

## 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	30/08/2019 13:33
Date Of Accident	11/08/2019 22:45
Exact Location Of Accident	BEFORE MALAYSIA CUSTOMS CHECKPOINT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDT8080M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH CHEE TIONG
NRIC No	S1722939G
Email Address	HELENTBB@YAHOO.COM.UK
Mobile Phone No	(LOCAL) +65-90078500
Alternative Phone No	Others-90078500

### Vehicle Particulars

Manufacturer	INFINITI
Model	Q50-2.0 T PREMIUM (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	1700080345
Cover Note Number	

### Driver

Name of Driver	GOH CHEE TIONG
NRIC No	S1722939G
Date Of Birth	21/09/1965
Occupation	INDOOR
Date Of Driving Pass	16/04/1985
Driving Experience	34 YEARS AND 3 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-90078500
Fax Number	
Contact Number	OTHERS-90078500
EEmail Address	HELENTBB@YAHOO.COM.UK
Address	BLK 25 CHOA CHU KANG NORTH 6 #05-12
Postcode	689580
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	Name: : Anson Goh Gender: : Male
Passenger 2	Name: : Joey Tan Gender: : Female
Passenger 3	Name: : En Ci Tan 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 attachements.

#### 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	SML8549P
-----------------------------	----------

Vehicle Make/Model/Colour Details Of Properties	HONDA
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)	

# Sketch Plan

SINGAPORE ACCIDENT STATEMENT	
<b>IMPORTANT NOTICE</b>	
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 <u>completed by the Policyholder and/or the Authorised Driver</u> . 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.	
<b>ACCIDENT STATEMENT</b>	
Date and Time of Accident	Date: 11/08/19 Time: 10:45 PM
Exact Location of Accident	Before Malaysia Customs Checkpoint
<b>DETAILS OF OWN VEHICLE</b>	
Vehicle Registration Number	SDT 8080M
<b>INSURED / POLICYHOLDER (OWN VEHICLE)</b>	
Name of Registered Owner (See Insurance Cert.)	Goh Chee Tiong
Personal Identification - NRIC (Singaporean/PR)	S17 22939G
- FIN/Passport Number	
- Not Applicable	
<b>VEHICLE PARTICULARS (OWN VEHICLE)</b>	
Vehicle Make / Model	Manufacturer <u>Infiniti</u> Model <u>Q50</u>
Type of Vehicle*	<input checked="" type="checkbox"/> Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> M/cycle <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, Pls select: <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting)
Vehicle Category*	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle
<b>INSURANCE COMPANY (OWN VEHICLE)</b>	
Name of Insurance Company *	AIG Asia Pacific Insurance
Type of Policy	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> TP Only
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number	1700080345
Motor CI	
<b>DRIVER</b>	<input checked="" type="checkbox"/> Same as Insured above
Name of Driver	Goh Chee Tiong
Personal Identification - NRIC (Singaporean/PR)	S17 22939G
- FIN/Passport Number	
Date of Birth	21 dd/ 09 mm/ 1965 yy
Driving Date Pass	16 dd/ 04 mm/ 1985 yy
Year of Driving Experience	Year(s) _____ Month(s) _____
Occupation	<input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Contact Number / Mobile Phone / Fax No.	9007 8500

Address of Driver	Blk 25 Choa Chu Kang North 6	
	#05-12	Postcode (689580)
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	Owner	
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)		
<b>GENERAL INFORMATION OF THE ACCIDENT</b>		
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, _____	
<b>OTHER INFORMATION</b>		
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 Anson Goh (Ch)	
Was any other vehicle or property damaged?	<input type="radio"/> Yes <input checked="" type="radio"/> No Joey Tan (F)	
Was there any video captured by Car Camera?	<input type="radio"/> Yes <input checked="" type="radio"/> No En Ci Tan (F)	
Number of Passengers (Including Driver)	4	
<b>DETAILS OF POLICE ACTION</b>		
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?)	
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>		
Vehicle Registration Number	SML 8549P	
Vehicle Make/ Model/ Colour	Honda	
Details of Properties		
Name of Driver		
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
Contact Number		
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

### 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

### 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

Please refer attachment.

Describe Circumstance of the Accident

Please refer attachment.

