

## 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	20/02/2020 15:07
Date Of Accident	20/02/2020 07:15
Exact Location Of Accident	WOODLANDS STREET 81
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLH1299P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAN LAI MOI
NRIC No	S1704094D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97338653
Alternative Phone No	Others-97338653
<b>Vehicle Particulars</b>	
Manufacturer	VOLVO
Model	V40-1.5 T2 (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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100487205-03
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHAN LAI MOI
NRIC No	S1704094D
Date Of Birth	24/02/1965
Occupation	INDOOR
Date Of Driving Pass	08/10/1985
Driving Experience	34 YEARS AND 4 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-97338653
Fax Number	
Contact Number	OTHERS-97338653
EMail Address	NOEMAIL
Address	872 WOODLANDS STREET 81 #09-280
Postcode	730872
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	COLLISION - MAJOR/MINOR RD
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHMENT.

#### 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	SKU1163R
Vehicle Make/Model/Colour	TOYOTA ALPHARD WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN JIT KEONG ANDY
NRIC/Passport Number	S7728177J

Contact Number  
Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Accident Sketch Plan

SINGAPORE ACCIDENT STATEMENT	
<b>IMPORTANT NOTICE</b>	
1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for 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. <u>Any false reporting may be referred to the Traffic Police Department for investigation.</u>	
<b>ACCIDENT STATEMENT</b>	
Date and Time of Accident	Date: 20/03/2020 Time: 07:15hrs -
Exact Location of Accident	Woodlands Street 81
<b>DETAILS OF OWN VEHICLE</b>	
Vehicle Registration Number	SLH1299P
<b>INSURED / POLICYHOLDER (OWN VEHICLE)</b>	
Name of Registered Owner (See Insurance Cert.)	Chan Lai moi
Personal Identification - NRIC (Singaporean/PR)	S1704094D
- FIN/Passport Number	
- Not Applicable	
<b>VEHICLE PARTICULARS (OWN VEHICLE)</b>	
Vehicle Make / Model	Manufacturer Volvo Model V40
Type of Vehicle*	<input checked="" type="radio"/> Saloon <input type="radio"/> MPV <input 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 type="radio"/> Yes <input checked="" type="radio"/> No (If No, Pls select: <input type="radio"/> Third Party <input checked="" type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
<b>INSURANCE COMPANY (OWN VEHICLE)</b>	
Name of Insurance Company *	Ath
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	2100487205-03
Motor CI	
<b>DRIVER</b>	<input checked="" type="radio"/> Same as Insured above
Name of Driver	Chan Lai moi
Personal Identification - NRIC (Singaporean/PR)	S1704094D
- FIN/Passport Number	
Date of Birth	27 dd/ 02 mm/ 1965/yy
Driving Date Pass	08 dd/ 10 mm/ 1985/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.	9733 8653

Address of Driver	870 Woodlands St 81	
	Phone 09-280	Postcode 730872
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	Owner	
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)		
<b>GENERAL INFORMATION OF THE ACCIDENT</b>		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)		
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, _____	
<b>OTHER INFORMATION</b>		
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 checked="" type="radio"/> Yes <input type="radio"/> No	
Was there any video captured by Car Camera?	<input type="radio"/> Yes <input type="radio"/> No	
Number of Passengers (Including Driver)	01	
<b>DETAILS OF POLICE ACTION</b>		
Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" 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 checked="" type="radio"/> No (If Yes, against whom?)	
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>		
Vehicle Registration Number	8FU 1163R	
Vehicle Make/ Model/ Colour	Toyota Alphard. White	
Details of Properties		
Name of Driver	Chan Jit Keong Andy	
Personal Identification - NRIC (Singaporean/PR)	S7728177J	
- 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:

