

## 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	21/11/2019 14:08
Date Of Accident	31/10/2019 00:00
Exact Location Of Accident	PETIR RD TOWARDS DIARY FARM RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ39H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEW KAR LAY
NRIC No	S6937224D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92321169
Alternative Phone No	Office-92321169

### Vehicle Particulars

Manufacturer	PORSCHE
Model	CAYENNE S (V8)
Exact Purpose for which vehicle was being used at time of accident	
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	1800138830
Cover Note Number	

### Driver

Name of Driver	CHAI ENG YEOW
NRIC No	S6915502B
Date Of Birth	05/05/1969
Occupation	INDOOR
Date Of Driving Pass	11/06/1991
Driving Experience	28 YEARS AND 4 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97571069
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 102 GANGSA ROAD #07-25
Postcode	670102
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	NO COLLISION
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 21 BUKIT BATOK EAST AVE 4 , <b>POSTCODE:</b> 659840 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-6659999 - <b>FAX NO:</b> 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER SKETCH PLAN

#### 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	SHC4971K
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category  
Name of Driver

PRIVATE CAR

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan


### SKETCH PLAN


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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 reports may be referred to the Police for investigation.
6. The 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 lodgment 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:

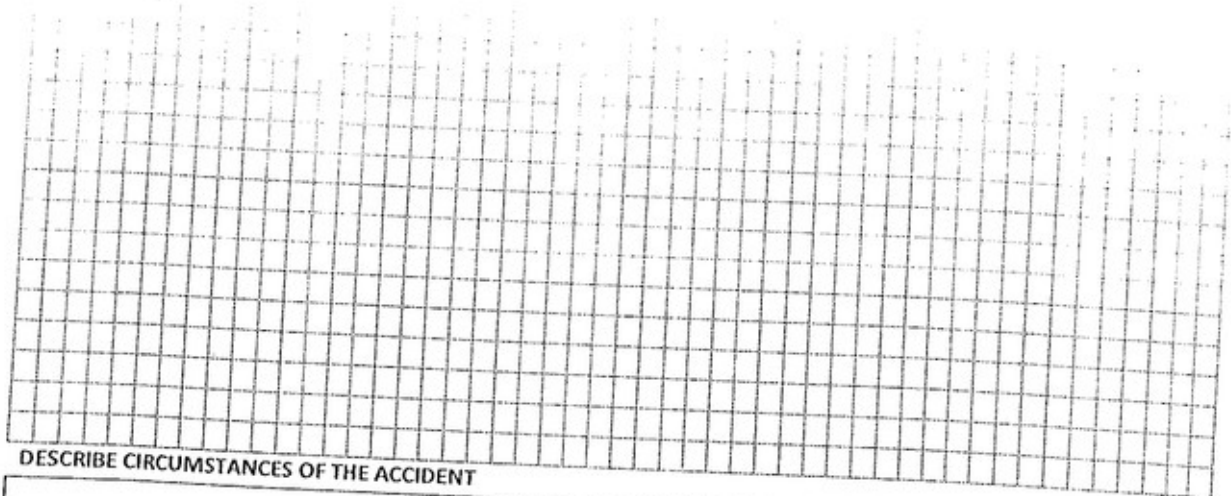
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name: Paleswaran Arvind  
NRIC/IN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

**Important:**

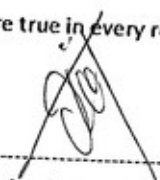
You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.


<input checked="" type="checkbox"/>	- Reporting Only
<input type="checkbox"/>	- Claim OD
<input type="checkbox"/>	- Claim TP
<input type="checkbox"/>	- 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: Pales Warren. Arund.  
Nric/Fin No.





**SINGAPORE  
POLICE FORCE**



T/20191114/2043

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

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Report No. T/20191114/2043

CONTINUATION OF REPORT

**Brief Details.**

On 31/10/2019 at around 0000hrs, I was driving a brown Porsche Cayenne with license plate no. SLQ39H which is under my wife's name Chew Kar Lay HP: 92321169 from Bukit Batok Driving Centre area. I was heading home to Almond Crescent and at around 0045hrs, I had went past Petir Road to reach home, but did not feel any impact or anything amiss on the way home.

When I received a letter from Traffic Police about being involved in an accident, I made a check on my car and did not find any fresh damages. I wish to state that when I bought my car, there is already a few scratch marks at the left rear side. I did not install any in-car camera and did not have any passengers on board at that time.



