

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	20/03/2020 18:43
Date Of Accident	19/03/2020 18:20
Exact Location Of Accident	NEWTON CIRCUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ3705B
Insured/Policyholder	
Name Of Registered Owner	MABEL GOH BEE LIM
NRIC No	S7216506C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81280406
Alternative Phone No	Others-81280406

Vehicle Particulars

Manufacturer	VOLVO
Model	XC40-2.0 T5 MOMENTUM (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	1800070688
Cover Note Number	

Driver

Name of Driver	MABEL GOH BEE LIM
NRIC No	S7216506C
Date Of Birth	15/05/1972
Occupation	INDOOR
Date Of Driving Pass	04/09/1991
Driving Experience	28 YEARS AND 6 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-81280406
Fax Number	
Contact Number	OTHERS-81280406
E-Mail Address	NOEMAIL
Address	103 FARRER DRIVE #03-03
Postcode	259295
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 - CHANGE/CROSS LANE
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT8311C
Vehicle Make/Model/Colour	NISSAN QASHQAI RED
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	THAM WING HONG
NRIC/Passport Number	

Contact Number
Address

98550355

Postcode

Insurance Company Name

India International Insurance Pte Ltd

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SINGAPORE ACCIDENT STATEMENT	
IMPORTANT NOTICE	
1. Complete and submit this Form to Allied World's Authorised 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: 17th March 2016 Time: 1830hrs.
Exact Location of Accident	Newton Circus.
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLZ 3705B
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (See Insurance Cert.)	Mabel Goh Bee Lim
Personal Identification - NRIC (Singaporean/PR)	S7216506C
- FIN/Passport Number	
- Not Applicable	
VEHICLE PARTICULARS (OWN VEHICLE)	
Vehicle Make / Model	Manufacturer Volvo Model XC40
Type of Vehicle*	<input type="radio"/> Saloon <input checked="" 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	School
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 *	Alh
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	1800070688
Motor Cl	
DRIVER	
<input checked="" type="radio"/> Same as Insured above	
Name of Driver	Mabel Goh Bee Lim
Personal Identification - NRIC (Singaporean/PR)	S7216506C
- FIN/Passport Number	
Date of Birth	15 dd/ 05 mm/ 1972
Driving Date Pass	04 dd/ 09 mm/ 1991
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.	8128 0406

Address of Driver	103 Farrer Drive #03-03	Postcode (259095)
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)		
GENERAL INFORMATION OF THE ACCIDENT		
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, _____	
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 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	
DETAILS OF POLICE ACTION		
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?)	
DETAILS OF OTHER VEHICLE / PROPERTY 1		
Vehicle Registration Number	SLT 8311C	
Vehicle Make/ Model/ Colour	Nissan 1 Red, Qashqai	
Details of Properties		
Name of Driver	THAM Wing Tong	
Personal Identification - NRIC (Singaporean/PR)	S	
- FIN/Passport Number		
Contact Number	98550355	
Address		
Name of Insurance Company	Indica	
Nature of Damage		
No. of Passenger (Including Driver)		
(Note - Please use page 6 if you need to add more vehicles.)		

Describe Circumstance of the Accident

The accident happened at around 6.20pm on 19 Mar 2020 (Thu).

I was ~~enter~~ driving along Clemenceau Avenue North on the left lane.

I was trying to enter the Newton Circle to get to Bukit Timah Road. The traffic was heavy, so the cars in the circle came to a stop. The traffic light had also turned red, so the cars stopped in the circle stopped.

I managed to get into the yellow box to move round the circle. Just then, I heard a bump.

The other driver hit the rear right side of my car.

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

20/3/20

11.00 am

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

Witnessed by Reporting Centre Personnel

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' 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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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.

Ulabeltosh

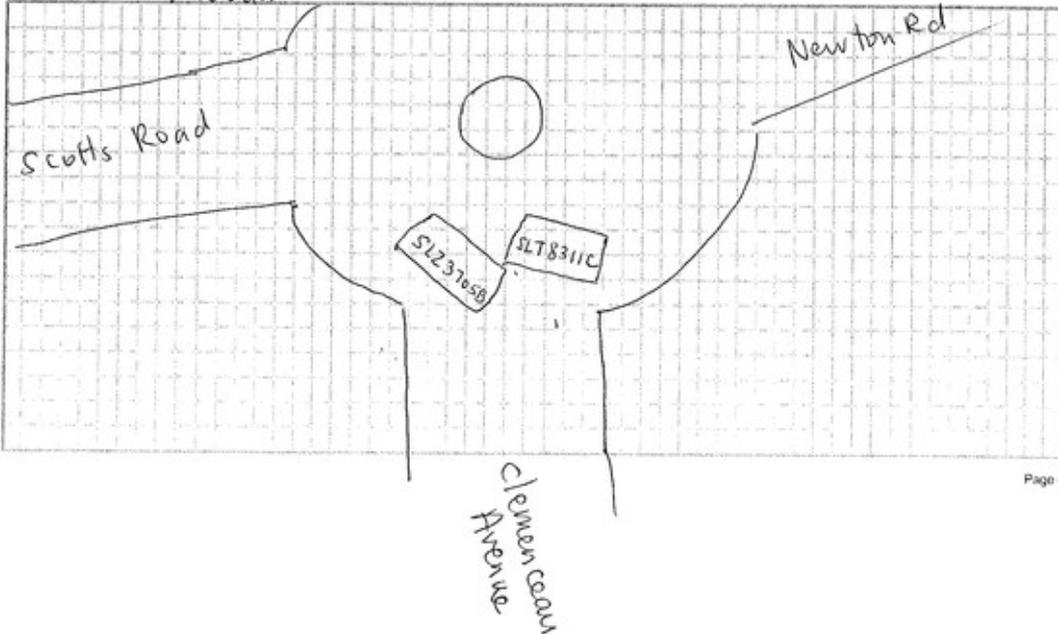
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

