

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	10/12/2019 15:14
Date Of Accident	09/12/2019 18:20
Exact Location Of Accident	SINARAN DRIVE TO MOULMEIN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN8352D
Insured/Policyholder	
Name Of Registered Owner	SIMON ALISTAIR SINCLAIR
NRIC No	S7881991Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90238870
Alternative Phone No	Office-90238870

Vehicle Particulars

Manufacturer	VOLVO
Model	XC40-2.0 T5 R-DESIGN (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	1900155767
Cover Note Number	

Driver

Name of Driver	LIEW SHU LING
NRIC No	S7144816I
Date Of Birth	15/12/1971
Occupation	INDOOR
Date Of Driving Pass	23/05/1994
Driving Experience	25 YEARS AND 6 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-90238870
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	56 HYTHE ROAD
Postcode	557537
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 - MAJOR/MINOR RD
Weather Conditions	RAINING
Road Surface	WET

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?	YES
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)	2
Passenger 1	Name: : LIAM SINCLAIR Gender: : Male

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 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	SH8121P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	

NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LIEW SHU LING
Approximate Age	48
Injuries Sustain	CHEST PAIN
Injured person in which vehicle?	SMN8352D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	56 HYTHE ROAD
Postcode	557537

Sketch Plan

SINGAPORE ACCIDENT STATEMENT	
IMPORTANT NOTICE	
1. Complete and submit this Form to Allied World's Authorized 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: 09/12/19 Time: 1820
Exact Location of Accident	Singapore Drive to mountain rd
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMN 8352D
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	Simon Ng/Spair Sinclair
Personal Identification - NRIC (Singaporean/PR)	S7881991Z
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer Volvo Model XC40 2.5 R.
Type of Vehicle*	<input type="radio"/> Saloon <input type="radio"/> MPV <input checked="" type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> 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="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
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	AIG
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	1900155767
Motor CI	
DRIVER	<input type="radio"/> Same as Insured above
Name of Driver	Liew Shu Ling
Personal Identification - NRIC (Singaporean/PR)	S7144816Z
- FIN/Passport Number	
Date of Birth	15 dd/ 12 mm/ 97/yy
Driving Date Pass	23 dd/ 02 mm/ 99/yy
Year of Driving Experience	Year(s) Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	9023 8870

Address of Driver	56 Hythe rd
	Postcode (557537)
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)	minor into major
Weather Conditions	<input type="radio"/> Clear <input checked="" type="radio"/> Raining <input type="radio"/> Others, _____
Road Surface	<input type="radio"/> Dry <input checked="" 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
Was any body injured in the accident?	<input checked="" type="radio"/> Yes <input 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 type="radio"/> Yes <input checked="" type="radio"/> No Liam Sinclair (M)
Number of Passengers (Including Driver)	02
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	
Police Station Address	Refer to police report.
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	SH 8121P
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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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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

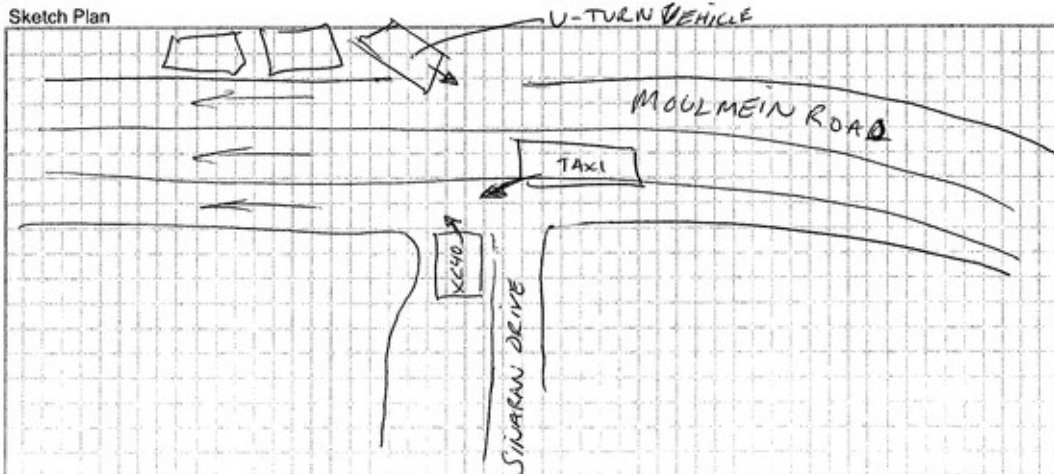
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

Refer to police report.