**SINGAPORE  
POLICE FORCE**



T/20191114/2043

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
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3 of 3

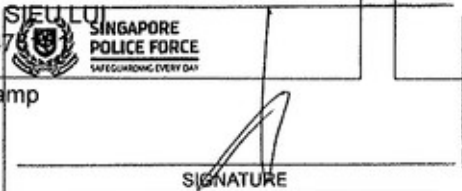
Report No. T/20191114/2043

**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: J / Sgt 2 GARRISON CHUA KESHENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/11/2019 12:17
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65474885	Classification Of Case:
Authentication Stamp NP168	

**AIG Reminder letter**





Auto  
Consultants  
Pte Ltd

51 UBI AVE L, #01-25 PAVA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC3/AIG19019431/Qhb3

19 November 2019

By Registered Mail  
First Reminder

**Chew Kar Lay**  
21 Toh Guan Road East  
#01-21/22  
Singapore 608609

Dear Sir/Madam,

**ACCIDENT INVOLVING SLQ 39H AND SHC 4971K ON 31/10/2019 ALONG/ AT  
PETIR ROAD TOWARDS DAIRY FARM ROAD**

We refer to the above subject matter. Your insurer AIG Asia Pacific Insurance Pte Ltd (AIG) has received a third party claim(s) against your motor insurance policy, and has appointed LKK Auto Consultants Pte Ltd to act on their behalf to handle this matter.

We highlight that this accident has not been reported to AIG.

Please note that you had been notified by our via mail by post from our office on 06/11/2019

Kindly proceed to lodge your accident report immediately, giving the version of the accident amongst other things related to the accident. The accident report can be lodged at any of AIG reporting centres. For the listing of AIG reporting centres, you may refer to your Certificate of Insurance or visit AIG Singapore's website.

To enable us to look into the matter immediately, please let us hear from you within fourteen (14) days from date of this letter (by 05/12/2019).

Please be reminded that in accordance with the terms and conditions under your policy, failure of compliance, our principal M/s AIG Asia Pacific Insurance Pte Ltd reserves the right to repudiate liability.

If you need further assistance or clarifications, please contact the undersigned.

Yours faithfully,


Vic Alpeh Sanghila  
Claims  
Tel : 6841 2096  
Fax: 6741 4108  
Email : [vicalpeh@lkkauto.com](mailto:vicalpeh@lkkauto.com)

c.c *Claims Manager*  
*AIG Asia Pacific Insurance Pte. Ltd*  
*(Motor Claims Dept)*

Owner Authorization Letter

I (Owner Name) Chew Kor Lay i/c S6937224D owner of this  
car no. S6639H authorize the driver (Name) Chai Eng Yew i/c no.  
S691550 > B to file accident report which happened on (Accident Date)  
31/10/19 at (Location) Petir Rd Towards Dairy Farm Rd

Owner's Name : Chew Kor Lay

Signature : 



# CERTIFICATE OF INSURANCE

## ELITE AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Chew Kar Lay  
 Period of Insurance : 19 Nov 2018 To 07 Feb 2020  
 Engine No. : C00863  
 Chassis No. : WP1ZZZ92ZCLA40346

Vehicle No. : SLQ39H  
 Policy No. : 1800138830  
 Endorsement No. : 00000000294179  
 Issued Date : 30 Jul 2019

### ABOUT THE COVER

Make/Model : PORSCHE CAYENNE S  
 Engine Capacity/Tonnage : 4,806.00 CC  
 Driver Restriction : NA  
 Person or Classes of Persons Entitled to Drive\* :  
 Sum Insured : Market Value  
 Off Peak Car : No  
 First Year of Registration : 2011  
 Insuring with COE/PARF : Yes

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.

\* 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 Outside Singapore Cover - \$3000 Own Damage - \$3000 Theft - \$0 Theft Outside Singapore Cover - \$3000 Flood Cover - \$3000

Section 2  
 Property Damage - \$0

Windscreen : \$500

Named Driver and Excess (where applicable)

Chew Kar Lay - \$3000 (Outside Singapore Cover) \$3000 (Own Damage) \$3000 (Theft Outside Singapore Cover), \$3000 (Flood Cover)

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

Any accident repairs to the Vehicle can be carried out at the repairer of Your choice (unless specifically excluded by Us).  
 For 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: 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).

0692135000

LIM CHOON CHONG THOMAS  
 39E LORONG I TELOK KURAU  
 SINGAPORE 425451

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE

50C255

Identification Card & DL Of Driver

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S6915502B**  
 Name: **CHAI ENG YEOW**  
 Expiry Date: **05 May 1969**  
 Issue Date: **11 Jun 2003**

000563460C

**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. **S6915502B**




Name: **CHAI ENG YEOW**  
 蔡榮輝  
 Race: **CHINESE**  
 Date of Birth: **05-05-1969** Sex: **M**  
 Country of Birth: **SINGAPORE**

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	11 Jun 1991

NP 428A

Licence No: **S6915502B**

3113174



NRIC No: **S6915502B**



Blood Group: **O+** Date of issue: **18-12-1999**

Address: **APT BLK 102 GANGSA ROAD #07-25 SINGAPORE 670102**

NRIC No: **S6915502B** Date: **17/05/2011** No: **6663337**

Identification Card of Owner



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

