MWRA19061282 / Wearnes Automotive Pte Ltd - Leng Kee
ENTRY DATE & TIME: 11/05/2019 13:18
SUBMITTED BY: Michelle Ong Siew Bee

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 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	11/05/2019 13:18
Date Of Accident	10/05/2019 19:15
Exact Location Of Accident	TAMPINES AVE 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLT6813J
Insured/Policyholder	
Name Of Registered Owner	CHEW QI
NRIC No	S8028131E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98334365
Alternative Phone No	Others-98334365
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?	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	1700070414-01
Cover Note Number	
Driver	
Name of Driver	CHEW QI
NRIC No	S8028131E
Date Of Birth	19/08/1980
Occupation	INDOOR
Date Of Driving Pass	31/01/2005
Driving Experience	14 YEARS AND 3 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98334365
Fax Number	
Contact Number	OTHERS-98334365
EMail Address	NOEMAIL
Address	893 TAMPINES AVE 8 #10-36
Postcode	520893
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 - CHANGE/CROSS LANE
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)	3
Passenger 1	Name: : ABRIE LEE XIU MIN Gender: : Female
Passenger 2	Name: : ZACHARY CHEW YU Gender: : Male

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?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5819L

Vehicle Make/Model/Colour Details Of Properties	TAXI
Vehicle Category	PRIVATE CAR
Name of Driver	WONG TING WEI
NRIC/Passport Number	S6803774C
Contact Number	82881398
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

AIG

CERTIFICATE OF INSURANCE

WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

Name of Policyholder	: CHEW QI null	**Vehicle No.**	: SLT6813J
Period of Insurance	: 07 Nov 2018 To 06 Nov 2019	**Policy No.**	: 1700070414-01
Engine No.	: B4154T52249948	**Endorsement No.**	:
Chassis No.	: YV1FS28L0J2454718	**Issued Date**	: 27 Sep 2018

ABOUT THE COVER

Make/Model : VOLVO S60 T2
Engine Capacity/Tonnage : 1,498.00 CC
Sum Insured : Market Value
First Year of Registration : 2017
Driver Restriction : NA
Off Peak Car : No
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. 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)

CHEW QI

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

1.Wearnes 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: OVERSEA-CHINESE BANKING CORPN LTD

I/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).

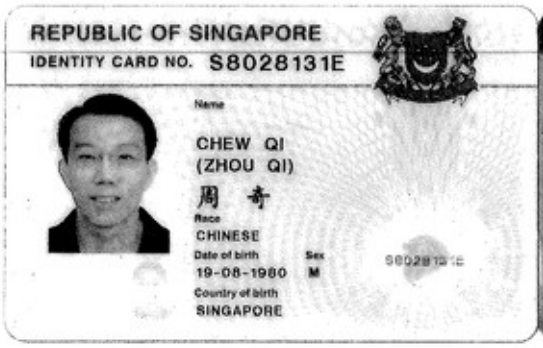
100155318/AC4

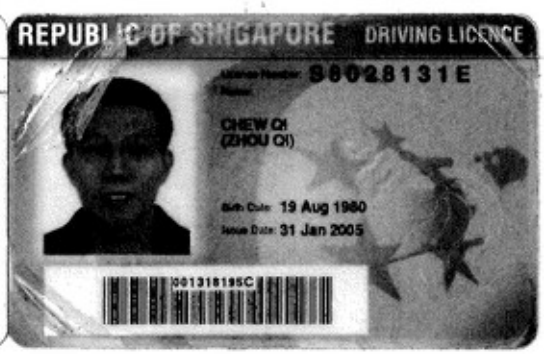
0503485760

WEARNES AUTOMOTIVE - JRT (V)
45 LENG KEE ROAD
SINGAPORE 159103
Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSPUC





Accident Sketch Plan

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. **Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for efiling.**
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: 10/05/2019 Time: 1915hrs
Exact Location of Accident	Tampines Ave 1
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLT 6813J
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner *(See Insurance Cert.)*	Chew Qi
Personal Identification - NRIC (Singaporean/PR)	S8028131E
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer Volvo Model S60 T2
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 *	AIG
Type of Policy	✓ Comphensive ○ Third Party Fire & Theft ○ TP Only
Fleet Policy	○ Yes ✓ No
Policy Number	1700070414-01
Motor CI	
DRIVER	○ **Same as Insured above**
Name of Driver	Chew Qi
Personal Identification - NRIC (Singaporean/PR)	S8028131E
- FIN/Passport Number	
Date of Birth	19 dd/ 08 mm/ 1980 yy
Driving Date Pass	31 dd/ 01 mm/ 2005 yy
Year of Driving Experience	Year(s) Month(s)
Occupation	✓ Indoor ○ Outdoor
Gender	✓ Male ○ Female
Contact Number / Mobile Phone / Fax No.	98334365