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



**SINGAPORE
POLICE FORCE**



T/20191209/2184

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

1 of 3

Report No. T/20191209/2184

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2019 21:18		Vide Report No.:		Station Diary No.: 17	
Informant's Particulars					
Name of Informant: LIEW SHU LING			Address: 56 HYTHE ROAD SINGAPORE 557537		
ID Type / ID No.: NRIC NO / S71448161			Contact No.: Home/Office: Mobile: 96643148		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 47	Date of Birth: 15/12/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: HOUSEWIFE			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury: Others	Drink Drive: No	Date/Time of Accident: 09/12/2019 18:20	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 MOULMEIN ROAD SINARAN DRIVE Lamp Post Number: 40				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH8121P	Car					0
SMN8352D	Car					1

Sketch Plan #6



**SINGAPORE
POLICE FORCE**



T/20191209/2184

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

2 of 3

Report No. T/20191209/2184

CONTINUATION OF REPORT

Brief Details.

On 09/12/2019 at about 1820hrs, I was driving my car SMN8352D along Sinaran Drive. Upon reaching the junction of Moulmein Road and Sinaran Drive, I stopped before the stop line to check for any oncoming traffic from Moulmein Road from my right, as I wanted to turn left. After I saw that there were no traffic from my right, I started to proceed out to turn left. As my car was about to turn completely to Moulmein Road, I felt the hit from my right side. The airbag exploded and after which I was in a shock. For a few min I was in the car. My son was sitting at the back of the car and I checked that he was alright. After which I called the ambulance as I felt pain on my chest area.

I saw a driver in front of my car and what seem to be taking photos and video of the accident. I came out of my vehicle eventually and then I saw one Taxi on my right. The Traffic police and ambulance came thereafter. The medic assessed my injury and advised me to see a doctor. After everything, I took photos of the accident and my husband was at the location as I called him and he took care of my car and I went to the hospital to see a doctor. I did not take any MC as I was a housewife and I do not need one.

I am making this report as I was instructed by the traffic police to do so and also to submit this report to my insurance company.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191209/2184

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

3 of 3


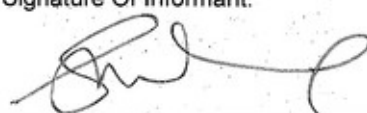
Report No. T/20191209/2184

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.

<p>Signature Of Officer Recording The Report:  Sgt S. TEO JING XIAN Signature: _____</p>	<p>Signature Of Informant: </p>
<p>Signature Of Interpreter: Not applicable</p>	<p>Date/Time: 09/12/2019 21:18</p>
<p>Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219</p>	<p>Classification Of Case:</p>

Authentication Stamp
NP168



CERTIFICATE OF INSURANCE

WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

Name of Policyholder : SIMON ALISTAIR SINCLAIR
Period of Insurance : 29 Aug 2019 To 28 Aug 2021
Engine No. : B4204T183254995
Chassis No. : YV1XZ16ACL2205253

Vehicle No. : SMN8352D
Policy No. : 1900155767
Endorsement No. : 000000000303318
Issued Date : 12 Sep 2019

ABOUT THE COVER

Make/Model : VOLVO XC40 T5 R-Design
Engine Capacity/Tonnage : 1,969.00 CC
Driver Restriction : NA
Person or Classes of Persons Entitled to Drive* :
Sum Insured : Market Value
Off Peak Car : No
First Year of Registration : 2019
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.

You have to pay an additional sum of \$3,000 as "Inexperienced Driver Excess" ("IDR") if You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

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.

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 - \$800 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

SIMON ALISTAIR SINCLAIR - \$800 (Own Damage)

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

1. Wearn's 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).

0503485760

WEARNES AUTOMOTIVE - JRT (V)

