

## 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  
**Insured/Policyholder**  
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 ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-4849999 - FAX NO: 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

### 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

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

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

1 of 4

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
Occupation: SOFTWARE ENGINEER		Institution / School Name: Driving Licence Information: Class: 3 Date of Expiry:

**General Information of the Accident**

Type of Accident: 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

## Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20181114/2151

2 of 4

Report No. 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

## 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:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

3 of 4

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  
Tel No: 1800-4849999

4 of 4

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

W/Sgt (2) Chua Yunn Lin

Signature Of Interpreter:

Not applicable

Signature Of Informant:

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

Authentication Stamp  
NP16B

Classification Of Case: SR UGS

SINGAPORE POLICE FORCE

## **Accident Sketch Plan**



# CERTIFICATE OF INSURANCE

## AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Goh Woon Peng (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
Driver Restriction	NA	Off Peak Car	No

First Year of Registration : 2018  
 Insuring with COE/PARF : 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.
- The 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 for "Young and/or Inexperienced Driver Surcharge" ("YIDS"). If you are or Your Authorised Driver (mother or untrained) is under the age of 20 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, parading, 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 - 1800cc Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 106) and Section 26 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

### EXCESS

Section 1  
 Fire - \$0, Own Damage - \$800, Theft - \$0, Flood Cover - \$0

Section 2  
 Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

Goh Woon Peng (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 6338 6000. 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. 106), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0001405000

TAN THIAM BOON ALEX

MY MAILBOX 654384

SINGAPORE 919191 SP-MARGARETLEE

Underwritten by AIG Asia Pacific Insurance Pte, Ltd.

AIG Asia Pacific Insurance Pte, Ltd.  
 AUTHORISED REPRESENTATIVE

SP-MELA

Accident Sketch Plan

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S 8601094 A**

Name:

GOH WOON PENG  
(WU WENBIN)

Birth Date: 22 Jan 1986

Issue Date: 28 Feb 2005



FOR C&C USE ONLY

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

PASS DATE

Class 3 Motor cars <= 3000 kg with <= 7 passengers,  
exclusive of the driver; and motor tractors  
/vehicles <= 2500 kg

28 Feb 2005

NP 428A

Licence No: S8601094A



FOR C&C USE ONLY

**Accident Photo**



**Accident Photo**



**Accident Photo**