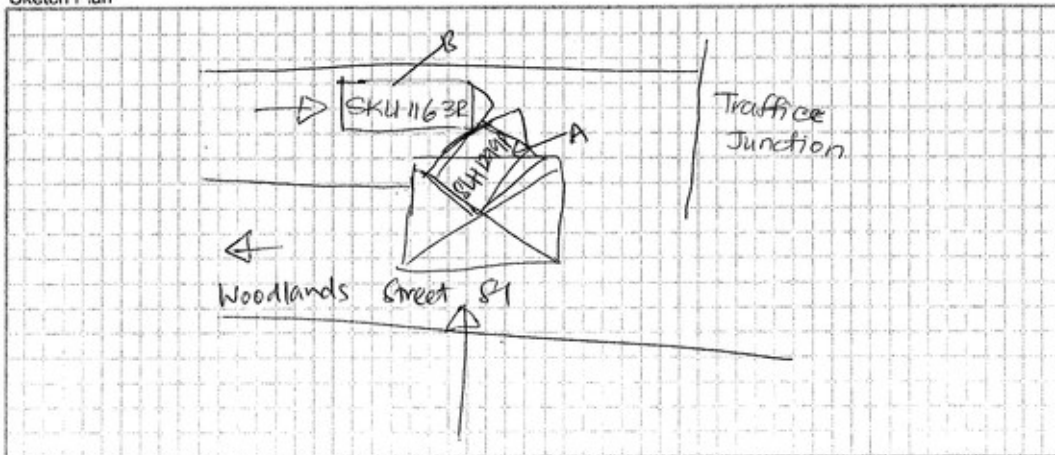
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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.

Q. 20/7/20  
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**

- at about 7.13am to 7.15am
- 1) I was driving out along Woodlands St 81 to turn right @ yellow box junction. As I was inching out to change & turn to left lane to Woodlands Ave 9, a white Toyota Alphard vehicle SKU 1163 R was approaching.
  - 2) My car scratched the Toyota car as the car did not slow down or stopped for me to change lane and <sup>both cars</sup> ~~was~~ stopped thereafter.
  - 3) Particulars taken down of driver of Toyota vehicle & photo taken of scratch.

**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.

Q. 20/2/20

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



AIG Asia Pacific Insurance Pte. Ltd.  
78 Shenton Way  
#07-16  
AIG Building  
Singapore 071120  
Co. Reg. No. 20109404M

Policy/Reference No. 2100487205-03

05 Sep 2019

Ms. CHAN LAI MOI  
872 WOODLANDS ST 81  
#09-280  
SINGAPORE 730872

Dear Ms. CHAN LAI MOI

#### Your Policy Has Been Renewed

We are pleased to inform you that your WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE has been renewed and details of your policy are below:

Policy number : 2100487205-03  
Effective date : 21 Oct 2019  
Expiry date : 20 Oct 2020

It is important that you review the enclosed policy documents to verify that all the information in these documents is accurate. If you wish to update us on any changes, please contact us.

#### For More Information

If you require more information about your policy, please contact our customer service representatives Monday through Friday between 8am to 5pm at +65 6419 3000. Alternatively, you can send us an email at [www.aig.sg](mailto:www.aig.sg).

Thank you for your support. We look forward to serving you in all your general insurance needs.

Yours sincerely



Bucha Manik  
Head of Individual Personal Insurance

PS: You can now enjoy round-the-clock access to selected AIG products and services with our easy-to-use Apple or Android smartphone app. Purchase new policies, renew your policies, access claims support or receive emergency assistance for motor and travel, anytime, 24-hours a day. Your AIG Mobile App can be downloaded for free at iTunes or Google Play.

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## CERTIFICATE OF INSURANCE

### WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

Name of Policyholder : CHAN LAI MOI  
Period of Insurance : 21 Oct 2019 To 20 Oct 2020  
Engine No. : B4154151763240  
Chassis No. : YV1M28H0H2386493  
Vehicle No. : SLH1259P  
Policy No. : 2100487205-03  
Endorsement No. :  
Issued Date : 05 Sep 2019

#### ABOUT THE COVER

Make/Model : VOLVO V40 T2  
Engine Capacity/Tonnage : 1498.00 CC  
Driver Restriction : NA  
Person or Classes of Persons Entitled to Drive\* :  
It is hereby declared that the policyholder is the owner of the vehicle and is entitled to drive the vehicle.  
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 \$1,000 as "Young and/or Inexperienced Driver Excess" ("YIDOE") if you are a "Young and/or Inexperienced Driver" (as defined in the Road Transport Act, 1987) and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to Use\* :

Use only for motor, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving school, driving test, racing, state-making, reliability test 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 trade fairs.