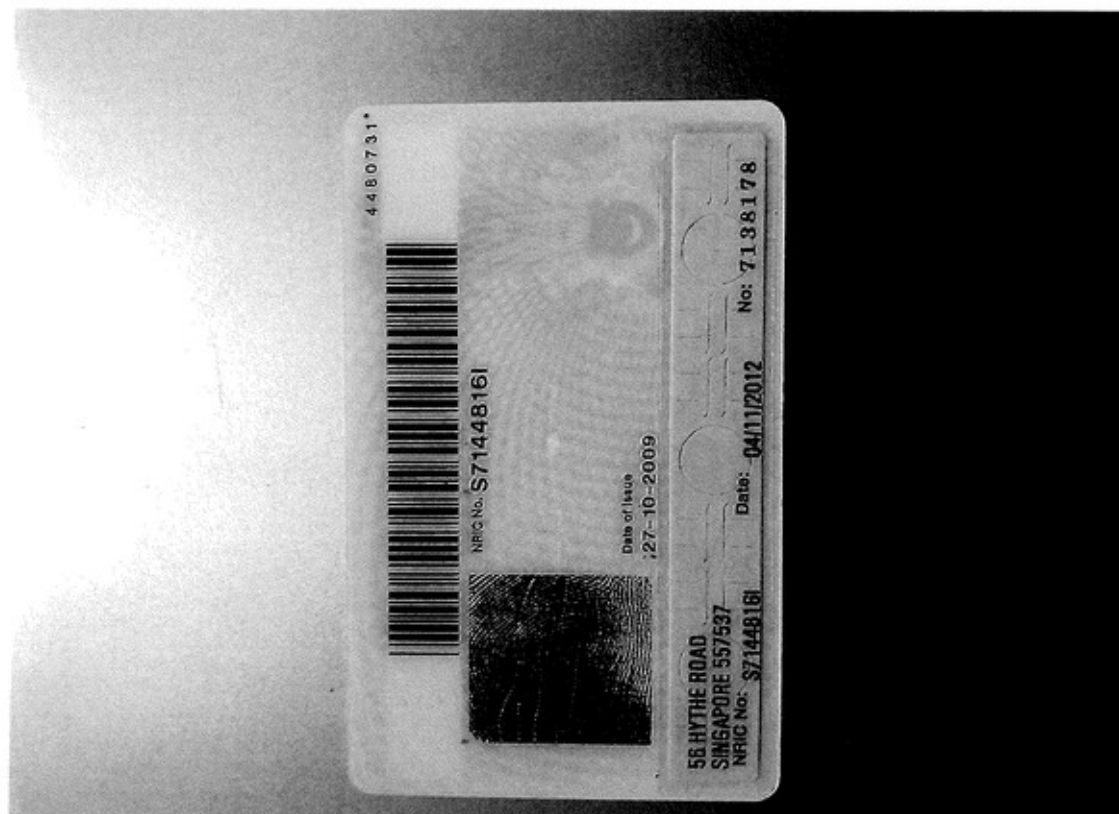
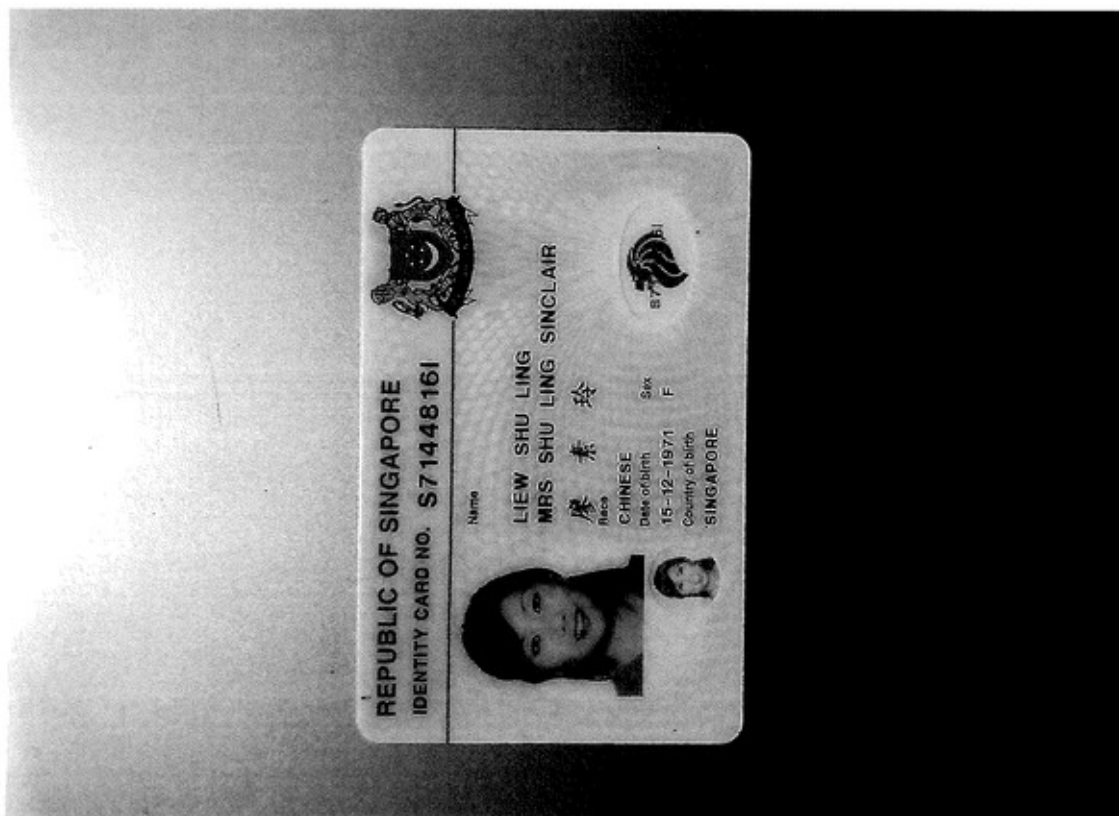
45 LENG KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
AUTHORISED REPRESENTATIVE

SSCSMN



Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identification No: S71448161

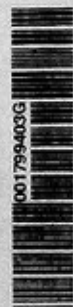
HEW SHU LING
MBS SHU LING SINCLAIR

Birth Date: 15 Dec 1971

Issue Date: 29 Oct 2009



00179403G



ICLASS 3

Class 3 Motor Cars \leq 5000kg with \leq 7 passengers, exclusive of the driver, and other motor vehicles \leq 2500kg



Licence No: S71448161

NF 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

