

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	06/01/2020 11:03
Date Of Accident	04/01/2020 09:00
Exact Location Of Accident	WEST COAST HIGHWAY TOWARDS JLN BURUH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN7044A
Insured/Policyholder	
Name Of Registered Owner	NEW WEST COAST MARITIME PTE LTD
Co Reg No	199508381H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-93696972

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	1900153691
Cover Note Number	

Driver

Name of Driver	LIN WEICHENG
NRIC No	S8232442I
Date Of Birth	05/10/1982
Occupation	INDOOR
Date Of Driving Pass	11/05/2004
Driving Experience	15 YEARS AND 7 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-93696972
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 305D PUNGGOL DRIVE #13-889
Postcode	84305
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL2330C
Vehicle Make/Model/Colour	TOYOTA ESTIMA WHITE
Details Of Properties	REAR BUMPER & REAR DOOR
Vehicle Category	PRIVATE CAR
Name of Driver	TSUI WAI CHEONG ANDREV
NRIC/Passport Number	S1230523J
Contact Number	98290657

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Sketch Plan

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

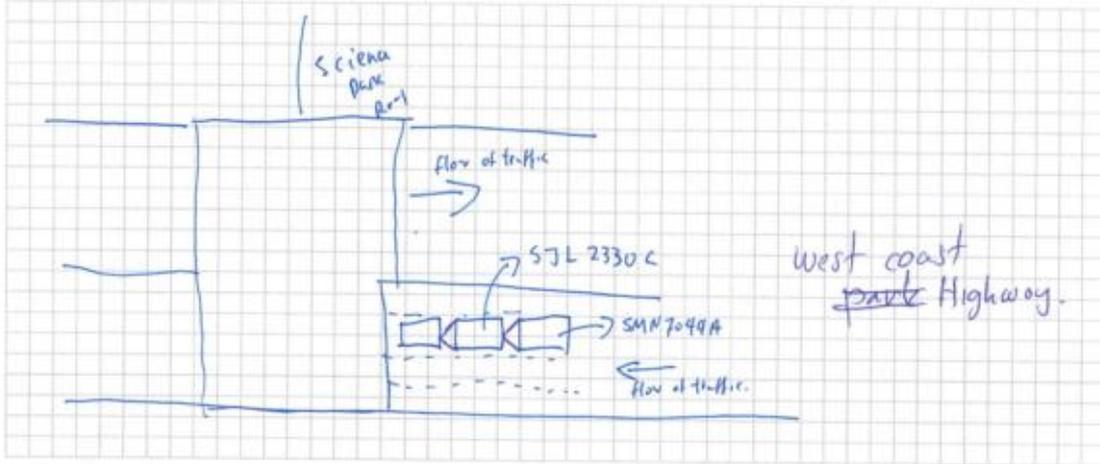
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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' 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:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 4/01/2020 at about 09:04hrs. I was driving along West Coast Hwy towards Tinian. As approaching the Junction of West Coast Hwy and Science Park Rd, the traffic light was Red so I came to a stop behind a white colour Toyota Estima. I waited till the light turn green and started to move forward. I did not realise the vehicle in front of mine did not move and I bang onto his vehicle. Both the vehicle were on the third lane.

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:


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : Lin Wichenj

VEHICLE NUMBER : SMM 7044A

DATE/TIME OF ACCIDENT : 4/01/2020 @ 0904hrs

PLACE OF ACCIDENT : West Coast Highway

THIRD PARTY VEHICLE (IF ANY) : SJL 2330C

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Home to work place

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

NO

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Minor to rear bumper of front vehicle.

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No.


 Name: Lin Wichenj

I Affirmed The Above Information Is Given To My Best Knowledge.

AIG Asia Pacific Insurance Pte. Ltd.
 AIG Building 78 Shenton Way #07-16 Singapore 079120
 Tel: 6419 3000



CERTIFICATE OF INSURANCE

TOYOTA AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : NEW WEST COAST MARITIME PTE LTD
Period of Insurance : 26 Aug 2019 To 25 Aug 2020
Engine No. : 2NR5386241
Chassis No. : MR2B23F3001186017

Vehicle No. : SMN7044A
Policy No. : 1900153691
Endorsement No. :
Issued Date : 28 Aug 2019

ABOUT THE COVER

Make/Model : TOYOTA VIOS 1.5
Engine Capacity/Tonnage : 1,496.00 CC
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.

Sum Insured : Market Value
Off Peak Car : No

First Year of Registration : 2019
Insuring with COE/PARF : Yes

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 1500cc - 1600cc

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169), 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 - \$600 Theft - \$0 Flood Cover - \$0

Section 2

Property Damage - \$0

Windscreen : \$100

Named Driver and Excess (where applicable)

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

- 1 Toyota Bodycare Centre (For accident repair & accident reporting) Add 17 Ubi Road 4 Singapore 408611 Tel: 6631 1689
- 2 Toyota Bodycare Centre (For accident repair & accident reporting) Add 2 Pandan Crescent Singapore 128462 Tel: 6631 1188

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 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: HONG LEONG FINANCE LTD

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. 169), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0504667257

INCHCAPE AUTO TOYOTA - BSTU034

33 LENG KEE ROAD

SINGAPORE 159102

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

M. J. J. J.
 J. J. J. J.

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

Partners Formed



新西海岸海事业(私人)有限公司
NEW WEST COAST MARITIME PTE. LTD.

Ship Repairing, Ship Building, O & M Logistics

No. 1 Pandan Road Singapore 609253
Phone : (65) 62613609 Fax: (65) 62646739
Email: shipyard@nwcgroup.com.sg
Co. Reg. No. 199508381H

Our Ref: NWCM/TYK/WL/vc/01/991/2020

4th January 2020

TO WHOM IT MAY CONCERN

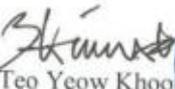
Dear Sir / Madam,

This is to certify that Mr Lin WeiCheng of NRIC No. S8232442I is presently under the employment of New West Coast Maritime Pte Ltd since 01.01.2019.

He is being authorized to drive the vehicle no. SMN 7044A.

Thank You.

Yours faithfully,
New West Coast Maritime Pte Ltd


Teo Yeow Khoo
Director



52YA980



NRIC No. S82324421



Date of issue
06-03-2014

Address
APT BLK 3050 PUNGGOL DRIVE
#13-889
SINGAPORE 824305

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE
11 May 2004

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

NP 428A

Licence No. S82324421



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S82324421



Name
LIN WEICHENG
林 伟 成

Race
CHINESE

Date of birth
05-10-1982

Sex
M

Country/Place of birth
SINGAPORE




S82324421

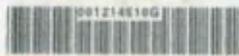
REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S82324421

Name
LIN WEICHENG

Birth Date 05 Oct 1982

Issue Date 11 May 2004

0012145100

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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