

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	29/07/2019 13:45
Date Of Accident	26/07/2019 08:30
Exact Location Of Accident	D'LEEDON CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM1337Z
Insured/Policyholder	
Name Of Registered Owner	TEO SIONG SENG
NRIC No	S0090484H
Email Address	WITHHELD@CONTRACT.COM
Mobile Phone No	(LOCAL) +65-97393938
Alternative Phone No	Others-97393938

Vehicle Particulars

Manufacturer	LAND ROVER
Model	RANGE ROVER SPORT-3.0 TSS 7S SR (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	REPORTING ONLY
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	2100363236-05
Cover Note Number	

Driver

Name of Driver	PETRA KATHARINA JIE-LIN HOLZ
NRIC No	S9141146F
Date Of Birth	27/10/1991
Occupation	INDOOR
Date Of Driving Pass	18/09/2014
Driving Experience	4 YEARS AND 10 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-98222755
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	11 LEEDON HEIGHTS #08-32
Postcode	267955
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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 attachments.

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	SMC871H
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	LIM CHAI YEAN PEGGY
NRIC/Passport Number	S1823949C

Contact Number	97505550
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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 <u>correctly</u> 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 <u>truthful and accurate as possible</u> . 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: 26/7/19 Time: 8:30am
Exact Location of Accident	D'Leedon Carpark
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKM1337Z
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	Teo Siang Seng
Personal Identification - NRIC (Singaporean/PR)	50090484H
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer <u>LR</u> Model <u>RR Sport</u>
Type of Vehicle*	<input type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input checked="" type="radio"/> Others, <u>SUV</u>
Exact Purpose for which vehicle was being used at time of accident	<u>Social</u>
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input type="radio"/> No (If No, Pls select: <input type="radio"/> Third Party <input checked="" type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	<u>AIG Asia Pacific Insurance</u>
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	<u>2100363236-05</u>
Motor CI	
DRIVER	
<input type="radio"/> Same as Insured above	
Name of Driver	<u>Petra Katharina Jē-Lin Holz</u>
Personal Identification - NRIC (Singaporean/PR)	<u>S9141146F</u>
- FIN/Passport Number	
Date of Birth	<u>27</u> dd/ <u>10</u> mm/ <u>1991</u> /yy
Driving Date Pass	<u>18</u> dd/ <u>09</u> mm/ <u>2014</u> /yy
Year of Driving Experience	<u>4</u> Year(s) <u>10</u> Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female
Contact Number / Mobile Phone / Fax No	<u>9822 2755</u>

17/226.1

Address of Driver	11 Leedon Heights	
	#08-32	Postcode (267955)
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		
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)	Head-rear	
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)	1	
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	SMC 871H	
Vehicle Make/ Model/ Colour	Honda	
Details of Properties		
Name of Driver	Lim Chai Yean Peggy	
Personal Identification - NRIC (Singaporean/PR)	S1823949C	
- FIN/Passport Number		
Contact Number	9750 5550	
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.
- (c) 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



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Describe Circumstance of the Accident

On 26 July at c. 830 am, I was leaving the D'Leeson condo carpark (11 Leeson Heights). I was behind the other vehicle (SMC 871H) which was moving up the slope between B2 & B1. The other vehicle was stationary towards the top of the slope & I stopped behind. The other car then started moving so I also followed and pulled up but the other car then stopped suddenly. I reacted as quickly as possible and stopped in turn ~~gate~~, but this abrupt stop put my car quite close to the rear of the other car.

At this point, the other vehicle was partially off / partially on the slope, turning left off the slope. I was on the slope behind. As it moved off again the other vehicle seemed to roll slightly back. ~~It did not~~ I believe it could have been at this point there was contact between the two vehicles as the other vehicle then pulled over ahead. However, I did not feel any contact.

We then got out of the cars to analyse damage & exchange particulars. During conversation, the driver of the other vehicle expressed that because of being on a slope, the vehicle would roll backwards.

There was no damage on my vehicle but a dent in the rear tailgate of the other vehicle.

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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel


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REPUBLIC OF SINGAPORE DRIVING LICENCE



 Licence Number **S9141146F**
 Name
PETRA KATHARINA JIE-LIN HOLZ
 Birth Date **27 Oct 1991**
 Issue Date **18 Sep 2014**

002346989C

REPUBLIC OF SINGAPORE


 IDENTITY CARD NO. **S9141146F**


 Name
PETRA KATHARINA JIE-LIN HOLZ
 杰霖
 Race
EURASIAN
 Date of birth
27-10-1991
 Country/Place of birth
SINGAPORE


 Sex
F

S9141146F


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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

18 Sep 2014

NP 428A


 Licence No: **S9141146F**

5936358


 NRIC No. **S9141146F**


 Date of issue
14-05-2018

11 LEEDON HEIGHTS #08-32
SINGAPORE 267955

NRIC No: **S9141146F** Date: **01/02/2019**



CERTIFICATE OF INSURANCE

WEARNES AUTO PROTECTOR (LAND ROVER) PRIVATE VEHICLE

Name of Policyholder : TEO SIONG SENG
 Period of Insurance : 24 Jan 2019 To 23 Jan 2020
 Engine No. : 0798910306DT
 Chassis No. : SALWA2KE4EA337745

Vehicle No. : SKM1337Z
 Policy No. : 2100363236-05
 Endorsement No. :
 Issued Date : 24 Jan 2019

ABOUT THE COVER

Make/Model : LANDROVER RANGE ROVER SPORT 3.0 SDV6 HSE/AUTOBIOGRAPHY
 Engine Capacity/Tonnage : 2,993.00 CC Sum Insured : Market Value First Year of Registration : 2014
 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 3 years' driving experience.

Age Condition : All Age Condition

Exclusion as to use*

This Policy is not valid for commercial, 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, place-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 - \$900 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen - \$100

Named Driver and Excess (where applicable)

TEO SIONG SENG - \$900 (Own Damage)

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

Wearnes Automotive Pte Ltd. Add: 45 Leng Kee Road, Singapore 159103 63789333

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: NA

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, 1999 (Malaysia).

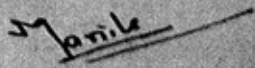
0503486615

WEARNES AUTOMOTIVE - DEF (U)

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.


 AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

