

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	11/03/2019 11:28
Date Of Accident	08/03/2019 14:35
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT (BEFORE LORNIE EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX26U
Insured/Policyholder	
Name Of Registered Owner	ONG PECK HEO
NRIC No	S1594945G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92974635
Alternative Phone No	OTHERS-92974635

Vehicle Particulars

Manufacturer	JAGUAR
Model	XE-2.0 I4P TSS (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	1700042384
Cover Note Number	

Driver

Name of Driver	LIM HIAN WEE, VIN
NRIC No	S9219444B
Date Of Birth	10/06/1992
Occupation	INDOOR
Date Of Driving Pass	15/03/2011
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92974635
Fax Number	
Contact Number	OTHERS-92974635
Email Address	NOEMAIL

Address	BLK 422 FAJAR ROAD #08-497
Postcode	670422
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
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)	2
Passenger 1	NAME: : MARLENE KOH 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 TO SKETCH PLAN

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	SJL9855J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFF38P
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIM HIAN WEE, VIN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SKX26U
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MARLENE KOH
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SKX26U
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

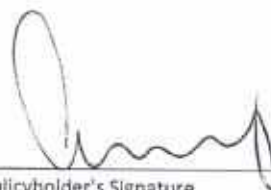
SKETCH PLAN

IMPORTANT NOTICE

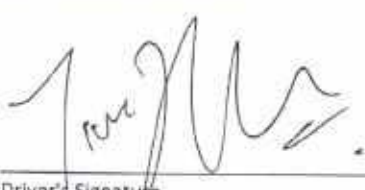
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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:



11/03/2019

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

[illegible]

Plt chargi B4
Lornik Exit.

A: 3K X 26U

B: STL 9855J

C: 8FF 38P

On the stated date & time, I was travelling on my designated lane and was beginning to slow down due to slowing traffic ahead of me. Out of a sudden, I felt a large impact from the rear of my vehicle, followed by a second impact also from the rear.

I/We declare the foregoing particulars are true in every respect.

Date & Time:

(If driver is not the policyholder)

Date & Time:

Name: _____

NRIC/FIN No.:

Email: sm@idac.com.sg
Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 08-03-19 (dd/mm/yy) Time of Accident: 14:36 (24-HR-FORMAT)
Vehicle No.: SKX 26U Vehicle Make & Model: Jaguar XF 2.0 14P TSS
Exact location of Accident: PIE Changi Before Lornie Exit
Policyholder's Name / IC No.: Ong Peck Heo S1594945G
Driver's Name / IC No.: Lim Hian Wee, Vin S9219444B (As Above) ☐
Driver's Contact No.: 92974635 Company Contact No.:
Driver's Address: 422 Fajar Road #08-497 Singapore 670422
Insurance Company: AIG Email address (if any):

Relationship between Owner & Driver: Parents or Others specify:

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

No. of Passengers (Including Driver): 02

Passenger Name: Marlene Koh

Gender: Female

Passenger Name:

Gender:

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others:

Was there any video captured by your Car Camera? ☒ Yes / ☐ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name:

Injuries Sustain: Injured Person in Which Vehicle:

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station:

The Other Party(s) Details:

1. Driver's Name / IC No: Vehicle No: SJL 9855J (B)

Driver's Contact No: Insurance Company (If any):

2. Driver's Name / IC No: Vehicle No: SFF 38P (C)

Driver's Contact No: Insurance Company (If any):

*Independent Witness (If Any): Contact No:

Preferred Workshop Name: Contact No:

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S9219444B**

LIM HIAN WEE, VIN

Birth Date: **10 Jun 1992**
Issue Date: **24 Aug 2017**

002717211A




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9219444B



Name: **LIM HIAN WEE, VIN**

林旋翊

Race: **CHINESE**

Date of birth: **10-06-1992** Sex: **M**

Country/Place of birth: **SINGAPORE**

99219444B




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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 CC	01 Mar 2013
Class 2A	Motorcycles between 241 CC and 400 CC	06 Jul 2014
Class 3	Motorcycles > 400 CC	24 Aug 2017
Class 3	Motor cars <= 3500 kg with <= 7 passengers, excluding of the driver, and motor tractors/vehicles <= 2500 kg	13 Mar 2011
Class 4	Heavy motor cars and motor tractors > 2500 kg	29 Jan 2019

S9219444B

S / No. 9000288443

NP 42BA



Licence No: S9219444B

5782377

NPIC No: **S9219444B**



Date of issue: **11-08-2017**

Address: **APT BLK 422 FAJAR ROAD
#08-497
SINGAPORE 670422**

273699



NRIC No. S1594945G

Blood Group Date of issue
B+ 02-08-1994APT BLK 422 FAJAR ROAD #08-497
SINGAPORE 670422

NRIC No. S1594945G

Date: 29/03/2013 (R) No: 7336517

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1594945G

Name

ONG PECK HEO



王碧叶

Race

CHINESE

Date of Birth

29-07-1963

Country of Birth

SINGAPORE

Sex

F



WEARNES AUTO PROTECTOR (JAGUAR) PRIVATE VEHICLE

Name of Policyholder : ONG PECK HEO null
Period of Insurance : 21 Aug 2017 To 20 Aug 2019
Engine No. : 015322153438204PT
Chassis No. : SAJB64AG9HCY43034

Vehicle No. : SKX26U
Policy No. : 1700042384
Endorsement No. :
Issued Date : 23 Aug 2017

ABOUT THE COVER

Make/Model : JAGUAR XF 2.0 Prestige
Engine Capacity/Tonnage : 1,999.00 CC
Driver Restriction : NA

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2017
Insuring with COE/PAFF : 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 authorized 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 Authorized Driver (named or unnamed) is under the age of 21 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, auto racing, reliability trial or speed testing. The coverage of goods other than vehicles in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 2000cc

* Limitations provided hereunder by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189) and Section 96 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

Windscreen : \$100

Named Driver and Excess (where applicable)

LM HIAN WEE VIN - \$900 (Own Damage) ONG PECK HEO - \$900 (Own Damage)

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

1 Wearnes Automotive Pte Ltd, Add: 45 Leng Kee Road, Singapore 159103 637 89233

For other Approved Reporting Centres/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 3.0 Mobile App. Simply search and download "AIG 3.0" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: OVERSEA-CHINESE BANKING CORPN 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).

0603486650

WEARNES AUTOMOTIVE - TJQ(JLR)

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORIZED REPRESENTATIVE