

## 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	04/01/2019 21:54
Date Of Accident	04/01/2019 11:40
Exact Location Of Accident	CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS2550Z
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### Insured/Policyholder

Name Of Registered Owner	CHUAN LUCK PTE LTD
Co Reg No	200514549C
Email Address	ZHIYUTANG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81800697
Alternative Phone No	Office-68770739

### Vehicle Particulars

Manufacturer	INFINITI
Model	Q30-1.5 D PREM DCT EU6 (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?	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	
Cover Note Number	1700053075

### Driver

Name of Driver	HAO YU
NRIC No	S8785699B
Date Of Birth	26/11/1987
Occupation	INDOOR
Date Of Driving Pass	07/12/2015
Driving Experience	3 YEARS AND 0 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-93804156
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	6 RIVER VALLEY GROVE #03-02
Postcode	238403
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT6679D
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JEREMY LLOYD GOH SWEE HUAT

NRIC/Passport Number	S1542380C
Contact Number	84881338
Address	
Postcode	
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
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 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.	
<b>ACCIDENT STATEMENT</b>	
Date and Time of Accident	Date: 04/01/19 Time: 1140
Exact Location of Accident	Cte
<b>DETAILS OF OWN VEHICLE</b>	
Vehicle Registration Number	SLS 2550Z
<b>INSURED / POLICYHOLDER (OWN VEHICLE)</b>	
Name of Registered Owner (See Insurance Cert.)	Chuan Luck Pte Ltd
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
- Not Applicable	200514549C
<b>VEHICLE PARTICULARS (OWN VEHICLE)</b>	
Vehicle Make / Model	Manufacturer <u>Infiniti</u> Model <u>Q30</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>Hatchback</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 checked="" type="radio"/> Yes <input type="radio"/> No (If No, Pls select: <input type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
<b>INSURANCE COMPANY (OWN VEHICLE)</b>	
Name of Insurance Company *	<u>AGF 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	
Motor CI	<u>1700053015</u>
<b>DRIVER</b>	<input type="radio"/> Same as Insured above
Name of Driver	<u>Hao Yu</u>
Personal Identification - NRIC (Singaporean/PR)	<u>S8785699B</u>
- FIN/Passport Number	
Date of Birth	<u>26</u> dd/ <u>11</u> mm/ <u>1987</u> /yy
Driving Date Pass	<u>07</u> dd/ <u>12</u> mm/ <u>2015</u> /yy
Year of Driving Experience	<u>3</u> Year(s) <input type="radio"/> Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	<u>9380 4156</u>

Page 1

Address of Driver	6 River Valley Grove #03-02		Postcode (238403)
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	Spouse		
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-on		
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		
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 checked="" type="radio"/> Yes <input type="radio"/> No		
Number of Passengers (Including Driver)	1		
<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	SJT 6679D		
Vehicle Make/ Model/ Colour	Mazda		
Details of Properties			
Name of Driver	Jeremy Lloyd Goh Swee Huet		
Personal Identification - NRIC (Singaporean/PR)	S1542380C		
- FIN/Passport Number			
Contact Number	84881338		
Address			
Name of Insurance Company	NTUC Income Insurance		
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' 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' 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 law yers/law firms) which may be sited outside of Singapore, for one or more of the above Purposes.

**CHUAN LUCK PTE LTD**

(Co. Reg. No. 200514549C)

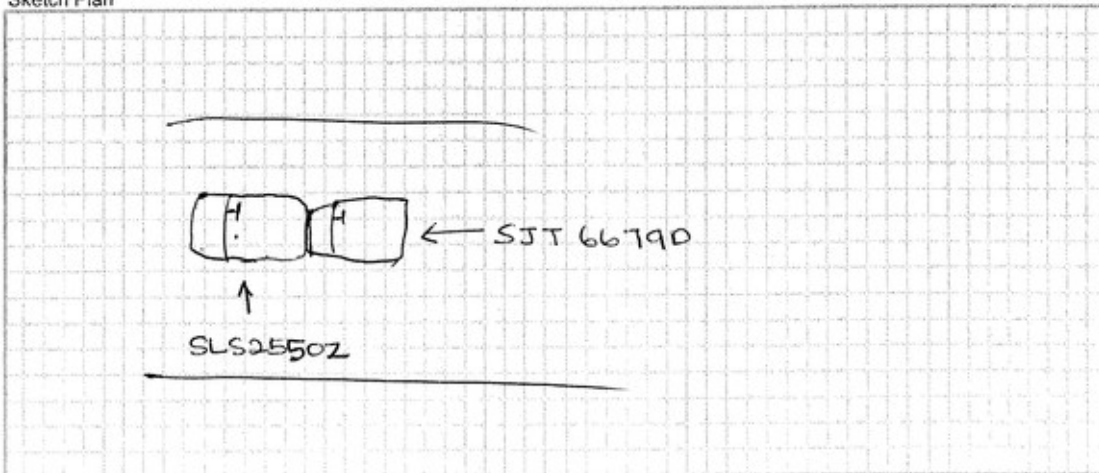
BLK 29 Hillview Avenue #01-08 Singapore 669561

Tel: 68770739  
Johor Bahru Office Tel: 07-2413715 / 6 Fax: 07-2413717

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



Describe Circumstance of the Accident

On Jan 4th 2019 around 11:40 AM, I drove from office back home through CTE. The CTE was jammed. I didn't stop the car in time and hit the Mazda 3 in front of me. No one is injured.

