384	
ID Type / ID No.: NRIC NO / S8601094A		Contact No.: Home/Office: Mobile: 94351363	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 32	Date of Birth: 22/01/1986	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SOFTWARE ENGINEER		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/11/2018 09:15	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY CTE SOUTH BOUND (AYE)				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JKK798	Motorcycle				Slightly Damaged	0
SGP8836K	Car	MERCEDES BENZ	C180 AVANTGARDE (R17 LED)	White	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20181114/2151

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

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Report No. T/20181114/2151

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGP8836K	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100450534-02	02/02/2018	01/02/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HII YEW CHUON	ID No.	G2681303X
Related Vehicle	JKK798 (Motorcycle)	Contact No.	83106055
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	Serious
Driver			
Name	GOH WOON PENG	ID No.	S8601094A
Related Vehicle	SGP8836K (Car)	Contact No.	94351363
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

### Brief Details.

On 14/11/2018, at about 0920hrs, I was driving my vehicle (SGP8836K) travelling on lane two on central expressway road. There was a motorcycle (JKK798) riding on the right side of my vehicle at that point of time which I did not notice it at all until it hit onto my vehicle. The motorcycle then suddenly swayed in my direction and hit against my vehicle's front right corner. I believe he had already lost control and falling when his motorcycle hit against my vehicle. The rider also told me that there was a motorcycle in front of him that suddenly stopped which cause him to lose balance and resulted him to fall. He also did hit onto the front motorcycle, however, the front motorcycle did not stop to make a check and just ride off. I wish to state that I was not injured but the rider was being conveyed by ambulance.

I wish to state that there was a witness available as well and his vehicle was equipped with camera which can show the incident that happened.

Witness's particular: Caleb Nee, H/p: 96612955, 385 Sin Ming Drive #01-02 Vicom Inspection Centre S(575718)

## Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20181114/2151

Police Station Of Origin:  
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Report No. T/20181114/2151

CONTINUATION OF REPORT

# Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20181114/2151

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
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Report No. T/20181114/2151

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 / Sr Staff Sgt HAMZAH BIN HASHIM N/Sgt (2) Chua Yun Lin	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/11/2018 19:39
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD YUSOF Contact No.: 65476358	Classification Of Case: SN 065 
Authentication Stamp NP168	Singapore Police Force

## Accident Sketch Plan





# CERTIFICATE OF INSURANCE

## AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Goh Woon Pang (Wu Wenbin)  
 Period of Insurance : 02 Feb 2018 To 01 Feb 2019  
 Engine No. : 27491030524658  
 Chassis No. : WDD2050402R138327

Vehicle No. : SGP8836K  
 Policy No. : 2100450534-02  
 Endorsement No. :  
 Issued Date : 23 Jan 2018

### ABOUT THE COVER

Make/Model : MERCEDES BENZ C180 SEDAN AVANTGARDE / EXCLUSIVE  
 Engine Capacity/Tonnage : 1,595.00 CC Sum Insured : Market Value First Year of Registration : 2016  
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : Yes

#### 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 \$3,500 as "Young and/or Inexperienced Driver Excess" ("YIDE"), if You are or Your Authorised Driver (named or unnamed) is under the age of 25 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 lesson, 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 100000 - 100000 Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 85 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

### EXCESS

#### Section 1

Fire - \$0 Own Damage - \$500 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreen : \$100

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

Goh Woon Pang (Wu Wenbin) - \$800 (Own Damage)

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

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

Any accident reports to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).

For Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 8200. 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: Daimler Financial Services Africa & Asia Pacific 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, 1989 (Malaysia).

0051405000

TAN THAM SOON ALEX

MY MAILBOX 884384

SINGAPORE 919121 SP-MARGARETLEE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

*M. J. Tan*

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORIZED REPRESENTATIVE

SSP18A



Accident Sketch Plan

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8601094A**

Name: **GOH WOON PENG  
(WU WENBIN)**

Birth Date: **22 Jan 1986**

Issue Date: **28 Feb 2005**

001234567

**FOR C&C USE ONLY**

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

Class 3: Motor cars  $\leq$  3000 kg with  $\leq$  7 passengers,  
exclusive of the driver; and motor tractors  
/vehicles  $\leq$  2500 kg

PASS DATE

28 Feb 2005

**FOR C&C USE ONLY**

NP 428A



Accident Photo





Accident Photo



Accident Photo

