

## 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	18/12/2018 18:58
Date Of Accident	15/12/2018 18:50
Exact Location Of Accident	UPPER BUKIT TIMAH ROAD TOWARDS OLD JURONG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ1110P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO PEI PEI
NRIC No	S7918737B
Email Address	BLUEMOONBEARS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97890707
Alternative Phone No	Others-97890707

### Vehicle Particulars

Manufacturer	LAND ROVER
Model	DISCOVERY SPORT-2.0 D 7-SEATER (180PS) (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?	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	2100492438-02
Cover Note Number	

### Driver

Name of Driver	LEOW LAI CHUAN WILLIAM
NRIC No	S7820628D
Date Of Birth	23/07/1978
Occupation	INDOOR
Date Of Driving Pass	24/10/2008
Driving Experience	10 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-96944956
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	121 BUKIT BATOK CENTRAL #10-451
Postcode	650121
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 TO REAR
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?	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: : Ho Pei Pei Gender: : Female
Passenger 2	Name: : Trisha Gender: : Female

#### 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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX1490S
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	IAN
NRIC/Passport Number	
Contact Number	98157391 / 96633327
Address	
Postcode	
Insurance Company Name	Etiqua Insurance Pte Ltd
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Sketch Plan

SINGAPORE ACCIDENT STATEMENT	
<b>IMPORTANT NOTICE</b>	
1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing. 2. Please report correctly the details of the accident to speed up the claims process. 3. This Form must be completed by the Policyholder and/or the Authorised Driver. 4. 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. 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. Any false reporting may be referred to the Traffic Police Department for investigation.	
<b>ACCIDENT STATEMENT</b>	
Date and Time of Accident	Date: 15/12/2018 Time: 1850
Exact Location of Accident	Upper Bukit Timah Road towards Old Jurong Road
<b>DETAILS OF OWN VEHICLE</b>	
Vehicle Registration Number	SLJ 1110P
<b>INSURED / POLICYHOLDER (OWN VEHICLE)</b>	
Name of Registered Owner (See Insurance Cert.)	Ho Pei Pei
Personal Identification - NRIC (Singaporean/PR)	S7918737B
- FIN/Passport Number	
- Not Applicable	
<b>VEHICLE PARTICULARS (OWN VEHICLE)</b>	
Vehicle Make / Model	Manufacturer Land Rover Model Discovery Sport 2.0
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, SUV
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?	<input checked="" type="radio"/> Yes <input type="radio"/> No (If No, Please select: <input 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 *	AIG Asia Pacific Insurance
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	2100492438-02
Motor CI	
<b>DRIVER</b>	<input type="radio"/> Same as Insured above
Name of Driver	Leow Lai Chuan William
Personal Identification - NRIC (Singaporean/PR)	S7820628D
- FIN/Passport Number	
Date of Birth	23 dd/ 07 mm/ 1978 /yy
Driving Date Pass	24 dd/ 10 mm/ 2008 /yy
Year of Driving Experience	10 Year(s) 1 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.	9694 4956

Address of Driver	Blk L21 Bukit Batok Central	
	*10-451	Postcode (65021 )
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	Spouse	
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)	Head - Rear	
Weather Conditions	<input type="radio"/> Clear <input checked="" type="radio"/> Raining <input type="radio"/> Others, _____	
Road Surface	<input type="radio"/> Dry <input checked="" 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 checked="" type="radio"/> Yes <input type="radio"/> No	
Number of Passengers (Including Driver)	3	Ho Pei Pei (F) Trisha (F)
<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	SJX 14905	
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver	Ian	
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
Contact Number	9815 7391 / 9663 3327	
Address		
Name of Insurance Company	Etiga Insurance Pte Ltd	
Nature of Damage		
No. of Passenger (Including Driver)		
(Note - Please use page 6 if you need to add more vehicles )		

## SKETCH PLAN

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### 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 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.

