

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	14/01/2019 21:26
Date Of Accident	13/01/2019 20:05
Exact Location Of Accident	NEWTON CIRCUS ROUNDABOUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJW2988Y
Insured/Policyholder	
Name Of Registered Owner	LIOW YI HAO
NRIC No	S8313360J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81338601
Alternative Phone No	Others-81338601

Vehicle Particulars	
Manufacturer	VOLVO
Model	S60-1.5 T2 (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	1800059464
Cover Note Number	

Driver	
Name of Driver	LIOW YI HAO
NRIC No	S8313360J
Date Of Birth	09/05/1983
Occupation	INDOOR
Date Of Driving Pass	13/10/2004
Driving Experience	14 YEARS AND 3 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-81338601
Fax Number	
Contact Number	OTHERS-81338601
EMail Address	NOEMAIL
Address	18 CAMBORNE RD
Postcode	299854
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH

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	SHD395U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI

Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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' 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

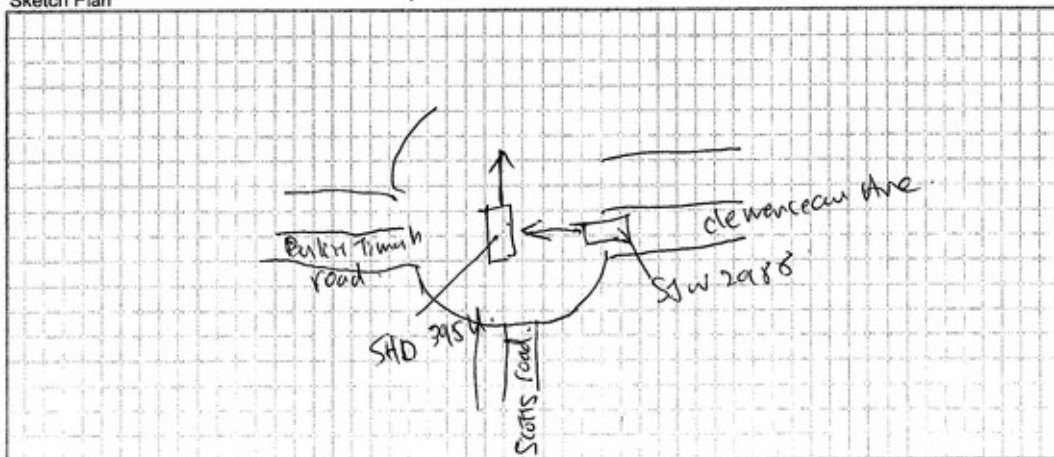
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Liow Yi Hao
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

Refer to police report -

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



**SINGAPORE
POLICE FORCE**



T/20190113/2107

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

1 of 3

Report No. T/20190113/2107

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/01/2019 21:07	Vide Report No.:	Station Diary No.: 85
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Informant's Particulars

Name of Informant: LIOW YI HAO			Address: 18 CAMBORNE ROAD SINGAPORE 299854		
ID Type / ID No.: NRIC NO / S8313360J			Contact No.: Home/Office: Mobile: 81338601		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 09/05/1983	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: FINANCE MANAGER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 13/01/2019 20:05	Type of Location: Roundabout
Location: Along Road 1 NEWTON CIRCUS BUKIT TIMAH ROAD Newton Circus Roundabout towards Bukit Timah Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD395U					Slightly Damaged	1
SJW2988Y	Car	VOLVO	S60 T2	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJW2988Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800059464	28/05/2018	27/05/2020

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20190113/2107

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

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Report No. T/20190113/2107

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIOW YI HAO	ID No.	S8313360J
Related Vehicle	NIL	Contact No.	81338601
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 the 13/01/2019 at about 2005hrs I was travelling on my vehicle bearing plate number SJW2988Y on the most left lane along Newton Circus towards Bukit Timah Road. Subsequently a red taxi bearing plate number SHD395U had collided onto my left bumper.

My vehicle had damages to its left Bumper the headlight was scratched, paint chips on the left bumper and scratches on the bonnet whilst the taxi had its right Rear Passenger Door dented in. There was no ambulance nor police that attended to us. No government property damaged. I do have an in car camera on the front of my vehicle. I do not have the particulars of the taxi driver apart from his contact number 97972595 and he informed that he is not injured nor that his passenger is injured. I am lodging this report for insurance claims.

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20190113/2107

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

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Report No. T/20190113/2107

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:
E /
Sgt 2 MUHAMMAD KHAIRUDIN BIN KASSIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
13/01/2019 21:07

Classification Of Case:

SIGNATURE

Accident Sketch Plan



COVER NOTE

WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder.

Name of Policyholder : LIAO YI HAO
Period of Insurance : 28 May 2018 to 27 May 2020
Engine No. : B4154T52400430
Chassis No. : YV1FS28L0J2462480

Vehicle No. :
Cover Note No. : 1800059464
Endorsement No. :
Issued Date : 28 May 2018

ABOUT THE COVER

Make/Model : VOLVO S60 T2
Engine Capacity/Tonnage : 1,498.00 CC
Driver Restriction : NA
Sum Insured : Market Value
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.
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. 188) 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 - \$800 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)
LIAO YI HAO - \$800 (Own Damage)

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

1. Wearn's Automotive Pte Ltd. Add: 249 Alexandra Road Singapore 159935 64304890 63789350
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 or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MayBank

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.
(We hereby certify that this Cover Note is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 188), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia). For Corporate Policies, this Cover Note is valid for 60 days from the commencement date of the period of insurance.)

0503485765

WEARNES AUTOMOTIVE - BL(V)

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.


AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

AIG Asia Pacific Insurance Pte. Ltd.

