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# 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 witholding of material facts may allow insurance companies to
- 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.
- 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

foresaid.	ACCIDENT STATEMENT
是在此间的一点,这个是一个特殊的一种的一种的特殊的。	The state of the s
Date Of Report	01/07/2020 09:15
Date Of Accident	23/06/2020 13:00
Exact Location Of Accident	TAY LIAN TECK RD
Country/State of Loss	SINGAPORE
DI CONTRACTOR DI	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SCM1919P
Insured/Policyholder	
Name Of Registered Owner	SWEE RON SHAWN
NRIC No	SXXXX009D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94510706
Alternative Phone No	OFFICE-94510706
Vehicle Particulars	
Manufacturer	LEXUS
Model	NX200T-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	1900099208
Cover Note Number	

### Driver

SWEE RON SHAWN Name of Driver

SXXXX009D NRIC No 19/10/1984 Date Of Birth INDOOR Occupation 16/04/2003 Date Of Driving Pass

17 YEARS AND 2 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-94510706 Mobile Number

Fax Number

OFFICE-94510706 Contact Number

NOEMAIL **EMail Address** 

BLK 77 MARINE DR #19-42 Address

440077 Postcode

Was driver an employee of the Insured's Company NO

OWNER 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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

2

NO

YES

NO

0

YES

RAINING Weather Conditions WET Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ Police Station Name

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

Police Station Address SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20200626/7028

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

SDS9030G Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 24

# SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.
- 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:
  - 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:
  - 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:

30/6/2010 1634411.

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
(9 pppno2) TUOSKU EXSJ : A Shidel
vehicle B: Hunda aura (2059030a)
Whicle A's in-cor conorn have captured video due to impurit.
Vehicle A was purked at this side of the road with no driver in-bound.
I have only discovered doming upon watching the in-cur video playback.
In video, uthicle B was captured driving toward the right side of vehicle A-
While 8 left side missor collided who while A right side and impact antical
the dominges. Video (Rear) convers shows vehicle B minor side (164) was
open during the drive. Upon impact front video a common shows left ride mistur
of while B forded in.
Hit and Cun accordent appropried to Traffic police, # report no: T 2020 0626 7029

# DECLARATION

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

Policyholder's Signature Date & Time:

30/6/2020 1634 AIS

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

Reporting Centre Personnel's Signature

NRIC/FIN No.:





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20200626/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 26/06/20	e Report M 20 19:09	lade:	Vide Report No.:	Station Diary No.			
Informa	nt's Particu	ılars					
Name of	Informant: ON SHAW		Address: APT BLK 77 MARINE DRIVE	#19-42 SINGAPORE 440077			
ID Type	/ ID No.: ) / S843300	09D	Contact No.: Home/Office: Mobile: 94510706				
Nationali	Nationality: SINGAPORE CITIZEN		Email: shawnswee@yahoo.com.sg				
Sex: Male	Age:	Date of Birth: 19/10/1984	Type of Informant: Vehicle Owner				
Race: Chinese	ce:		Language: Institution / School Nar English				
Occupation: Management executive		utive	Driving Licence Information: Class: Date of Expiry:				

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/06/2020 13:00	Type of Location Straight Road
TAY LIAN TE	CK ROAD	Road Surface:		Road Speed Limit:
Raining Traffic Flow: Two Way	in the second	Traffic Control: Not Controlled		Traffic Volume: Light
, mo may	sion:		her car.	Anyone conveyed by ambulance:

Details of Vo	Suicis mino	iveu				Mark Dances
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SCM1919P	Car	LEXUS	NX200T	Blue	Slightly Damaged	1
SDS9030G	Car	HONDA	CIVIC	Black	Slightly Damaged	1

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
			The state of the s	TO THE REAL PROPERTY.
SCM1919P	AIG ASIA PACIFIC INSURANCE PTE.		12 1	
SDS9030G		nil		





2 of 3

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 Report No. T/20200626/7028

# CONTINUATION OF REPORT

Any Pedestrian In	volved: No				0	NA
No. of Pedestrian			Use of Peo	destrian	Cross	ing: NA
Vehicle Owner	The same	1.00 EDITO 4.00 EDITO	Dan Burker	erage	から	S8433009D
Name	SWEE RON SHAWN			ID No.	2	S8433009D
Related Vehicle	NIL			Conta	ct No.	94510706
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details

My vehicle details: SCM1919P, Lexus NX200T - Blue

Yes, my in-car camera managed to capture the video of the offender vehicle driving past & hit my parked vehicle. Video/pictures size exceeds 2MB. Please contact me so i can furnish the video to the Police.

In the video, on 23 June 2020 (1302hrs 58sec), Offender car: Black Honda Civic (SDS9030G). There is another car driving behind the offender car owner that can potentially be a witness (SMH9856C) as he/she would have noticed the hit and run accident.

