

MWRA19125731 / Wearnes Automotive Pte Ltd - Leng Kee
 ENTRY DATE & TIME: 23/09/2019 14:24
 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 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	23/09/2019 14:24
Date Of Accident	20/09/2019 11:55
Exact Location Of Accident	JALAN KEBUN PISANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP7717E
Insured/Policyholder	
Name Of Registered Owner	MOHD REDZWA BIN MAT NOR
NRIC No	S6922718Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96996466
Alternative Phone No	Others-96996466

Vehicle Particulars

Manufacturer	VOLVO
Model	V40-1.6 V40 CROSS COUNTRY T4 (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	2100389455-05
Cover Note Number	

Driver

Name of Driver	SUZANA BINTE SUJAT
NRIC No	S7725435H
Date Of Birth	02/09/1977
Occupation	INDOOR
Date Of Driving Pass	02/02/2008
Driving Experience	11 YEARS AND 7 MONTHS
Gender	FEMALE

Mobile Number	(LOCAL) +65-96996466
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	29 MILTONIA CLOSE #07-18
Postcode	768062
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	FIRE, EXPLOSION OR LIGHTNING
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	1
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)	3
Passenger 1	Name: : NUR AMIRAH BINTI MOHD RAMLAN Gender: : Female
Passenger 2	Name: : RAHAYU ABDUL RAHMAN Gender: : Female

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO. T/201909020/2152.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20190920/2152

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

2 of 3

Report No. T/20190920/2152

CONTINUATION OF REPORT

Brief Details.

I was driving my car bearing plate number SKP7717E at the junction of Balestier Road and Jalan Kebun Limau. Suddenly, there was smoke coming from my car and subsequently, fire emerged. All of us managed to get out of the car in time and no one was injured.

Police and SCDF came and assisted us reference A/20190920/0047 under AIO Ho Chiow Yee.

Accident Sketch Plan



SINGAPORE POLICE FORCE



T/20190920/2152

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

3 of 3

Report No. T/20190920/2152

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
L/
Sgt 3 MAISURAH BINTE MD RAHIM *Me*

Signature Of Informant:
[Handwritten Signature]

Signature Of Interpreter:
Not applicable

Date/Time:
20/09/2019 17:09

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MARIAH BINTE ZAKARIA
Contact No.: 65476433

Classification Of Case:

Authentication Stamp
NP168

SN 130

Signature: *Me*

Singapore Police Force

Accident Sketch Plan



CERTIFICATE OF INSURANCE

WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

Name of Policyholder	: MOHD REDZWA BIN MAT NOR	Vehicle No.	: SKP7717E
Period of Insurance	: 16 Oct 2019 To 15 Oct 2020	Policy No.	: 2100389455-05
Engine No.	: B4164T1200486	Endorsement No.	:
Chassis No.	: YV1MZ485BF2062140	Issued Date	: 04 Sep 2019

ABOUT THE COVER

Make/Model	: VOLVO V40 CROSS COUNTRY T4	Sum Insured	: Market Value	First Year of Registration	: 2014
Engine Capacity/Tonnage	: 1,596.00 CC	Off Peak Car	: No	Insuring with COE/PARF	: Yes
Driver Restriction	: NA				

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), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1

Fire - \$0 Own Damage - \$0 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

MOHD REDZWA BIN MAT NOR

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: 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), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503485724

WEARNES AUTOMOTIVE - FAT (V)

45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. J. J. J.

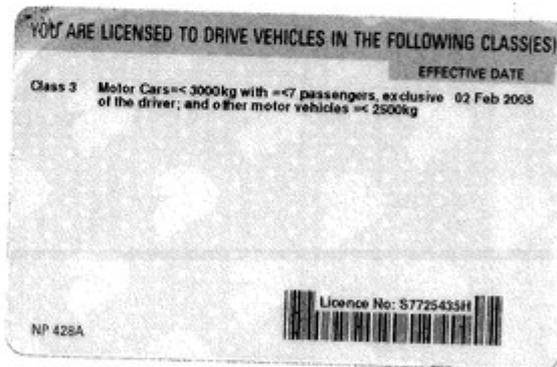
AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

SSP/NS

78 Shelton Way #07-18 AIG Building 8079120 | T:+65 6419 3000 | www.aig.sg

AIG Asia Pacific Insurance Pte. Ltd.