**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.

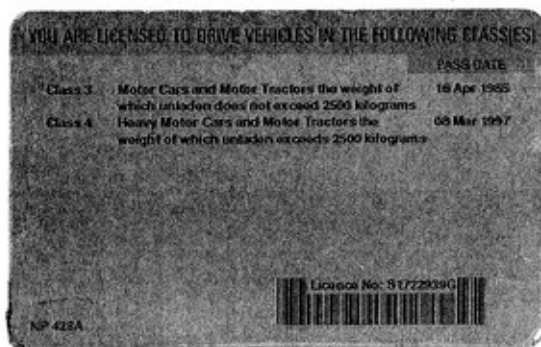
**Declaration**

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







## CERTIFICATE OF INSURANCE

### WEARNES AUTO PROTECTOR (INFINITI) PRIVATE VEHICLE

Name of Policyholder : GOH CHEE TIONG null  
 Period of Insurance : 23 Nov 2017 To 22 Nov 2019  
 Engine No. : 274AE078100A  
 Chassis No. : JN1BCAV37Z0530107

Vehicle No. : SDT8080M  
 Policy No. : 1700080345  
 Endorsement No. :  
 Issued Date : 05 Dec 2017

#### ABOUT THE COVER

Make/Model : INFINITI Q50 PREMIUM  
 Engine Capacity/Tonnage : 1,991.00 CC Sum Insured : Market Value First Year of Registration : 2017  
 Driver Restriction : NA Off Peak Car : No Insuring with COE/PAF : 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)

GOH CHEE TIONG

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

1. Wearn's 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](http://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

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).

0503831319

WEARNES AUTOMOTIVE - VT (I)  
 45 LENG KEE ROAD  
 SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

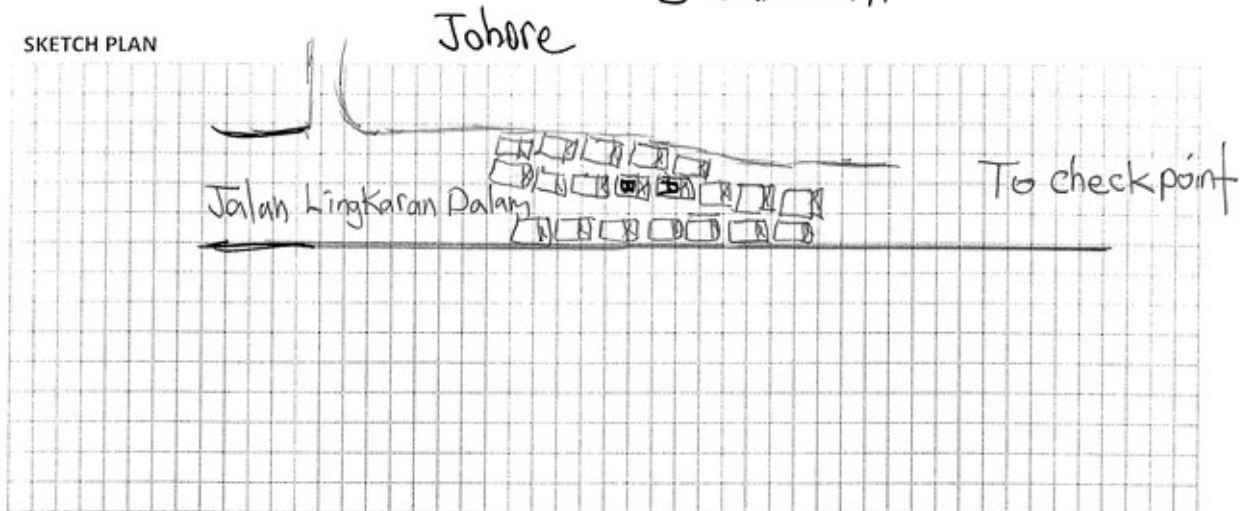
  
 AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

Accident Sketch Plan

A SDT8080M

B SML8549P

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my car Infiniti Q50 Premium, vehicle registration number SDT8080M on the 11th August 2019, 10.45pm. It was along the route from KSL City to Johor Bahru Customs. The road was filled with vehicles, each being very close to one another. Traffic was really slow-moving and jammed. At this time, I felt a slight vibration in the car, so I went down and see for myself what happened. I saw that the car behind mine, a red Honda with car registration number SML8549P has made physical contact with my car. At this point, I remembered that the Honda has been following my car closely for the past few minutes

There was no video recording made as the one on my dashcam had very limited storage, so once the SD card is almost full, it would automatically delete older ones to record newer ones.