**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.

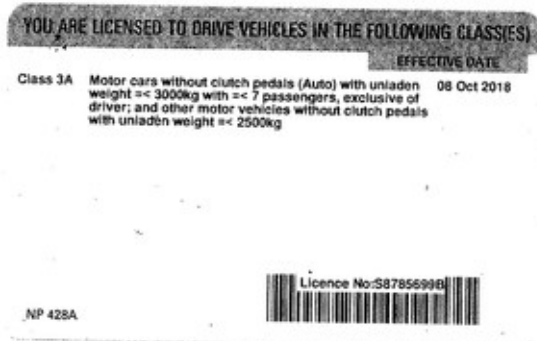
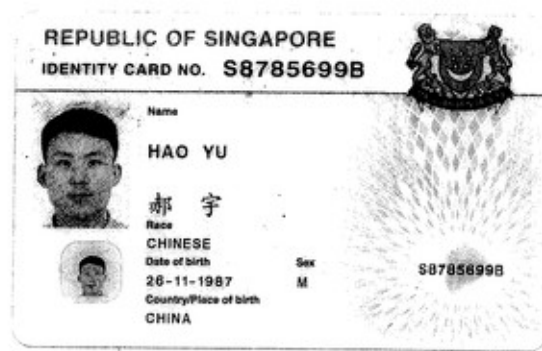
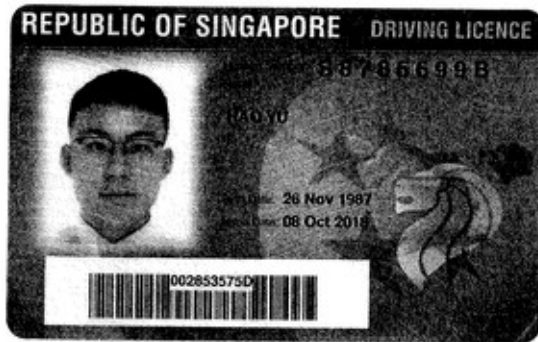
**Declaration**

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

全力有限公司  
CHUAN LUCK PTE LTD  
(Co. Reg. No. 200514549C)  
BLK 29 Hillview Avenue #01-08 Singapore 669561  
Tel: 68770739

Johor Bahru, Niche Tel: 07-24338679  
Policyholder's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel







COVER NOTE

## WEARNES AUTO PROTECTOR (INFINITI) PRIVATE VEHICLE

The following risk described on this Cover Note is hereby HELD COVERED on the terms and conditions of the policy issued to the Policyholder

Name of Policyholder	: CHUAN LUCK PTE LTD	Vehicle No.	:
Period of Insurance	: 15 Sep 2017 to 14 Sep 2019	Cover Note No.	: 1700053075
Engine No.	: K9KG481D002656	Endorsement No.	:
Chassis No.	: SJKDAAH15U1022759	Issued Date	: 15 Sep 2017

## ABOUT THE COVER

Make/Model	: INFINITI Q30 1.5D Premium	Sum Insured	: Market Value	First Year of Registration	: 2017
Engine Capacity/Tonnage	: 1,461.00 CC	Off Peak Car	: No	Insuring with COE/PAF	: Yes
Driver Restriction	: NA				
Person or Classes of Persons Entitled to Drive*					

Any person who is driving on the Policyholder's order or with their 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" ("YIDRE") 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):

TANG ZHI YU - \$800 (Own Damage)

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

1 Wearnes Automotive Pte Ltd Add: 45 Leng Kee Road Singapore 159103 53789333

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 5338 5200. 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: NA

If you do not receive your Certificate of Insurance and policy documents within 30 days from the inception date stated on this cover note, please contact AIG immediately.  
We hereby certify that this Cover Note 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). For Corporate Policies, this Cover Note is valid for 90 days from the commencement date of the period of insurance.


0503831320

WEARNES AUTOMOTIVE - DAC/II

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

  
AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE Jennifer-SY Cheah

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number: **G 3 1 6 2 9 0 6 W**

Name:

**HAO YU**

Birth Date: **26 Nov 1987**

Issue Date: **07 Dec 2015**

Valid Till **06/12/2020**



SG  
50

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