Accident Sketch Plan



Accident Sketch Plan

378919

SINGAPORE ACCIDENT STATEMENT	
IMPORTANT NOTICE	
1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing.	
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: 20/09/2019 Time: 11:59 hrs.
Exact Location of Accident	Jalan Kebun Pisang
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	8KCP 777E
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	Mohd Redzwa Bin Mat Nor
Personal Identification - NRIC (Singaporean/PR)	S6922718Z
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer <u>Volvo</u> Model <u>V40</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, Pls select: <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting)
Vehicle Category*	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	Ally
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	2100389455-05
Motor CI	
DRIVER	<input type="checkbox"/> Same as Insured above
Name of Driver	Suzana Binte Sujat
Personal Identification - NRIC (Singaporean/PR)	S772543511
- FIN/Passport Number	
Date of Birth	02 dd/ 09 mm/ 1977yy
Driving Date Pass	02 dd/ 02 mm/ 2008yy
Year of Driving Experience	Year(s) Month(s)
Occupation	<input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Gender	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Contact Number / Mobile Phone / Fax No.	9699 6466

Page 1

Accident Sketch Plan

Address of Driver	29 Miltonia Close #07-18 Postcode (768062)
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)	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Car caught fire
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 Mir Amirah Binti Mohd Ramlan (P)
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No Rahayu Abdul Rahman (P)
Was any other vehicle or property damaged?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was there any video captured by Car Camera?	<input type="radio"/> Yes <input type="radio"/> No
Number of Passengers (Including Driver)	3
DETAILS OF POLICE ACTION	
Was the Accident reported to the Police?	<input checked="" type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name	Yishun South SPC
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	N.A.
Vehicle Make/ Model/ Colour	
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

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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 yors/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 well as on the external cover of envelopes/mail packages); 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

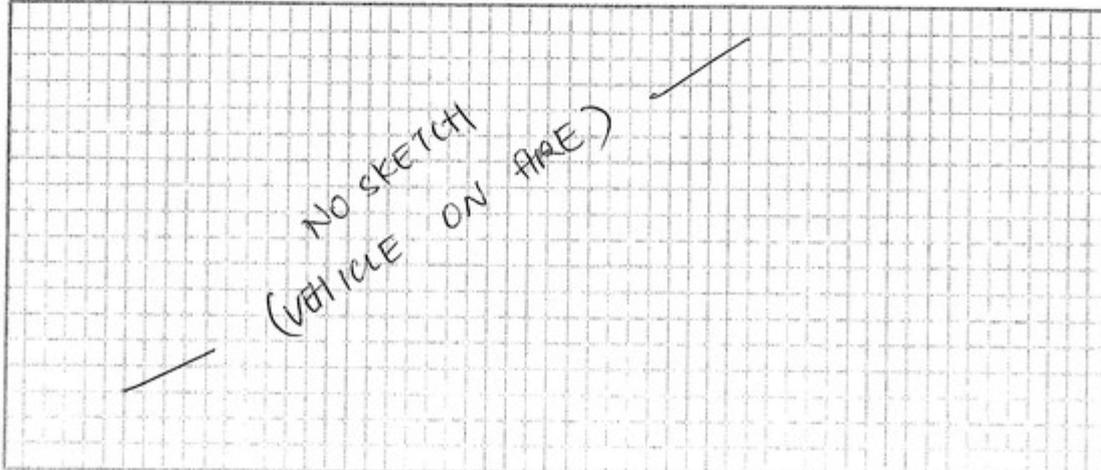
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be s/ied outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



