





## 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	31/01/2020 18:26
Date Of Accident	30/01/2020 09:45
Exact Location Of Accident	AYE TOWARDS MCE BEFORE ALEXANDRA EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC8099P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO CHUNG PIAW
NRIC No	SXXXX599G
Email Address	LAUHUEILEE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93361431
Alternative Phone No	OTHERS-81273829

### Vehicle Particulars

Manufacturer	VOLVO
Model	S60
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	2100375072-05
Cover Note Number	

### Driver

Name of Driver	LAU HUEI LEE
NRIC No	SXXXX184Z
Date Of Birth	16/09/1967
Occupation	INDOOR
Date Of Driving Pass	28/01/1988
Driving Experience	32 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93361431
Fax Number	
Contact Number	OTHERS-81273829
Email Address	LAUHUEILEE@YAHOO.COM

Address	BLK 19 HUME AVENUE #10-05
Postcode	598727
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	BNH4023 (MOTORCYCLE)
Number of vehicles (including own vehicle) involved in the accident	8
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 1 TOH YI DRIVE , POSTCODE: 590001 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4689999 - FAX NO: 64623782
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200130/2092

#### 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	SKW1881R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMK3923E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SMJ7325K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

SLR1766E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number

BNH4023

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number



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

#### DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number FBF6065T  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category MOTORCYCLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 7

Vehicle Registration Number DCX4787  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category MOTORCYCLE  
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 LAU HUEI LEE  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SGC8099P  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting 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:

31/01/2020  
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

BEFORE ALEXANDRA EXIT

MCE

A - SGL 809A P  
B - SKW 1881 R  
C - SMK 3923 E  
D - SMJ 7325 K  
E - SLR 1766 E  
F - BNH 4023  
G - FBF 6065 T  
H - DCX 4787 J

AS PER POLICE REPORT NO. T/20200130/2092.

- A - SGR 8099 P
- B - SKW 1881 R
- C - SMK 3923 E
- D - SMJ 7325 K
- E - SLR 1766 E
- F - BNH 4023
- G - FBF 6065 T
- H - DCX 4787

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

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





# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Bukit Timah NPP  
1 Toh Yi Drive #01-139 SINGAPORE 591501  
Tel No: 1800-4689999



T/20200130/2092

1 of 3

Report No. T/20200130/2092

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/01/2020 15:35		Vide Report No.: D/20200130/0043		Station Diary No.: 21	
<b>Informant's Particulars</b>					
Name of Informant: LAU HUEI LEE			Address: BLK 19 HUME AVENUE #10-05 SINGAPORE 598727		
ID Type / ID No.: NRIC NO / S1810184Z			Contact No.: Home/Office: Mobile: 81273829		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 52	Date of Birth: 16/09/1967	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Unemployed			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/01/2020 09:45	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY towards City, exit 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGC8099P	Car				Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20200130/2092

Police Station Of Origin:  
Bukit Timah NPP  
1 Toh Yi Drive #01-139 SINGAPORE 591501  
Tel No: 1800-4689999

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Report No. T/20200130/2092

**CONTINUATION OF REPORT**

**Brief Details.**

On 30/01/2020 at about 0945hrs while I was driving my car bearing registration plate SGC8099P at about 70km/hr along the first lane from right of AYE heading towards City, suddenly a car ahead of me slowed down. Thus, I follow suit and applied brake to slow down.

Suddenly, I felt an impact from my car rear and notice that a car bearing registration plate SKW1881R had collided its front onto my rear car. The collision caused a further collision behind and in total, there are about 8 vehicles involved in the chain collision. Police and ambulance were subsequently activated. Two motorcyclist were conveyed to hospital.

I did not hit onto any vehicle ahead of me. I have an in car camera and the memory card has already been given to the police officer at the incident site. I am not injured and I am not sure if there are any government property damage.



