

## 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	06/05/2019 17:39
Date Of Accident	06/05/2019 07:15
Exact Location Of Accident	SENGKANG EAST ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK8717M
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#### Insured/Policyholder

Name Of Registered Owner	GOH ENG HWEE
NRIC No	S7111892D
Email Address	GALENGOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90926020
Alternative Phone No	Office-90926020

#### Vehicle Particulars

Manufacturer	LEXUS
Model	RX200T-2.0 LUXURY S/R (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	2100499788
Cover Note Number	

#### Driver

Name of Driver	GOH ENG HWEE
NRIC No	S7111892D
Date Of Birth	03/04/1971
Occupation	INDOOR
Date Of Driving Pass	27/02/2008
Driving Experience	11 YEARS AND 2 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-90926020
Fax Number	
Contact Number	OFFICE-90926020
EEmail Address	GALENGOH@GMAIL.COM
Address	69 COMPASSVALE BOW #17-38
Postcode	544993
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	COLLISION - HEAD TO REAR
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

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	SJK8619L
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	REAR
Vehicle Category	PRIVATE CAR
Name of Driver	BENESH DARREN S/O THANSARAN
NRIC/Passport Number	S8412971B
Contact Number	88004001

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR

No. Of Passenger (Including Driver)

2

Passenger 1

Name: :

Gender: :

## Accident Sketch Plan

### 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

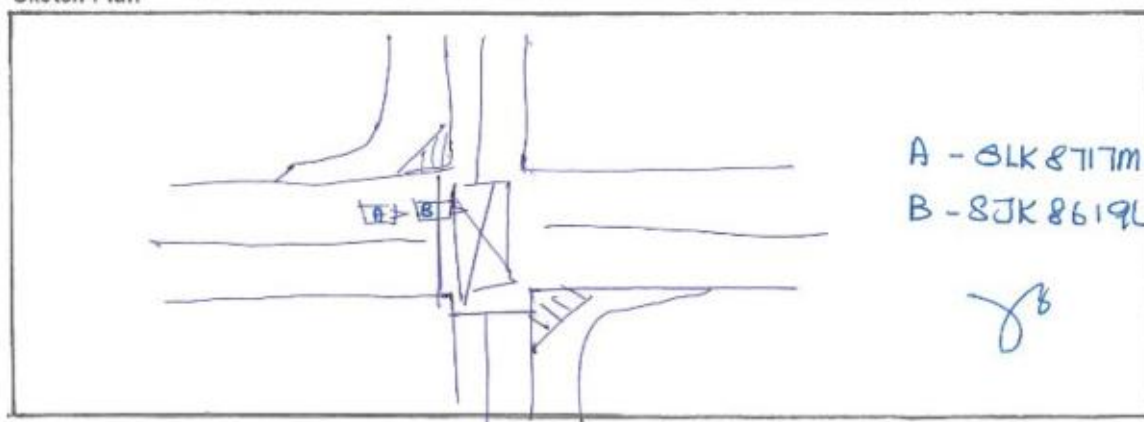


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan




#### Common Statement

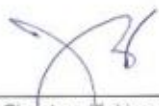
**Describe Circumstances of the Accident**

I was driving along Sengkang East Road and there is this car (5JK8619L) in front of me. While we are approaching the junction of Sengkang East Road and Compassvale Drive, 5JK8619L suddenly stopped his car. I was not able to stop in time and hit his rear of the car.

**Declaration**

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

## LUXUS PRIVATE VEHICLE

Policyholder : Goh Eng Hwee (Wu Yonghui)  
Insurance : 03 Feb 2019 To 02 Feb 2020  
 : 8ARW471712  
 : JTJBAMCA602021471

Vehicle No. : SLK8717M  
Policy No. : 2100499788-01  
Endorsement No. :  
Issued Date : 20 Dec 2018

## THE COVER

Model : LEXUS RX 200T

Capacity/Tonnage : 1,998.00 CC

Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2017

Insuring with COE/PARF : Yes

Classes of Persons Entitled to Drive\* :

Person who is driving on the Policyholder's order or with his/her permission.  
Indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

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 3 years of driving experience.

Condition : All Age Condition

As to use\* :

For personal, 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 the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

1500cc - 1600cc Optional

Not rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be taken under these headings.

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

Age - \$0

\$100

Over and Excess (where applicable)

(Wu Yonghui) - \$800 (Own Damage)

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

Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the repairs carried out at the Sole Agent's workshop.

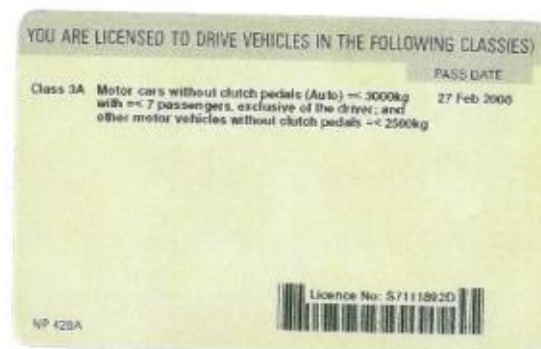
For Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or the AIG App. Simply search and download "AIG SG" from iTunes or Google Play.

## IMPORTANT NOTES

Finance Company/Employer's Loan: HONG LEONG FINANCE LTD

This Certificate of Insurance relates to 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. 169), Part 1A, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).


Driving Licence



Nric



**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S7111892D**



Name  
**GOH ENG HWEE**  
**(WU YONGHUI)**  
**吳永輝**

Race  
**CHINESE**

Date of Birth  
**03-04-1971**

Sex  
**M**

Country of Birth  
**SINGAPORE**



3054478



NRIC No. **S7111892D**



Blood Group  
**B+**

Date of issue  
**27-11-1998**

**69 COMPASSVALE BOW #17-38**  
**SINGAPORE 544993**

NRIC No: **S7111892D**      Date: **23/08/2009**      No: **6199964**



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Scene Photo



Accident Scene Photo