Loss of Use 200000

\* Limitations mentioned hereinafter by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 185), Section 96 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

#### EXCESS

Section 1  
Per \$50000 : \$50000  
Per \$50000 : \$50000

Section 2  
Property Damage : \$0

Whichever : \$100

Named Driver and Excess (where applicable)

CHAN LAI MOI : \$500 (Own Damage)

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

1. Wearnies Automotive Pte. Ltd. Add: 245 Alexandra Road Singapore 119935 64324890 67893300

For further Approved Reporting Centres/Authorised Repairers, please refer to the 24-hour accident emergency hotline at +65 6336 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG 24-hour Mobile App. Emergency contact and download AIG 24-hour Mobile App on 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. 185), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third-Party Risks) Rules, 1993 (Malaysia).

0503485704

WEARNES AUTOMOTIVE - 05 07

45 LENO KEE ROAD

SINGAPORE 159135

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

  
AIG Asia Pacific Insurance Pte. Ltd.  
AUTHORISED REPRESENTATIVE

78 Shenton Way #07-16 AIG Building Singapore 071120 Tel: +65 6419 3000 Fax: +65 6419 3001

AIG Asia Pacific Insurance Pte. Ltd.

Identification Card

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. S1704094D



Name  
**CHAN LAI MOI**



Race  
**CHINESE**

Date of Birth  
**24-02-1965**

Sex  
**F**

Country of Birth  
**SINGAPORE**



**REPUBLIC OF SINGAPORE** DRIVING LICENCE

Driver Number: **S1704094D**

Name  
**CHAN LAI MOI**



Birth Date: **24 Feb 1965**

Issue Date: **14 Aug 2003**



1191266



NRIC No: **S1704094D**



Blood Group: **A+**

Date of Issue: **16-07-1994**

Address  
**APT BLK 672 WOODLANDS STREET 01 #09-280  
SINGAPORE 7473**

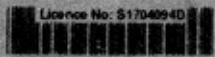
NRIC No: **S1704094D** Date: **26-12-1994** No: **1617765**