16 Shenton Way #07-16 AIG Building 5079120 | T: +65 6415 3000 | F: +65 6415 3723 | www.aig.com.sg

Accident Sketch Plan

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8313360J



Name
LIOW YI HAO
廖毅豪

Race
CHINESE


Date of birth
09-05-1983

Country/Place of birth
SINGAPORE

Sex
M

58313360J

REPUBLIC OF SINGAPORE DRIVING LICENCE



LIOW YI HAO

09 May 1983

10 Sep 2016

002608265K

5294071



NRIC No. S8313360J



Date of issue
12-04-2014

Address
18 CAMBORNE ROAD
SINGAPORE 299854


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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 13 Oct 2004

NP 428A

Licence No: S8313360J



Accident Sketch Plan

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for e-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.

ACCIDENT STATEMENT

Date and Time of Accident	Date: 13.01.19 Time: 2002
Exact Location of Accident	Newton Lincol Roundabout

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW 2988Y
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INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)	Liew Yi Hao
Personal Identification - NRIC (Singaporean/PR)	S8313360-J
- FIN/Passport Number	
- Not Applicable	

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model	Manufacturer Volvo Model S60 T2
Type of Vehicle*	<input checked="" 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 type="radio"/> Others
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, Pls 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

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *	816
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	18000 59464
Motor CI	

DRIVER

	<input checked="" type="radio"/> Same as Insured above
Name of Driver	Liew Yi Hao
Personal Identification - NRIC (Singaporean/PR)	S8313360-J
- FIN/Passport Number	
Date of Birth	09 dd/ 05 mm/ 1983 yy
Driving Date Pass	13 dd/ 10 mm/ 2004 yy
Year of Driving Experience	Year(s) 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.	81338601

Address of Driver	18 Lamborne rd
	Postcode (298854)
Email Address	no email
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)	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	head to side
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, _____
OTHER INFORMATION	
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)	01
DETAILS OF POLICE ACTION	
Was the Accident reported to the Police?	<input checked="" type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name	
Police Station Address	Refer to police report.
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?)
DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Registration Number	4AD 395 U
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)	
(Note - Please use page 6 if you need to add more vehicles)	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



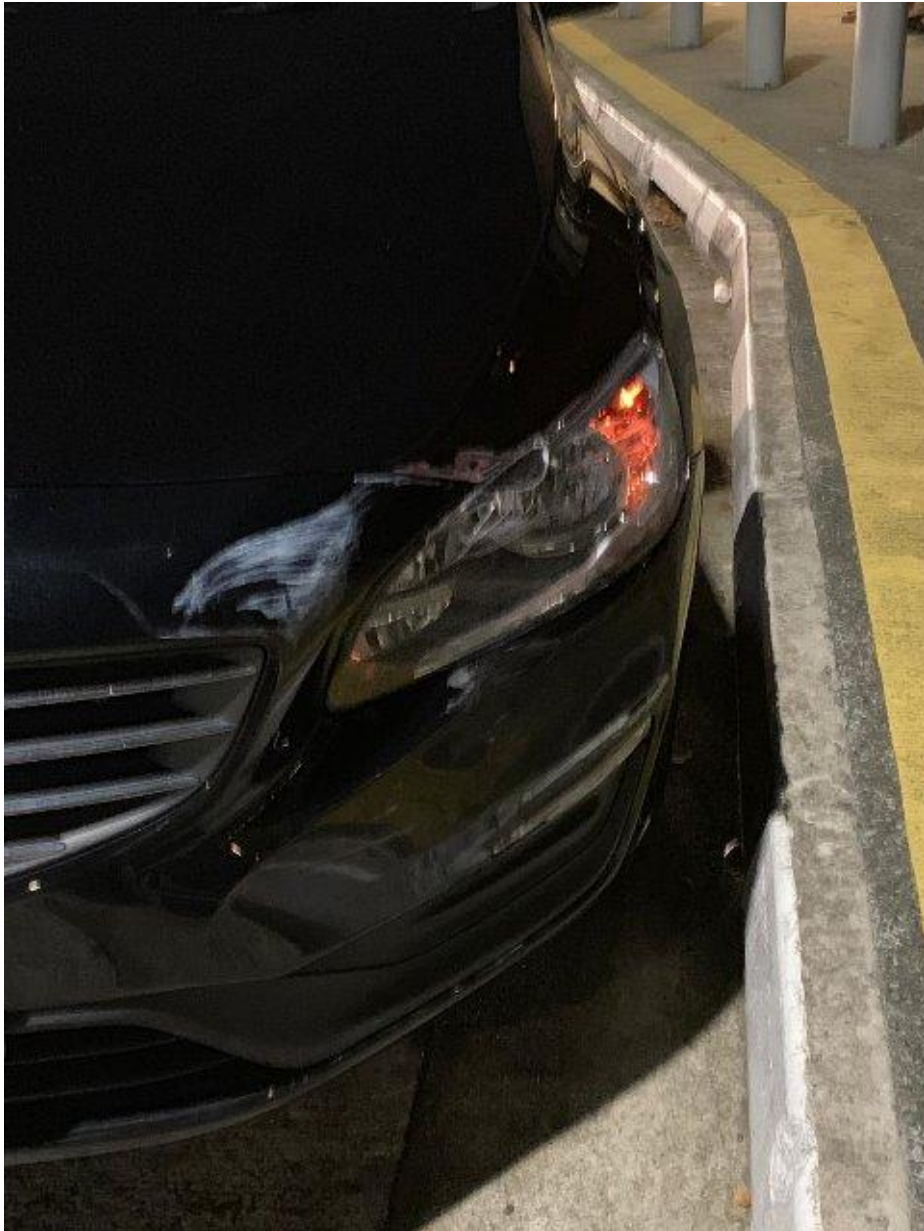
Accident Photo



Accident Photo



Accident Photo



Accident Photo

