

MWRA20017206 / Wearnes Automotive Pte Ltd - Leng Kee
 ENTRY DATE & TIME: 07/02/2020 13:51
 SUBMITTED BY: Ho Ruimeng Richmond

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	07/02/2020 13:51
Date Of Accident	07/02/2020 09:00
Exact Location Of Accident	BLK 112A DEPOT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS938P
Insured/Policyholder	
Name Of Registered Owner	TAN BOON KIAT KENNETH
NRIC No	S7013721F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93372174
Alternative Phone No	Office-93372174

Vehicle Particulars

Manufacturer	VOLVO
Model	V60-1.6 D D2 (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	2100407434
Cover Note Number	

Driver

Name of Driver	TAN BOON KIAT KENNETH
NRIC No	S7013721F
Date Of Birth	01/05/1970
Occupation	INDOOR
Date Of Driving Pass	13/01/1996
Driving Experience	24 YEARS AND 0 MONTHS
Gender	MALE

Mobile Number	(LOCAL) +65-93372174
Fax Number	
Contact Number	OFFICE-93372174
E-Mail Address	NOEMAIL
Address	BLK 134 JALAN BUKIT MERAH #08-1424
Postcode	160134
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	FIRE, EXPLOSION OR LIGHTNING
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?	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?	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

Sketch Plan

SINGAPORE ACCIDENT STATEMENT	
IMPORTANT NOTICE	
1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for e-filing.	
2. Please report <u>correctly</u> 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 <u>truthful and accurate as possible</u> . 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: 07/02/2020. Time: 0900.
Exact Location of Accident	BK 112A DEPOT ROAD.
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKS938P.
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	TAN BEN KAT KENNETH.
Personal Identification - NRIC (Singaporean/PR)	S7013721F.
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer VW Model
Type of Vehicle*	<input checked="" type="checkbox"/> Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> M/cycle <input type="checkbox"/> Others, _____
Exact Purpose for which vehicle was being used at time of accident	Local
Are you claiming under your own insurance policy for repair to your vehicle?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, Pls select: <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting)
Vehicle Category*	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle
INSURANCE COMPANY (OWN VEHICLE)	
Name of Insurance Company *	AGIA ASIA PACIFIC
Type of Policy	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> TP Only
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number	J10040-7354.
Motor CI	
DRIVER	<input type="checkbox"/> Same as Insured above
Name of Driver	TAN BEN KAT KENNETH.
Personal Identification - NRIC (Singaporean/PR)	S7013721F.
- FIN/Passport Number	
Date of Birth	01 dd/ 05 mm/ 1970 yy
Driving Date Pass	13 dd/ 01 mm/ 1998 yy
Year of Driving Experience	Year(s) Month(s)
Occupation	<input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Contact Number / Mobile Phone / Fax No.	9237 2174.

Sketch Plan #2

Address of Driver	BK 134 JALAN BUKIT MELATI #108-122 Postcode (160134.)
Email Address	Mearu
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	OWNER
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input 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)	CAUGHT PER-
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____
Road Surface	<input checked="" type="radio"/> Dry <input 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 type="radio"/> Yes <input checked="" type="radio"/> No
Was any other vehicle or property damaged?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was there any video captured by Car Camera?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Number of Passengers (Including Driver)	01
DETAILS OF POLICE ACTION	
Was the Accident reported to the Police?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name	
Police Station Address	
Police Station Contact	Tel No. _____ Fax No. _____
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, against whom?)
DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Registration Number	
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 #3

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' 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.