There was no way I could have saved the video without the presence of a laptop.

I have also noticed that both vehicles after collision had no visible markings, dents, scratches etc.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

- Reporting Only

- Claim OD

- Claim TP

- Claim OD/ TP at other workshop

DECLARATION

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

Policyholder's signature

Date & Time

Driver's Signature

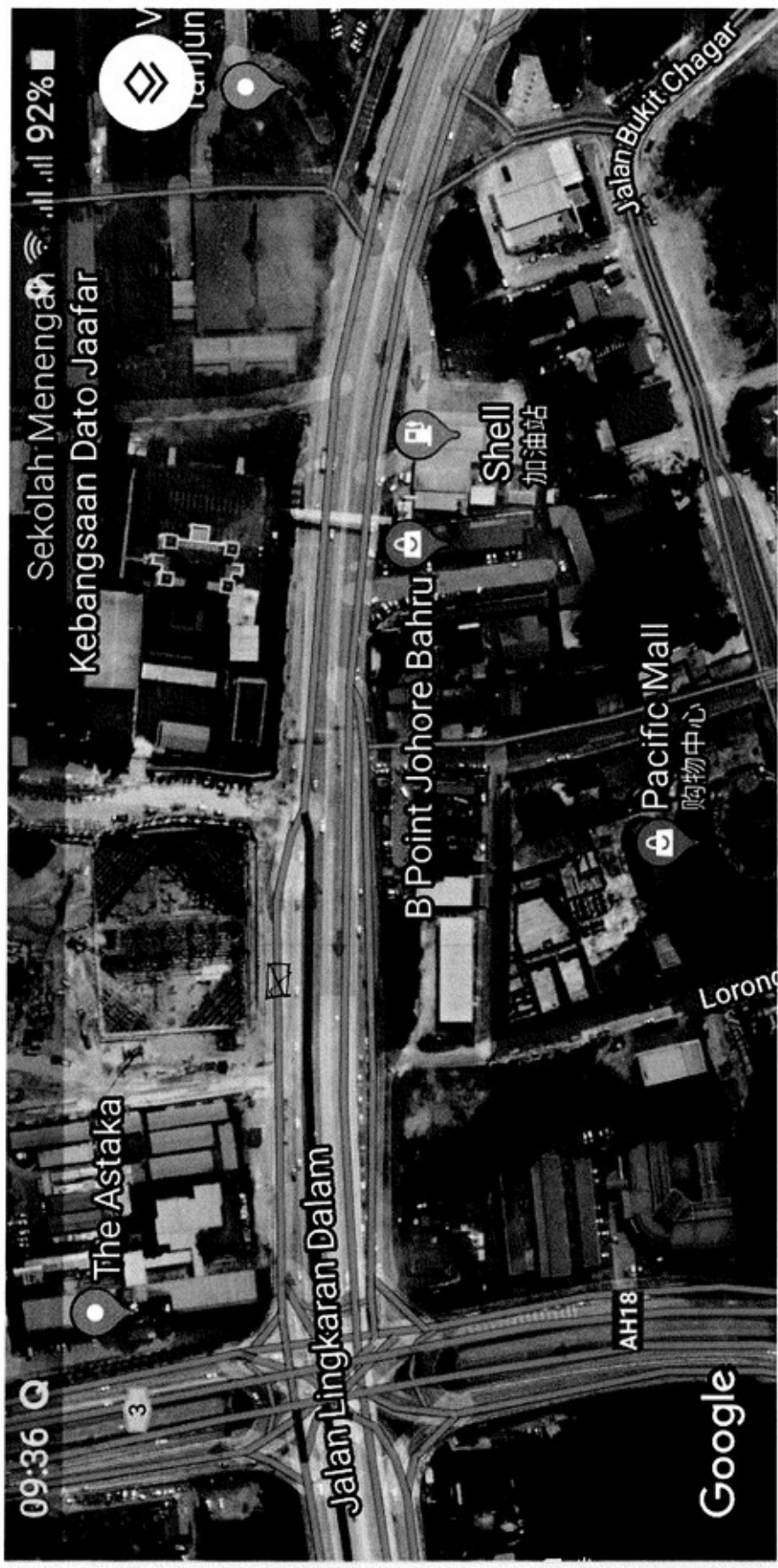
(if driver not the policyholder)

