

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	13/02/2019 19:46
Date Of Accident	12/02/2019 13:45
Exact Location Of Accident	JURONG ISLAND HIGHWAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKX9219X
Insured/Policyholder	
Name Of Registered Owner	YONG TIONG SENG
NRIC No	S1679084B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98440458
Alternative Phone No	Others-98440458
Vehicle Particulars	
Manufacturer	RENAULT
Model	FLUENCE-1.6 L (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	2100446374-03
Cover Note Number	
Driver	
Name of Driver	PAULINE CHAN TSAE LUANN
NRIC No	S1813147A
Date Of Birth	25/11/1967
Occupation	INDOOR
Date Of Driving Pass	14/12/1987
Driving Experience	31 YEARS AND 1 MONTH

Gender	FEMALE
Mobile Number	(LOCAL) +65-98440458
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	14 GHIM MOH ROAD #02-01
Postcode	270014
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	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHMENT.

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	GBC8305D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD ALIFF BIN ZAINAL
NRIC/Passport Number	S8723157G

Contact Number	88169146
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

Address of Driver	14 Ghim Moh Road #02-01	Postcode (270014)
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)		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Side Swipe	
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 type="radio"/> Yes <input checked="" type="radio"/> No	
Number of Passengers (Including Driver)	01	
DETAILS OF POLICE ACTION		
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?)	
DETAILS OF OTHER VEHICLE / PROPERTY 1		
Vehicle Registration Number	GBC 830SD.	
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver	Muhammed Aliff Bin Zaimal	
Personal Identification - NRIC (Singaporean/PR)	887231576	
- FIN/Passport Number		
Contact Number	8816 9146.	
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)		

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

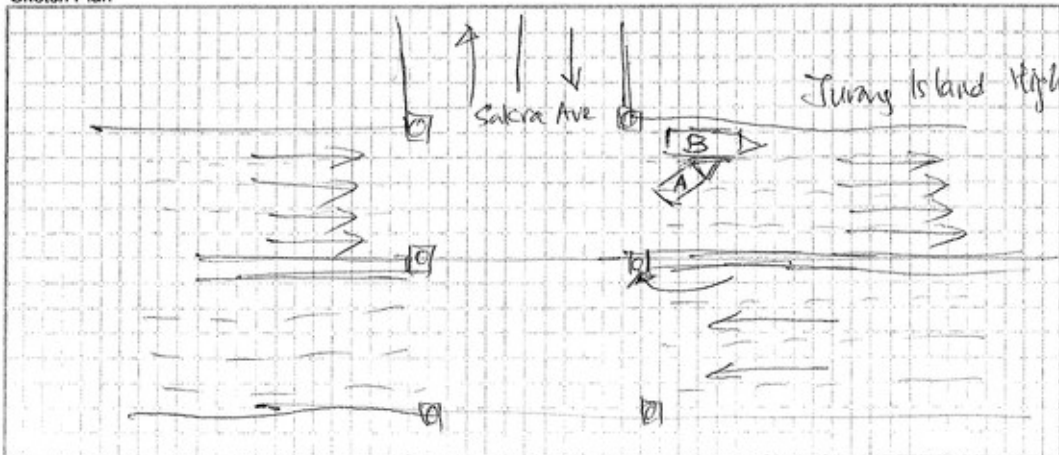
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A : SEX 9219

B : GBC 8805D

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Accident Sketch Plan

Describe Circumstance of the Accident

Date: 12 Feb 2019 at about 1:45pm

Location: Along Junction Jurong Island Highway and Salra Ave.

Weather: Clear (no rain), floor Road dry

Description: I was travelling along the Jurong Island Highway towards Salra Ave for a 'u' turn to Tembusu Ave.

At the junction, green light and traffic was clear for me to make a safe 'u' turn.

After the turn, ~~per~~ at about 30'x, I was hit by the

van, GBC 8305 D (Premier Eco-Care) at blind spot. on the left side of my car. There was no prior warning (horn) or so. 2 person left the car, no one was injured. The driver Muhammad Aliff Bin Zainal mentioned he did not see my car which surprised me as he was on a straight road. The road speed limit is 70 km/hr and the car could have opportunity to stop in time especially at traffic junction.

Both drivers exchange details and proceeded separately for further report.