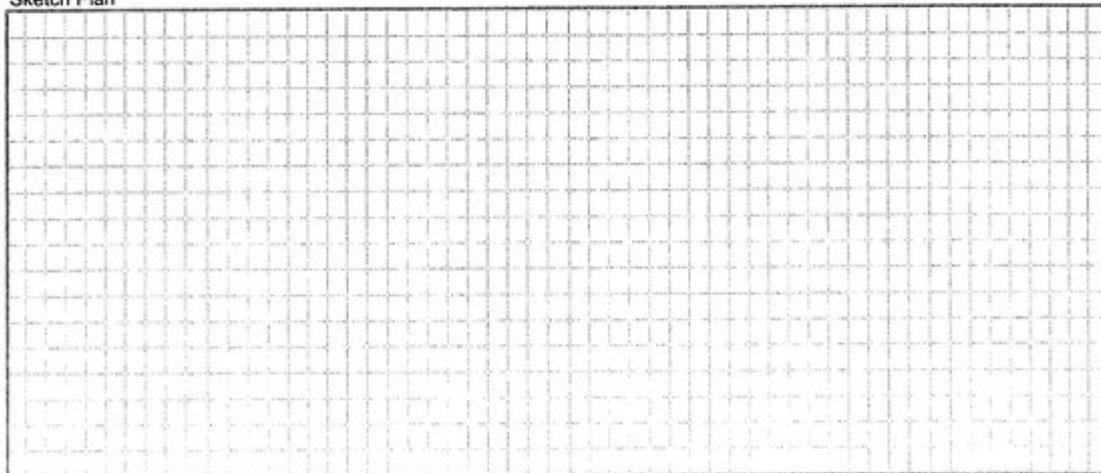


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



AIG**MOTOR ACCIDENT INTERVIEW FORM**

NAME (DRIVER) : TAN BOON KIAT KENNETH
 VEHICLE NUMBER : SKS 938 P
 DATE/TIME OF ACCIDENT : 7 Feb 2020 9am
 PLACE OF ACCIDENT : 112A Depot Rd.
 THIRD PARTY VEHICLE (IF ANY): _____

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

Start : JALAN BUKIT MERAH (S160134)
Destination: 112 Depot Rd.

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?

NO

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

NO



Name: TAN BOON KIAT KENNETH

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

UNDERTAKING FORM

UNDERTAKING

I, TAN BOON KIAT KENNETH (NRIC No: S7013721 F),
hereby confirm that the Singapore Accident Statement lodged by me on 7 Feb 2020
at 12:30 pm hours pertaining to the accident involving my motor car no:
SKS 938 P, in which I was the driver are true and accurate to the best of
my knowledge, information and belief.

I hereby confirm that I have not been subjected to any breathalyser test or blood test for
alcohol in respect of the accident on 7 Feb 2020 and no action has been
taken or will be taken against me for driving whilst under the influence of alcohol in
respect to this accident.

I further irrevocably undertake to absolve my insurer, AIG Asia Pacific Insurance Pte
Ltd from any liability whatsoever in the event that I consciously derogate from my report
which I had given to AIG Asia Pacific Insurance Pte Ltd and during any court proceedings
concerning the accident involving my motor car no. SKS 938 P along
112A Depot Rd at about
09:00 hours and in such event, hereby irrevocably undertake to indemnify my
insurers from all their costs and expenses of and incidental to the matters herein.

Signature:

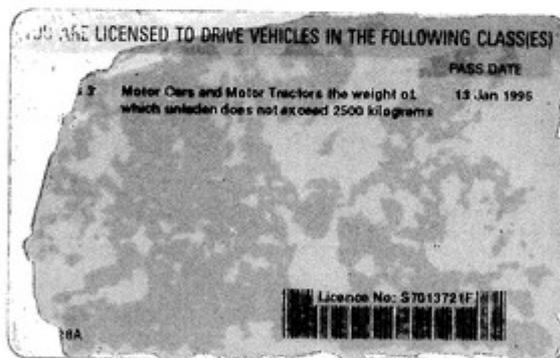
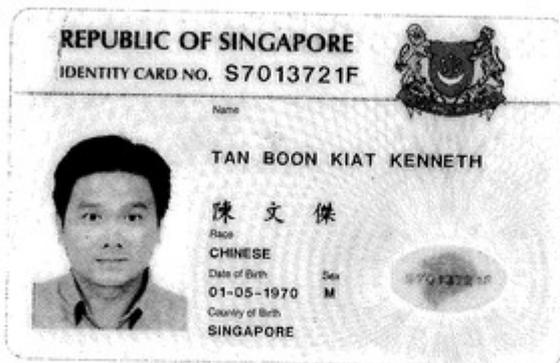


