

## 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	21/12/2019 10:52
Date Of Accident	07/12/2019 17:00
Exact Location Of Accident	BLK 312 SUMANG LINK CP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCW31D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHU YONG KHIM
NRIC No	S1585993H
Email Address	ANDYCHU@AIA.COM.SG
Mobile Phone No	(LOCAL) +65-96166532
Alternative Phone No	Office-96166532

### Vehicle Particulars

Manufacturer	PORSCHE
Model	MACAN-2.0 PDK (A)
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	2100489107
Cover Note Number	

### Driver

Name of Driver	CHU YONG KHIM
NRIC No	S1585993H
Date Of Birth	06/09/1963
Occupation	INDOOR
Date Of Driving Pass	06/04/1981
Driving Experience	38 YEARS AND 8 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96166532
Fax Number	
Contact Number	OFFICE-96166532
EEmail Address	ANDYCHU@AIA.COM.SG
Address	1 TAMAN BEDOK S487052
Postcode	
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	COLLIDED INTO PROPERTY
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?	
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

REFER TO ATTACHED REPORT

#### 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	SHB1745Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA

Address	NA
	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### SKETCH PLAN

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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: 21.12.19  
10.15AM

Driver's Signature

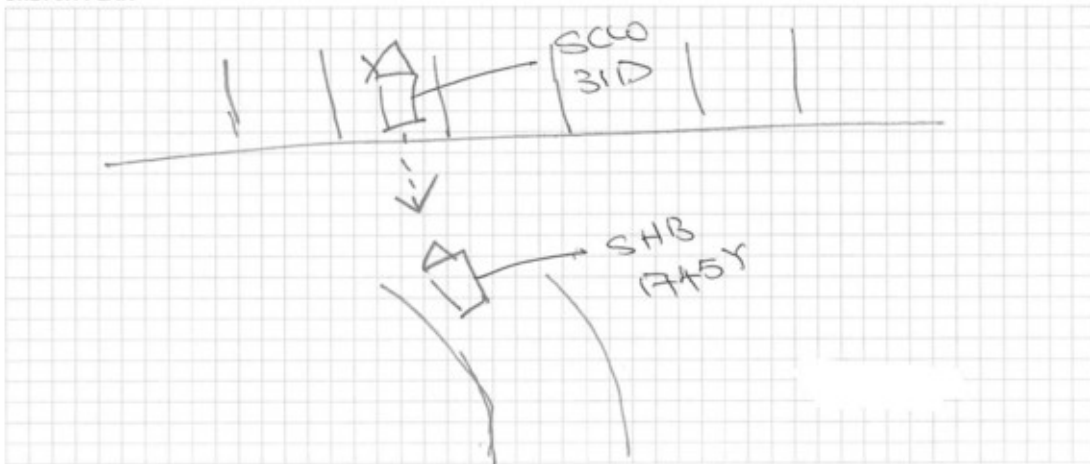
(If driver is not the policyholder)  
Date & Time: 21.12.19  
10.15AM



Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I checked no traffic behind and I slowly released my brakes to reverse out. Suddenly I felt an impact from the rear and realised that I had a collision with an on-coming taxi SHB 1745Y from the lower deck. We got down and looked at both our cars and there was no damages to both cars. Upon confirmation with the taxi driver that there are no damages to his vehicle, we both parted ways. It was only then I received a letter from the insurance that SHB 1745Y had made a claim against my policy. I wish to reinforce that there was no damage to both cars at the material time. I require insurance company to look into this untrue claim from SHB 1745Y and update me on their findings as I would consider making a police report against SHB 1745Y for making a false claim.

INSURER: AIG.  
VEHICLE: SCW 31D  
DOA: 21/12/19.  
CLAIM TYPE: Repairs  
WORKSHOP: [Signature]

## DECLARATION

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

Policyholder's Signature

Date & Time: 21.12.19  
10.15AM

Driver's Signature

(If driver is not the policyholder)  
Date & Time: 21.12.19  
10.15AM

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:



Identification Card

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1585993H**

Name **CHU YONG KHIM**

Birth Date **06 Sep 1963**

Issue Date **16 Apr 2003**





REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1585993H**



Name **CHU YONG KHIM**

**朱永欽**

Race **CHINESE**

Date of birth **06-09-1963**

Country/Place of birth **SINGAPORE**

Sex **M**





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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

06 Apr 1981

NP 428A



Licence No: S1585993H



NRIC No: S1585993H

Date of issue  
18-09-2018

Address

1 TAMAN BEDOK  
SINGAPORE 487052

602575



# CERTIFICATE OF INSURANCE

## ELITE AUTOPLAN PRIVATE VEHICLE

Name of Policyholder : Chu Yong Khim  
Period of Insurance : 09 Nov 2019 To 08 Nov 2020  
Engine No. : 036413  
Chassis No. : WP1ZZZ95ZHLB04390

Vehicle No. : SCW31D  
Policy No. : 2100489107-03  
Endorsement No. :  
Issued Date : 25 Oct 2019

### ABOUT THE COVER

Make/Model : PORSCHE MACAN  
Engine Capacity/Tonnage : 1,984.00 CC  
Driver Restriction : NA  
Person or Classes of Persons Entitled to Drive\* :  
Sum Insured : Market Value  
Off Peak Car : No  
First Year of Registration : 2016  
Insuring with COE/PAF : 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.

Age Condition : 40 years old and above

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

Section 2  
Property Damage - \$0

Windscreen : \$500

Named Driver and Excess (where applicable)

Chu Yong Khim - \$3000 (Fire) \$3000 (Outside Singapore Cover) \$3000 (Own Damage) \$3000 (Theft Outside Singapore Cover) \$3000 (Theft), \$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: United Overseas Bank Limited

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).

0691184000

GOH KIM HONG

3 TAMPINES GRANDE #05-48 AIA TAMPINES

SINGAPORE 528799 SP-IDYADVISORY

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

KIM HONG GOH



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL.: (065) 62563561 FAX : (065) 62564315

Our Ref: CC3/AIG19021516/Qkb3

17 December, 2019

**Chu Yong Khim**  
1 Taman Bedok  
Singapore 487052

Dear Sirs,

**ACCIDENT INVOLVING SCW 31D AND SHB 1745Y ON 07/12/2019 ALONG /  
AT BLK 312 SUMANG LINK**

We, LKK Auto Consultants Pte Ltd has been appointed to act on the behalf of your insurer, AIG Asia Pacific Insurance Pte Ltd (AIG) to settle a THIRD PARTY claim against you for an accident which happened on the above-mentioned date and location.

Kindly proceed to lodge your GIA report within five (05) working days of receipt of this letter, giving the version of the accident amongst other things related to the accident. The GIA report can be lodged at any of AIG reporting centres. You may refer to your Certificate of Insurance for the list of the reporting centres.

If you have any information to add or any amendments to make, please contact the undersigned within five days from the date of this letter.

Please note that the standing of your insurance policy such as NCD, premium & etc would be affected.

Yours faithfully,

Khanchna  
Claims  
Tel : 6841 2360  
Fax: 6741 4108  
Email : [khanchna@lkkauto.com](mailto:khanchna@lkkauto.com)

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