Accident Sketch Plan

Address of Driver	893 Tampines Ave 8 #10-36 Postcode (520893
Email Address	
Was driver an employee of the Insured's Company?	○ Yes ⊘ No
If No, Relationship of the Driver with the Insured	Owner
Vehicle Registration Number of Driver's Own	○ Yes ⊘ 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 collison, Head-On collision,Side Swipe, Front to Rear)	Lane Change
Weather Conditions	⊘ Clear ○ Raining ○ Others,_____
Road Surface	⊘ Dry ○ Wet ○ Others,_____

OTHER INFORMATION

Was any foreign vehicle involved in this accident?	○ Yes ⊘ No Abrie Lee Xiu(~~F~~) Min (F)
Was any body injured in the accident?	○ Yes ⊘ No Zachary Chew Yu (M)
Was any other vehicle or property damaged?	⊘ Yes ○ No
Was there any video captured by Car Camera?	○ Yes ○ No
Number of Passengers (Including Driver)	03

DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	○ Yes ⊘ 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?	○ Yes ⊘ No (If Yes, against whom?)

DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	SHC 5819L
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	Wong Ting Wei
Personal Identification - NRIC (Singaporean/PR)	S6803774C
- FIN/Passport Number	
Contact Number	8288 1398
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 Sketch Plan

Describe Circumstance of the Accident

At 7:15pm on Friday, 10 May 2019, I was on the second lane along Tampines Avenue 1. I attempted to turn left and to do that I first signalled my left turn light for a long time while am more waiting at the traffic light. It was red light at that time.

The plan was to change lane to the left most lane so as to make a left turn into Tampines Avenue 8. Seeing a taxi behind me on the left lane, I waved my hand to seek his understanding to allow me to change lane. This was in addition to my left turn signal light turned on for the past 3 mins.

I then slowly moved into the left lane with care and ensure there was enough clearance with the taxi behind me. Unexpectedly, the taxi started accelerating and move forward despite my signals. That resulted in the front of the taxi hitting the rear side of my car. We heard the impact noise, quickly moved to a safe area and disembarked to exchange particulars and to explain what happened to each other.

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.

11 May 2019

Policyholder's Signature / Date & Time | Driver's Signature (if driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personnel

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' 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 w ith 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 w ell as on the external cover of envelopes/mail package.); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

(collectively the "**Purposes**")

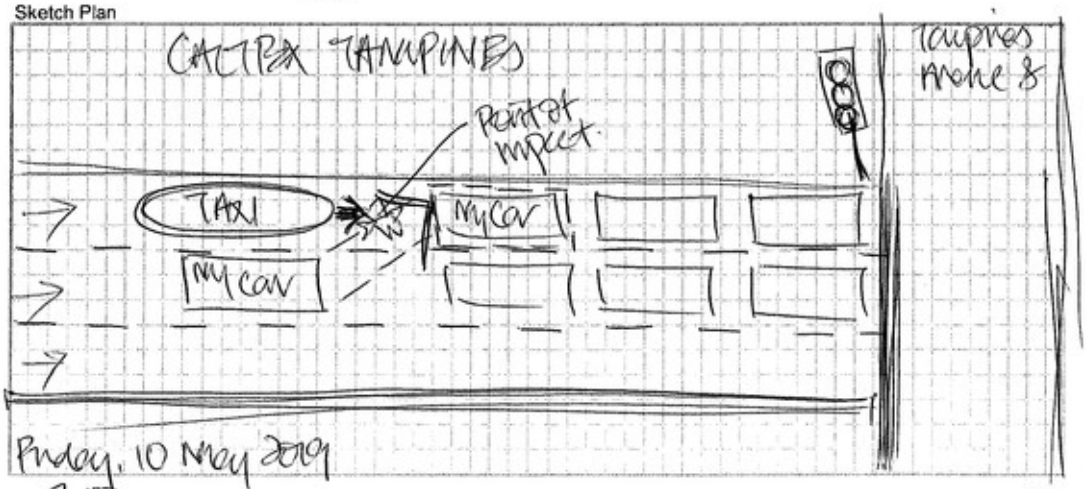
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

10 May 2009

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Photo

Accident Photo

Accident Photo

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