There was no accident note left behind. I seeking the traffic police assistance to contact the offender as i only have the car plate number captured in my video. Hit and Run accident happened on Tay Lian Teck Road, landed housing estate. My car was parked on the left side of the road (when enter from east coast road). Video shows offender vehicle drove past and hit the side of my car, the impact caused the in-car video to capture the hit and run thus recorded and saved. In the video, there were 4 cars that potentially can be witness but due to the rainy weather, video only managed to capture the vehicle car plate of the vehicle (Witness) driving behind the offender's car.

Will appreciate if Traffic police will assist to contact the offender driver (SDS9030G) as well as potential witness (SMH9856C) and connect us together to investigate this case. Many thanks in advance.





3 of 3

Report No. T/20200626/7028

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

# CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/06/2020 19:09
Officer In Charge Of Case: TP / TPIB / NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:



# **CERTIFICATE OF INSURANCE**

# AUTOPLUS PRIVATE VEHICLE

Name of Policyholder : Swee Ron Shawn

Period of Insurance : 20 May 2019 To 16 Oct 2020

Engine No. : 8ARW378416

Chassis No. : JTJYARBZ702051058 Vehicle No.

: SCM1919P

Policy No.

: 1900099208

Endorsement No. Issued Date

: 000000000335469 : 20 Mar 2020

#### ABOUT THE COVER

Make/Model : LEXUS NX 200T

Engine Capacity/Tonnage : 1,998.00 CC

Sum Insured : Market Value

Off Peak Car : No

First Year of Registration : 2017

Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive\*:

Driver Restriction

: NA

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 "Inexperienced Driver Excess" ("IDR") If You are or Your Authorised Driver (named or unnamed) has less than 2 years' driving experience.

Age Condition

: 30 years old and above

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 tast, 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 Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

# **EXCESS**

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

Section 2 Property Damage - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

Swee Ron Shawn - \$800 (Own Damage)

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

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hottine at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.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

I/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 IV of the Road Transport Act, 1967 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

SAFE HARBOUR ASSURANCE AGENCY

BLK 208 HOUGANG ST 21 #04-207

SINGAPORE 530208

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.

This computer generated document does not require a signature.

78 Shenton Way #09-16 AIG Building S079120 | T:+65 6419 3000 | www.aig.sg

AIG Asia Pacific Insurance Pte. Ltd.

SINGAPOR	E ACCIDENT STATEMENT
ACC	CIDENT STATEMENT
Date Of Accident	* 2316/2026 Time 1362 Hrs
Exact Location Of Accident	· TAY LIAN TECK ROAD
	OWN VEHICLE (VEHICLE A)
Vehicle Registration Number	* 3CM 1919 . P
insurganisalnajuolena	2000年1月1日 - 1000年1月1日 - 1000年1月 - 1
Name of Registered Owner	· SWEE RON SHAWN
NRIC/FIN/Passport Number	- 28+330090
Villian rations - 22 22 5 25	CONTRACTOR OF THE PROPERTY OF
Manufacturer	LEXUS
Model	NX 200T
Exact Purpose for which vehicle was being	
used at time of accident	* Private use Commercial use Hire & reward Others - please specify
Are you claiming under your own insurar	
policy for repair to your vehicle?	* Yes No Others
If No, please state action to be taken	* Third Party Claim Reporting Only
Vehicle Category	* Private Commercial Motorcycle
Histories extractivy	A STATE OF THE STA
Name of Insurance Company	* Comprehensive
Type of Coverage	I proved provided the second s
Fleet Policy	Yes No
Policy Number	19 000 992 08
Cover Note Number	
Difference	
Name of Driver	· SWEE RON SHAWN
NRIC/FIN/Passport Number	QP0018+82
Date of Birth	19/10/1984
Occupation	* Management
Date of Driving Pass	16/04/2003
Gender	* Male Female
Mobile Number	94510706
Address	77 Marine Drive #19-42 S(440077)
Email Address	shown twee o yahoo. WM-29
Was driver an employee of the Insured's Company?	* Yes No Z
If no, Relationship of the Driver with the Insured	· Sett.