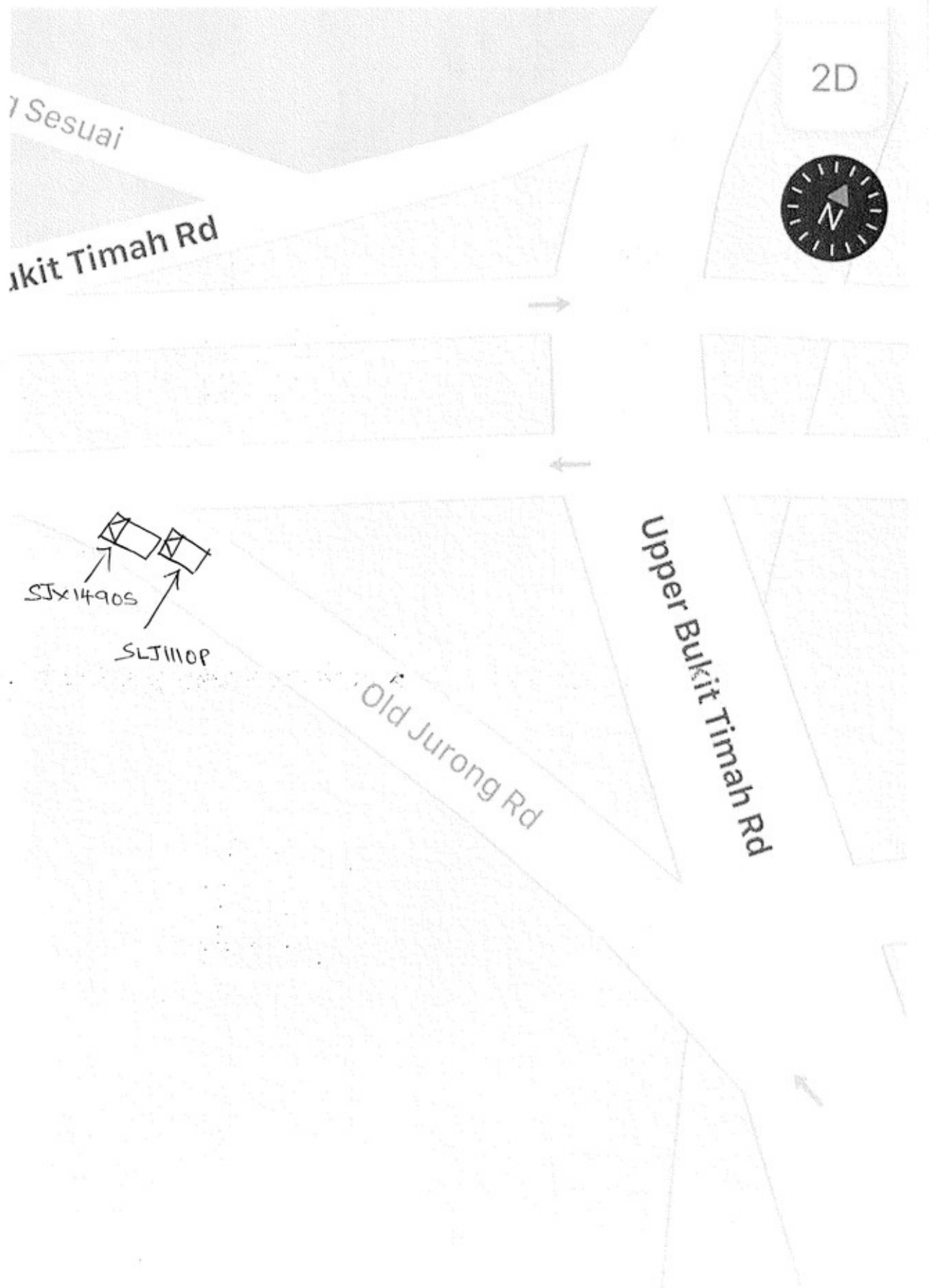
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

— Please refer attached —



Sketch Plan #5

**Describe Circumstance of the Accident**

On 15 december 2018 at around 1847hrs, I was driving turning into the Piller lane into old Jurong Road from Upper Bukit Timah Road.

There was a red car SX 1940S (driven by a male named Ian, mobile number 9815 7391) about to turn out into old Jurong Road in the Piller lane. As the road was clear, he released the brake and was moving out of the Piller lane. & then he stopped again. I could not react in time and hit the rear of his car. As we did not want to obstruct traffic, we agreed to move our cars to about 100m ahead to exchange particulars and take photos. There was Ian and a lady passenger in his car. Nobody was injured as advised.

**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

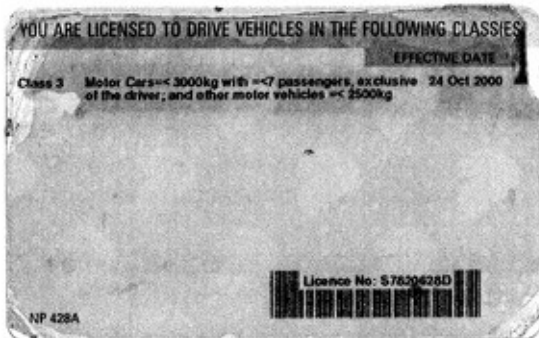
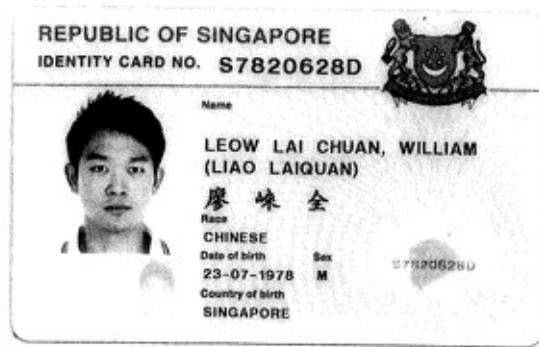
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

*L. Goh* 17.12.2018

*Kueh*





Accident Sketch Plan



# CERTIFICATE OF INSURANCE

## WEARNES AUTO PROTECTOR (LAND ROVER) PRIVATE VEHICLE

**Name of Policyholder** : HO PEI PEI (HE BEI BEI)  
**Period of Insurance** : 29 Nov 2018 To 28 Nov 2019  
**Engine No.** : 015073123000204PT  
**Chassis No.** : SALCA2AG9HH653983

**Vehicle No.** : SLJ1110P  
**Policy No.** : 2100492438-02  
**Endorsement No.** :  
**Issued Date** : 26 Oct 2018

### ABOUT THE COVER

**Make/Model** : LANDROVER DISCOVERY SPORT SI4 SE/HSE  
**Engine Capacity/Tonnage** : 1,999.00 CC **Sum Insured** : Market Value **First Year of Registration** : 2016  
**Driver Restriction** : NA **Off Peak Car** : No **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.  
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 "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

**Age Condition** : 35 years old and above

**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

**Windscreens** : \$100

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

HO PEI PEI (HE BEI BEI) - \$900 (Own Damage)

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

1. Wearn's 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:** OCBC Bank Ltd

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).

0503486650

WEARNES AUTOMOTIVE - TXQ(JLR)

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

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

BSPCA

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



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