In my personal opinion, the said vehicle (van) may be approaching at high speed and lost sight of my existence or ~~before~~ to slow down in time and did not

made a switch on lanes. It is common along that road that vehicle 'u' turn at left most (which is slow pickup lane). The 'u' turn would have ~~not~~ successfully

IMPORTANT NOTE

Under General Condition - Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence made without or discovery of damage whether or not to claim under the policy. Please check your policy for more information. this accident

I ~~disagree~~ do not agree this was my fault.

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



CERTIFICATE OF INSURANCE

WEARNES AUTO PROTECTOR (RENAULT) PRIVATE VEHICLE

Name of Policyholder : YONG TIONG SENG
Period of Insurance : 31 Dec 2018 To 30 Dec 2019
Engine No. : K9KN837D212078
Chassis No. : VF1LZLF0E53761811

Vehicle No. : SKX9219X
Policy No. : 2100446374-03
Endorsement No. :
Issued Date : 10 Dec 2018

ABOUT THE COVER

Make/Model : RENAULT FLUENCE 1.5T DCI (A)
Engine Capacity/Tonnage : 1,461.00 CC **Sum Insured** : Market Value **First Year of Registration** : 2015
Driver Restriction : NA **Off Peak Car** : No **Insuring with COE/PARF** : No
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 : 40 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 1500cc - 1600cc

* 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 - \$800 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

YONG TIONG SENG - \$800 (Own Damage)

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

1. Wearn's Automotive Pte Ltd Add: 28 Leng Kee Road Singapore 159105 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: DBS 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).

0503484405

WEARNES AUTOMOTIVE - EWC (RC)

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

Mobile

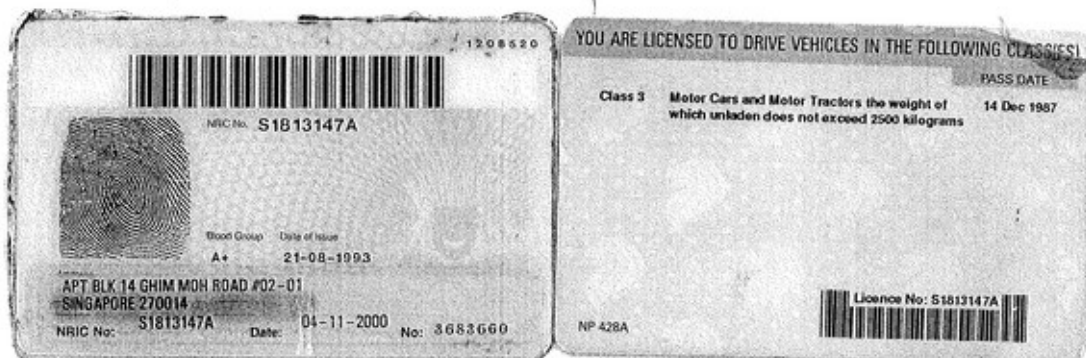
AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSCFKJ

78 Seletar Way #07-16 AIG Building S076120 | T: +65 6419 3000 | www.aig.com.sg

AIG Asia Pacific Insurance Pte. Ltd.

Accident Sketch Plan



Accident Sketch Plan

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
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ACCIDENT STATEMENT

Date and Time of Accident

Date: 12/02/2019 Time: 1345hrs.

Exact Location of Accident

Chung Ling Highway.

DETAILS OF OWN VEHICLE

Vehicle Registration Number

8FX 9219X

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)

Yong Tiong Seng

Personal Identification - NRIC (Singaporean/PR)

S1679084B

- FIN/Passport Number

- Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model

Manufacturer Kia Model Petrol

Type of Vehicle*

☒ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry
☐ Bus ☐ M/cycle ☐ 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?

☒ Yes ☐ No (If No, Pls select: ☐ Third Party ☐ Reporting)

Vehicle Category*

☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *

AIU

Type of Policy

☒ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only

Fleet Policy

☐ Yes ☒ No

Policy Number

2100446374-03

Motor CI

DRIVER

☐ Same as Insured above

Name of Driver

Pauline Chan Tsze Luan

Personal Identification - NRIC (Singaporean/PR)

S1E13147A

- FIN/Passport Number

Date of Birth

25 dd/ 11 mm/ 1967yy

Driving Date Pass

14 dd/ 12 mm/ 1987yy

Year of Driving Experience

Year(s) Month(s)

Occupation

☒ Indoor ☐ Outdoor

Gender

☐ Male ☒ Female

Contact Number / Mobile Phone / Fax No.

9844 0458

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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