Vehicle Make / Model / Colour  Detail Of Properties  Name of Driver  NRIC/Passport Number  Contact Number  Email Address  Address  Insurance Company Name  Nature of Damage  Phone Number	Vehicle Registration Number of Driver's Own Vehicle (if applicable) insurance Company of Driver's Own Vehicle								
Type of Accident  Weather Conditions Road Surface  Others Others  Othe		L	Villender						
Weather Conditions Road Surface Others   Dry   Wet   Others   Othe			Maria Maria	The Art College Str.	4	CHAPTER TO	To all the	Series.	石級
Clear			instruction	cle was	purked -	- Hit & R	un accid	CV-) -	STORES.
Cothers   Dry		* Cle	ar	Raining			and the later		
Was any body injured in the Accident?  Was any body injured in the Accident?  Was any other material or property damaged?  Petalts of injured Registration  Name Address Approximate Age Injuries Sustained If vehicle Occupants, state in which vehicle?  Were seat belts worn?  Was injured conveyed to hospital by ambulance?  Petalts of Bolice/Astion  Was the Accident reported to the Police?  Yes No  Petalts of Bolice/Astion  Was notice of intended Prosecution given?  Yes No  DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)  Vehicle Registration Number  Vehicle Make / Model / Colour  Detail Of Properties  Name of Driver  NRIC/Passport Number  Contact Number  Contact Number  Panall Address		* Dry		Wet		700			=
Was any other material or property damaged? Yes No  Details of injured Persons  Name Address Approximate Age Injured Sustained  If vehicle Occupants, state in which vehicle?  Was linjured conveyed to hospital by ambulance?  Persons  Persons  Tyes No  Details of Bolite Action  Was the Accident reported to the Police?  Yes No  If Yes, please state which Police Station  Was notice of intended Prosecution given?  Yes No  DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)  Vehicle Registration Number  Vehicle Registration Number  Vehicle Make / Model / Colour  Detail Of Properties  Name of Driver  NRIC/Passport Number  Contact Number  Vehicle Company Name Vehicle Of Manage  Vehicle Of Minuss  Name  Phone Number									DATE OF THE
Petalls of Injured Person  Name Address Approximate Age Injuries Sustained  If vehicle Occupants, state in which vehicle?  Were seat belts worn?  Was Injured conveyed to hospital by ambulance?  Petalls of Rollce Action  Was the Accident reported to the Police?  Yes No  Details of Rollce Nation  Was notice of intended Prosecution given?  If Yes, please state which Police Station  Was notice of intended Prosecution given?  Petalls OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)  Vehicle Registration Number  Vehicle Make / Model / Colour  Detail Of Properties  Name of Driver  URIC/Passport Number  Contact Number  Petalls Of Withus  Same  Phone Number				No			Market STATE STATE	A SECURIOR SALES	March .
Petalls of Injuried Perpoli Name Address Approximate Age Injuries Sustained If vehicle Occupants, state in which vehicle? Were seat belts worn? Was Injuried conveyed to hospital by ambulance? Petalls of Rollce Action Was the Accident reported to the Police? Yes No  Details of Rollce Action Was notice of intended Prosecution given? If Yes, please state which Police Station Was notice of intended Prosecution given?  DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)  Vehicle Registration Number Vehicle Make / Model / Colour Detail Of Properties Name of Driver URIC/Passport Number Contact Number Vehicle Number Vehicle Station Number Vehicle Number	Was any other material or property damaged?	Yes		No	1				
Address Approximate Age Injuries Sustained If vehicle Occupants, state in which vehicle? Were seat belts worn? Was injured conveyed to hospital by ambulance? Properties of Roller Address Accident reported to the Police?  Yes No  Petalls of Roller Addlor  Was the Accident reported to the Police?  Yes No  Petalls of Roller Addlor  Yes, please state which Police Station  Was notice of intended Prosecution given?  Yes No  PETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)  Vehicle Registration Number  Vehicle Make / Model / Colour  Detail Of Properties  Varne of Driver  WRIC/Passport Number  Contact Number  Email Address  Address  Insurance Company Name  Vehicle Of Damage  Vehicle Of Winnes  Vehicle Of Winnes  Vehicle Of Winnes  Vehicle Of Winnes  Vehicle Of Damage  Vehicle Of Winnes  Vehicle Of Vehicle Of Vehicle  Vehicle Of Vehicle Of Vehicle  Vehicle Of V	Details of Injured Reports		diame.			A STATE OF	MANUFACTURE STATE		THE REAL PROPERTY.
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If Yes, please state which Police Station  Was notice of intended Prosecution given?  If Yes, against whom?  DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)  Vehicle Registration Number  Vehicle Make / Model / Colour  Detail Of Properties  Name of Driver  NRIC/Passport Number  Contact Number  Email Address  Address  Insurance Company Name  Nature of Damage  Phone Number		Sec.		macrie de la	Carried a		a State of	Sales and the sa	ME STATE
Was notice of intended Prosecution given?  If Yes, against whom?  DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)  Vehicle Registration Number  Vehicle Make / Model / Colour  Detail Of Properties  Name of Driver  NRIC/Passport Number  Contact Number  Email Address  Address Insurance Company Name  Value of Damage  Phone Number		* Yes		No			Maria Maria Despuis	ACADALS VALUE OF	March 18
DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)  Vehicle Registration Number  Vehicle Make / Model / Colour  Detail Of Properties  Name of Driver  NRIC/Passport Number  Contact Number  Email Address  Address  Insurance Company Name  Nature of Damage  Phone Number									
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Vehicle Make / Model / Colour  Vehicle Make / Model / Colour  Detail Of Properties  Name of Driver  NRIC/Passport Number  Contact Number  Email Address  Address  Insurance Company Name  Nature of Damage  Phone Number	If Yes, against whom?				LIAN NO.				
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Valure of Damage  Defails Of Withess!  Name  Phone Number	Address				-		-	-	4
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Phone Number	Nature of Damage						-		
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	hone Number		-						
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