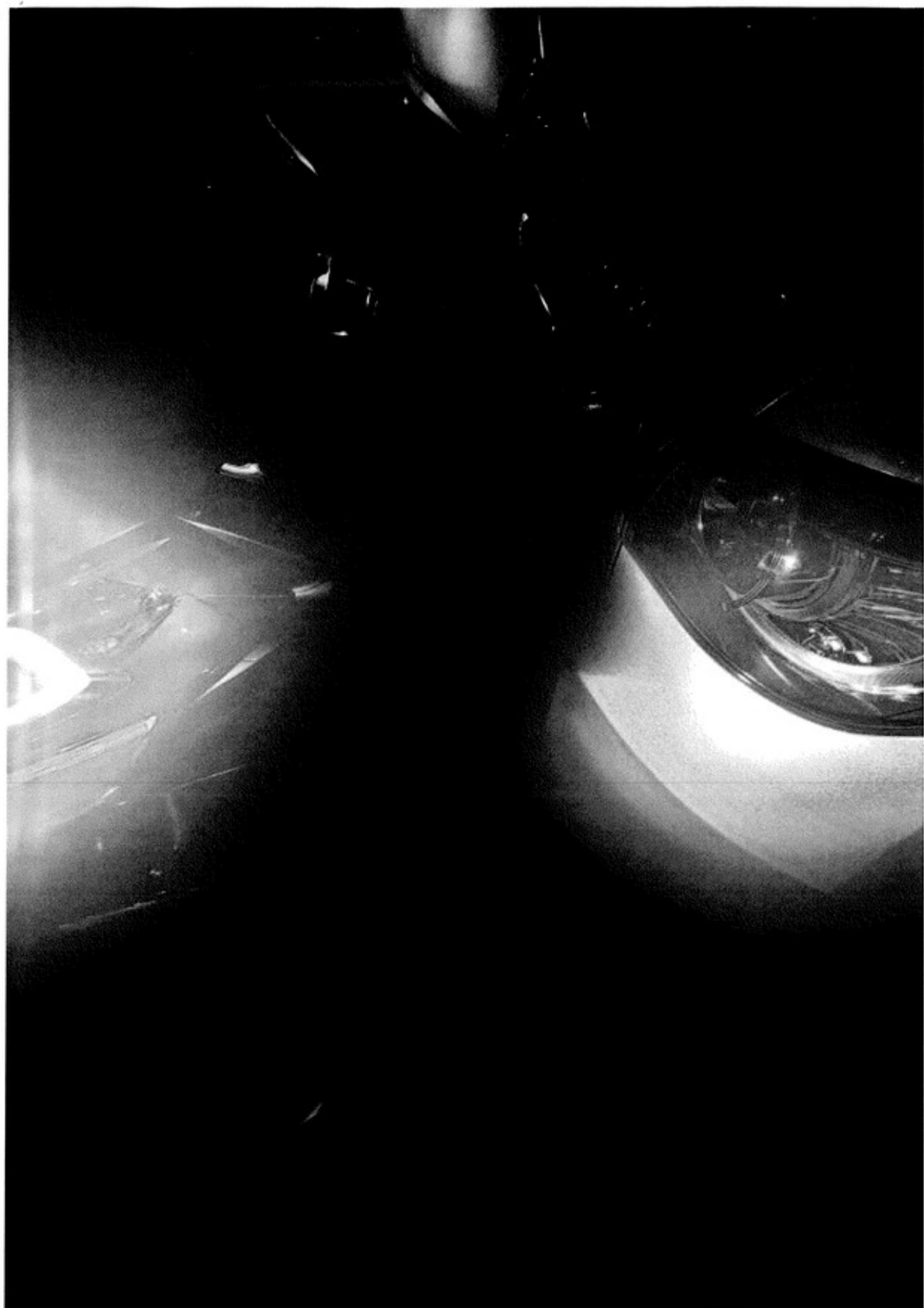
Date & Time

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.







8549 P  
SML

CARRO® | CARRO.SG

8549 P  
SML

CARRO® | CARRO.SG



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