Name of Insured/Driver: TAN BOON KIAT KENNETH

NRIC No: S7013721 F

Date: 7 Feb 2020

Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



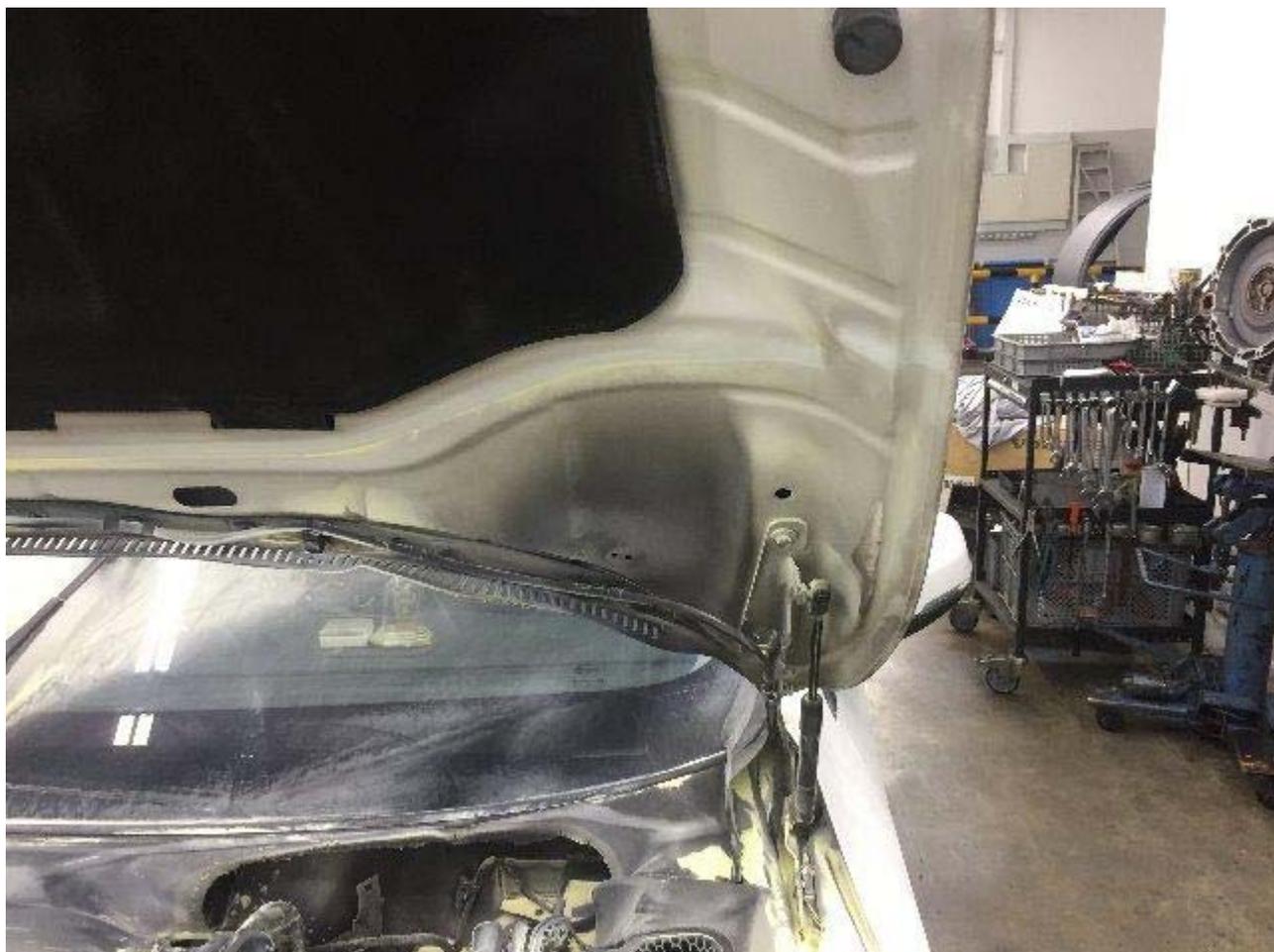
Accident Photo



Accident Photo



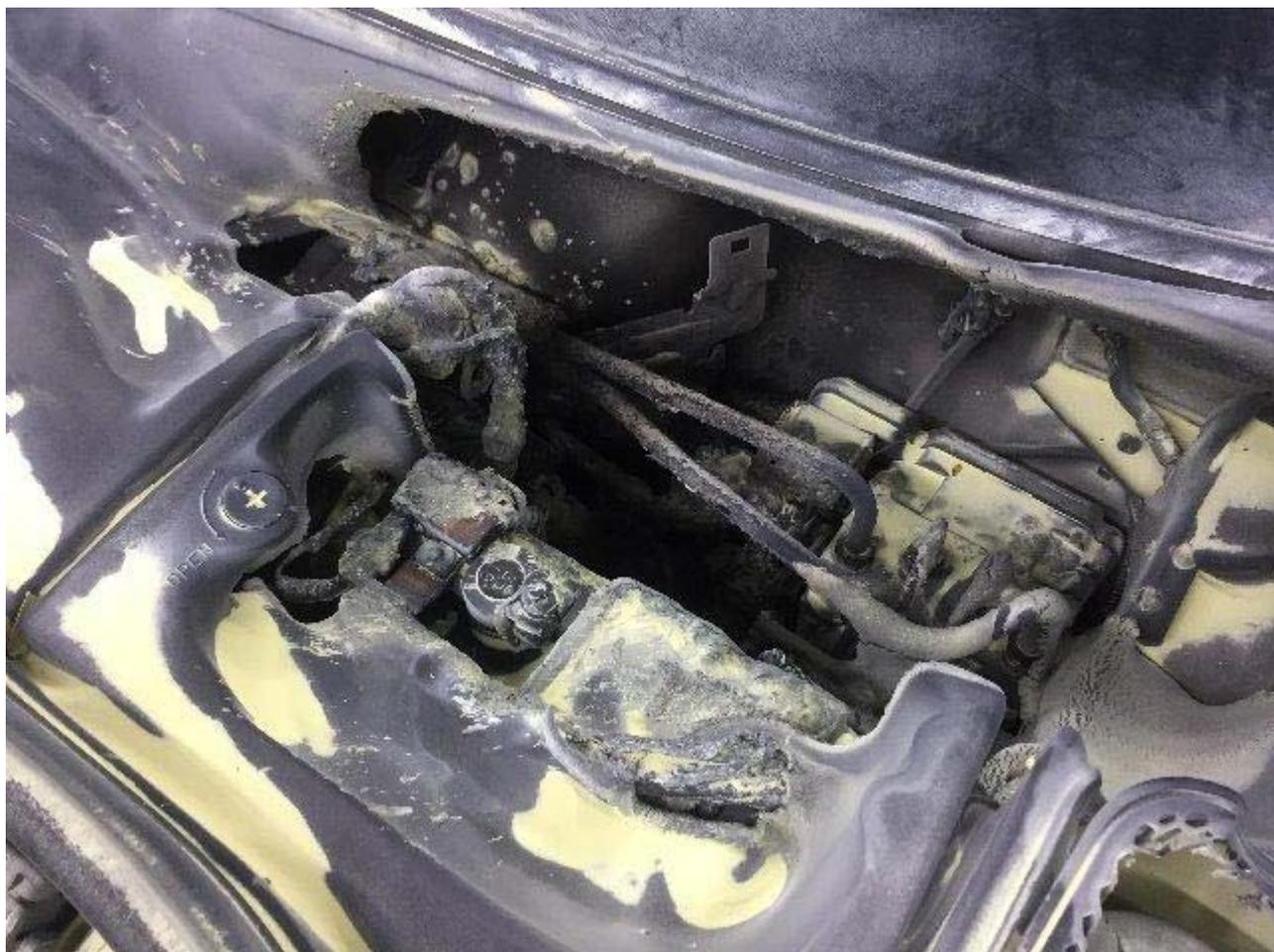
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