20/3/20
11:00am



Page 4

Accident Sketch Plan

COPY OF PROPOSAL FORM

WEARNES AUTO PROTECTOR (VOLVO) PRIVATE VEHICLE

Statement pursuant to Section 25(5) of the Insurance Act (Cap. 142) (or any subsequent Amendments thereof). You are to disclose in this Proposal Form, fully and faithfully, all the facts which you know or ought to know in respect of the risk that is being proposed, otherwise, the policy hereunder may be void.

Quotation No. : 1800070688 V1
Issue Date : 28 Jun 2018

Producer Name : WEARNES AUTOMOTIVE - AC (V)
Producer Code : 0503485758

ABOUT THE POLICYHOLDER (FOR VEHICLE REGISTERED OWNER ONLY)

Name as in ID/ROC : MABEL GOH BEE LIM
Address : 103 FARRER DRIVE
#03-03 SOMMERVILLE PARK
SINGAPORE 259295
ID/ROC No. : S7216506C
Nationality : Singaporean
Tel No. (Mobile) : 81280406
Tel No. (Office) :
Tel No. (Home) :
Email :
Is Policyholder driving the vehicle: Yes
Nature of Business : Teacher/Professor/ Lecturer/Principal

ABOUT THE PRIMARY DRIVER

Name as in ID : MABEL GOH BEE LIM
ID No. : S7216506C
Nationality : Singaporean
Gender : Female
Date of Birth : 15 May 1972
Marital Status : Married
Relationship to Policyholder : Self
Driving Experience : 10Yrs
Occupation : Teacher/Professor/ Lecturer/Principal
Name of Employer : -

1. Is your employment in the business of night entertainment/gambling establishment? (If yes, please provide details.)
 No Yes
2. Do you have any physical disability or illness that may impair your driving? (If yes, please provide details.)
 No Yes
3. If yes to Question 2, is there any doctor letter certifying you are fit to drive? (If yes, please attach supporting documents.)
 No Yes

CLAIMS HISTORY (POLICYHOLDER / PRIMARY DRIVER)

At Fault Claim[#] experience in last 3 years (If yes, please provide details below.)
 No Yes

No Claim Discount (NCD)% of Policyholder : 30%

If NCD is nil or 10% with no claims experience, please provide the reason:

Previous Insurer : AIG ASIA PACIFIC INSURANCE PTE. LTD.

Previous Vehicle No./Policy No.: SKQ1744K

[#]At Fault Claim refer to claims which result in the reduction of the No Claim Discount (NCD) (including claims where NCD is not affected only due to the NCD Protector benefit).

REVOKED AND SUSPENDED LICENCE OF PRIMARY DRIVER

Has your driving licence been revoked/suspended in the last 10 years? (If yes, please provide details.) No Yes

Date Revoked/Suspended :

Duration of Revocation/Suspension of Licence :

Reason :

Alcohol Limit (in case of drunk driving) : mg/breath or mg/blood

Driving experience before the licence was revoked/suspended :

Any accident leading to licence being revoked/suspended : NCD % before the licence was revoked/suspended :

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7216506C




Name
**MABEL GOH BEE LIM
(WU MEILIN)**
吴美琳

Race
CHINESE

Date of birth
15-05-1972

Sex
F

Country of birth
SINGAPORE

S7216506C

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7216506C



**GOH BEE LIM, MABEL
(WU MEILIN, MABEL)**

Birth Date: 15 May 1972
Issue Date: 16 Sep 2006

000844011J

4040651



NRIC No: S7216506C



Date of issue
10-05-2007

103 FARRER DRIVE #03-03
SINGAPORE 259295

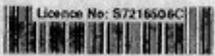
NRIC No: S7216506C Date: 02/08/2010 No: 6454267

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

CLASS	DESCRIPTION	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	04 Sep 1991

NP 428A

Licence No: S7216506C



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

