MWRA19013829 / Wearnes Automotive Pte Ltd - Leng Kee ENTRY DATE & TIME: 29/01/2019 15:01 SUBMITTED BY: Ong Qing Yong Paul

## 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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
 29/01/2019 15:01

 Date Of Accident
 28/01/2019 23:40

Exact Location Of Accident 229 PENDING ROAD HDB OPEN SPACE CARPARK

Country/State of Loss SINGAPORE

**DETAILS OF OWN VEHICLE** 

Vehicle Registration Number SKM3566R

Insured/Policyholder

Name Of Registered Owner ADVANCE SCREEN PTE LTD

Co Reg No 199503755K Email Address NOEMAIL

Mobile Phone No

Alternative Phone No Office-96894122

**Vehicle Particulars** 

Manufacturer JAGUAR Model XJ-3.0 D (A)

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?

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 2100395236-04

Cover Note Number

Driver

Name of Driver WONG LIANG MIN

 NRIC No
 \$1268331F

 Date Of Birth
 23/04/1957

 Occupation
 INDOOR

 Date Of Driving Pass
 07/10/1983

Driving Experience 35 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96894122

Fax Number

Contact Number

**EMail Address NOEMAIL** 

Address **4A JALAN PUNAI** 

Postcode 418821 Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

Type Of Accident FIRE, EXPLOSION OR LIGHTNING

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2 involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 0

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name EUNOS NEIGHBOURHOOD POLICE POST

NO

ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620, POSTCODE: Police Station Address

470629, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4439999 - FAX NO: 62444376

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

REFER TO ATTACHED

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 SLW9658E

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

#### Accident Sketch Plan

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

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- 5. Any false reporting may be referred to the Police for Investigation.
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- 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:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

## **Accident Sketch Plan**

SKETCH PLAN

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refler to where	DEPORT	
CLARATION		
	ulars are true in every respect.	
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7/ N	Hand	
James manager of the	_ x (	
cyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
e & Time:	(if driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

**Accident Sketch Plan** 

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Report No. G/20190129/2050

## POLICE REPORT (NP299)

Police Station Of Origin Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

Date/Time Report Made	Vide Report No.			Station Diary No		
29/01/2019 13:12	J/20190128/0082			11		
Name Of Informant	Address					
WONG LIANG MIN	4A JALAN PUNAI SINGAPORE 418821					
ID Type / ID No. NRIC NO / S1268331F	Contact No. Home/Office Mobile 96894122					
Nationality SINGAPORE CITIZEN	Email Address					
Occupation	Sex	Age	Date of Birth	Race		
Company director	Male	61	23/04/1957	Chinese		
Institution/School Name	Language English					
Date/Time Of Incident 28/01/2019 12:20	Location Of Incident 229 PENDING ROAD HDB-BUKIT PANJANG					
	SINGAPORE 670229					
	OPEN SPACE CARPARK					

## Brief details.

On 28/01/2019 at about 11.43pm, I was driving my company vehicle bearing registration number SKM3566R and was at ESSO station located at Macperson to pump diesel. Afterwards, I on my way to Balestier secondary school for meeting. After A1 was done with the meeting, I was driving along PIE to Pending road going to Pioneer JC. At about 12.20pm along the road, the traffic light was red as such I stopped my vehicle. While waiting for the traffic light, I noticed that are white smoke coming at the rear of my vehicle as such I came out of the vehicle to see what happened and noticed that the white smoke

Signature Of Officer Recording The Report:	Signature Of Informant:
G / Sgt 3 TIONG YEE SENG	Jan )
Signature Of Interpreter: Not applicable	Date/Time: 29/01/2019 13:12
Officer In-Charge Of Case: J Div IO HUSSEIN Contact No.: 63167669	Classification Of Case:
Authentication Stamp	

**Accident Sketch Plan** 





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190129/2050

getting heavier. When the traffic light was green, I drove my company vehicle inside the open space carpark of Blk 229 Pending Road and parked my company vehicle between Lot 443 and 444 as I worried that the company vehicle will caught fire and damaged other vehicles.

I then immediately took my belongings, alighted the car and I called for SCDF at about 12.33pm. I wish to state that I had bought the company vehicle 6 years ago and I do not have any issue with the company vehicle.

My company vehicle last went servicing on November 2018. After the SCDF put out the fire, another vehicle bearing registration number SLW9658E which was parked at lot 441 was also caught fire due to the wind direction and was badly damaged. I also wish to state that Wearnes the agent for my Jaguar company vehicle had called me and make an appointment on 30/01/2019 in the morning between 8am to 9am as they informed that there the batch of the Jaguar vehicle have problem. They also informed that I do not need to pay.