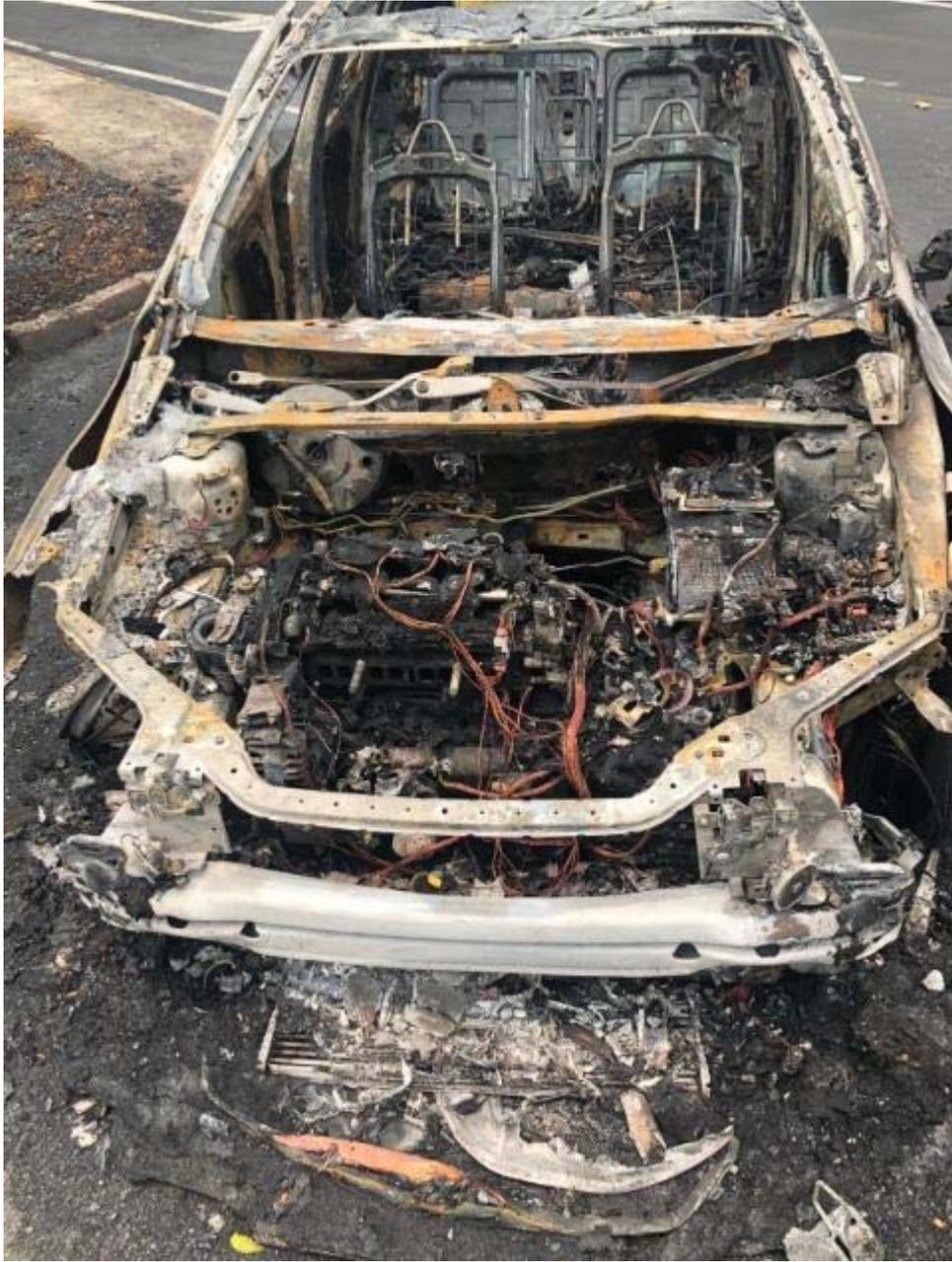
Accident Photo



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Accident Photo