**SINGAPORE  
POLICE FORCE**



T/20200130/2092

Police Station Of Origin:  
Bukit Timah NPP  
1 Toh Yi Drive #01-139 SINGAPORE 591501  
Tel No: 1800-4689999

3 of 3

Report No. T/20200130/2092

**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: D / Sgt 3 IBNU MUSALLI BIN HAMID	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / SI ONG CHEE HIEN Contact No.: 65476437	

Signature Of Informant: 
Date/Time: 30/01/2020 15:35
Classification Of Case:

Authentication Stamp  
NP168



# SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 30 JAN 2020 TIME: 0914HRS (hh:mm) 24 hrs Format  
LOCATION AVE BEFORE MCE BEFORE ALEXANDRA EXIT.

VEHICLE NUMBER SG C 8099 P  
INSURED NAME TEO HUNG PAW  
NRIC/FIN S17705996 CONTACT: 93361431

MAKE VOLVO MODEL S60  
Are you claiming under your own insurance policy for repair to your vehicle?  
( ) Yes, If No, Pls Select: ( ) Third Party ( ) Reporting Only  
INSURANCE COMPANY AIG  
TYPE OF POLICY ( ) COMPREHENSIVE ( ) THIRD PARTY ( ) TPFT  
POLICY NUMBER: 2100375072-05

NAME DRIVER: LAN HUEI LEE ( ) SAME AS INSURED

NRIC/FIN S18101842 CONTACT: 81273829  
DATE OF BIRTH: 16 SEP 1967  
DRIVING PASS DATE: 28 JAN 1988  
OCCUPATION: ( ) INDOOR ( ) OUTDOOR  
GENDER: ( ) MALE ( ) FEMALE  
EMAIL ADDRESS: lauhuei.lee@yahoo.com ( ) NO EMAIL  
ADDRESS OF DRIVER: BLK 19 HUME AVENUE #10-05 S (598727)

Number Of Passenger Include Driver: DRIVER ONLY.

Was driver an employee of the Insured's Company? ( ) YES ( ) NO  
If No, Relationship Of The Driver With The Insured  
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Others  
Does The Driver Own Any Other Vehicle? ( ) YES ( ) NO  
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:  
Insurance Company Of Driver's Own Vehicle  
Weather Conditions: ( ) Clear ( ) Raining ( ) Drizzling ( ) Others  
Road Surface: ( ) Dry ( ) Wet ( ) Others  
Was Any Foreign Vehicle Involved In This Accident? ( ) YES ( ) NO  
Was Anybody Injured In The Accident? ( ) YES ( ) NO  
If YES, Injured details: LAN HUEI LEE (BIDY) (F)

Convey By Ambulance: ( ) YES ( ) NO  
Was There Any Video Capture By Car Camera? ( ) YES ( ) NO  
Was There Accident Reported To The Police? ( ) YES ( ) NO If Yes Attach Police Report  
Police Report Number (if any) T/20200130/2092

Details Of 3rd Party	Name / NRIC	No. of Paxs (Incl'driver)	Contact
Veh B SW 1801R		( ) / Not Sure ( )	
Veh C SMK 3923 E		( ) / Not Sure ( )	
Veh D SMJ 7325 K		( ) / Not Sure ( )	
Veh E SLR 1766 E		( ) / Not Sure ( )	
Veh F BNH 4023		( ) / Not Sure ( )	
Veh G FBF 6065 T		( ) / Not Sure ( )	
Veh H PCX 4787			

# CERTIFICATE

1. TYPE: AUTO PROTECT (VOLVO) PRIVATE VEHICLE

Name of Policyholder : TEO CHUNG PAW  
 Period of Insurance : 30 May 2019 To 29 May 2020  
 Engine No. : D4162T2698806  
 Chassis No. : YV1FS84ABE2301372

Vehicle No. : SGC8099P  
 Policy No. : 2100375072-05  
 Endorsement No. :  
 Issued Date : 24 Apr 2019

## ABOUT THE COVER

Make/Model : VOLVO S60 D2

Engine Capacity/Tonnage : 1,560.00 CC

Driver Restriction : NA

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2014

Insuring with COE/PARF : Yes

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 has less than 3 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, car-sharing, 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) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not 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)

TEO CHUNG PAW - \$800 (Own Damage)

## 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](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 of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0503485752

WEARNES AUTOMOTIVE - FAG (V)

45 LENOX KEE ROAD

SINGAPORE 159103

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.  
 AUTHORISED REPRESENTATIVE