**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 Oct 1995**

Licence No: **S1704094D**



NP 428A

Accident Photo



## Driving License



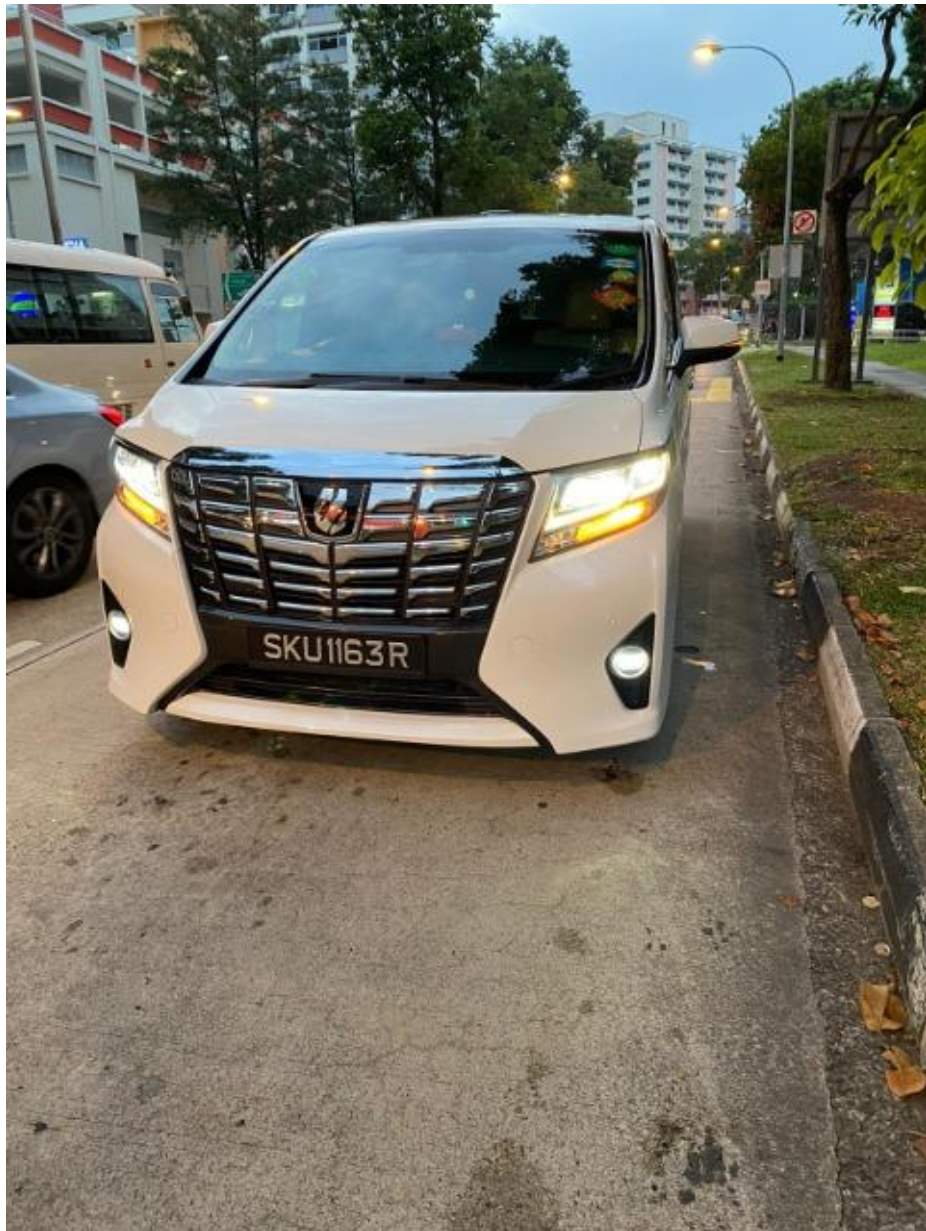
## Driving License



Accident Photo



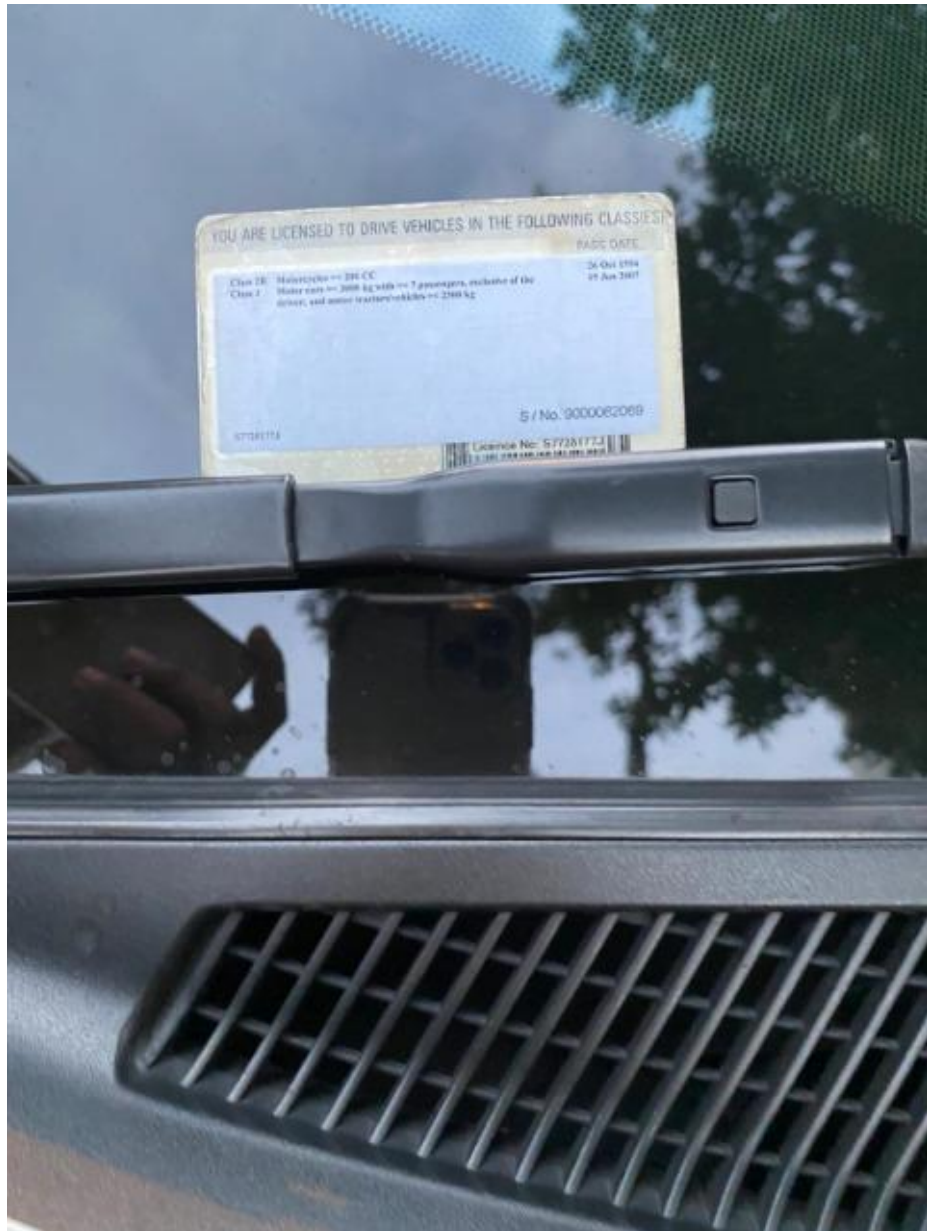
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