Signature Of Officer Recording The Report:	Signature Of Informant:
G / Sgt 3 TIONG YEE SENG	Jan ul
Signature Of Interpreter: Not applicable	Date/Time: 29/01/2019 13:12
Officer In-Charge Of Case: J Div IO HUSSEIN Contact No.: 63167669	Classification Of Case:
Authentication Stamp	

(a)

**Undertaking Letter** 

## <u>UNDERTAKING</u>

I, Won	Singap	ore Acciden	t State	, (NF	RIC No. $\frac{\leq}{\leq}$	12683	331/5. h	ereby 2a19
at	hours	pertaining	to th	e accident	involving	motor o	car Reg	No:
SCW 7658 knowledge, info			tne a	iver are tru	ie and acc	urate to t	ne best	or my

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

Signature	: Jan S
Name of Insured / Driver	: wong tiony min
Nric No.	: S/268331/R
Date	: 29/1/2019
	Sy Ca
Signature	SANGAPOR:
Name of Policyholder	Advances chean 30/L
Nric No.	
Date	: 29/1/2019

Interview Form



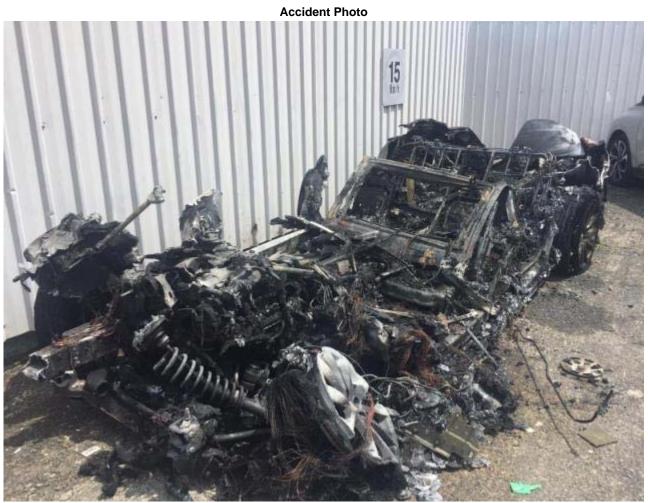
AIG Asia Pacific Insurance Pte. Ltd AIG Building 78 Shenton Way #07-16

## MOTOR ACCIDENT INTERVIEW FORM

NAME	: ADVANCE SCREEN PLEATO				
VEHICLE NUMBER	: SKM 3566R				
DATE/ TIME OF ACCIDENT	: 28101119 2343 hrs				
PLACE OF ACCIDENT	: 229 Perylling hand HOR CAPPARIC				
HIRD PARTY VEHICLE (IF ANY) : SLW9658E					
	O WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?				
Started Bun Ho	up hand "wento Balenti secso to Pioneer my ss.				
Stall to the	up hain ther to Balenti sec so				
Then PIE 9019	to Pioneer my ss.				
	EFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC TEST ON YOU? IF YES, WHAT WAS THE RESULTS?				
Car cayba	h ré				
WERE YOU OR YOUR PASSENGER/S INJURE FOR INVESTIGATION?	D? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE				
Name:  I AFFIRMED THE ABOVE INFORMATION IS	GIVEN TO MY BEST KNOWLEDGE				

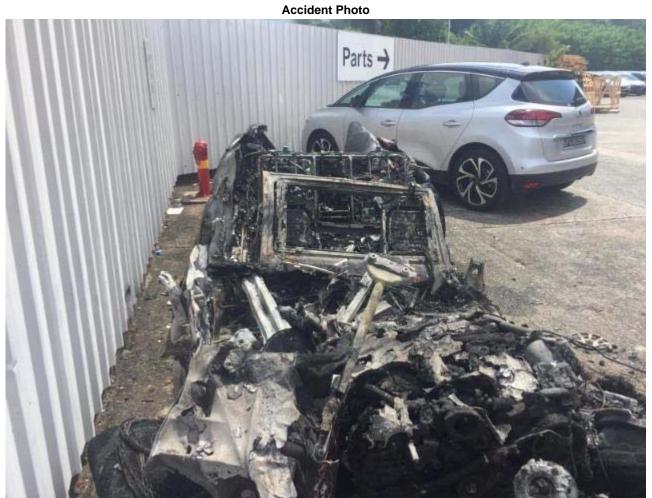






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