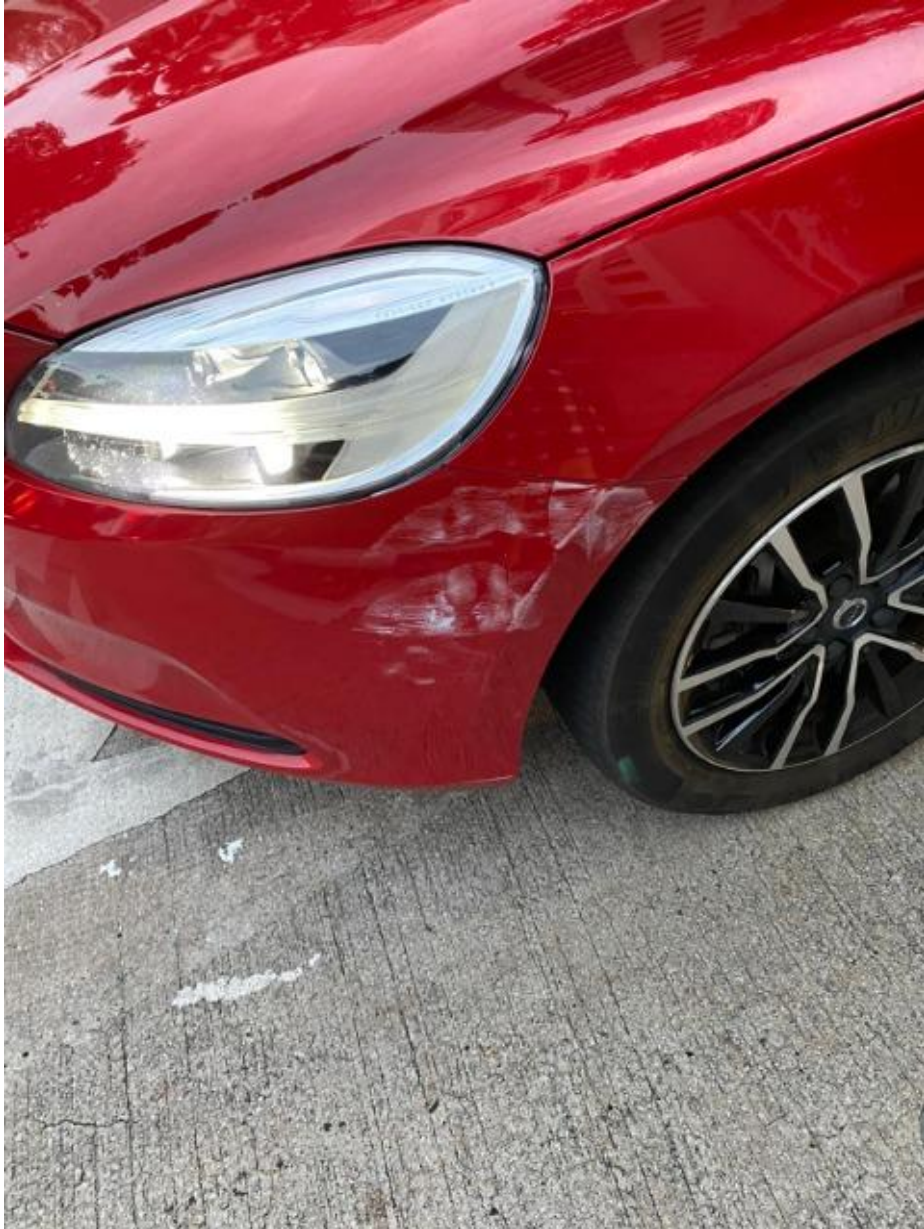
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



## Driving License

